

January Quarterly Report: Massachusetts Home and C

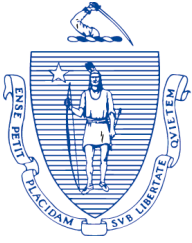


MA-ARPA HCBS
January 2023 Quarte

Community-Based Services (HCBS) Spending Narrative for Implementation of American Rescue Plan Act (ARPA), Section 9817 - **amended**

January 2023

Executive Office of Health and Human Services (EOHHS)



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January 16, 2023

Daniel Tsai
Deputy Administrator and Director
Center for Medicaid & CHIP Services (CMCS)
7500 Security Blvd
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Dear Deputy Administrator and Director Tsai:

The Commonwealth of Massachusetts is pleased to submit the enclosed Quarterly Spending Plan and Narrative for FY2023 Q3. This report includes an updated spending plan as well as an updated narrative. **The narrative report has been amended to include the state's complete spending report from the inception of 9817.**

The updated narrative includes proposed new investments totaling \$10M (gross) \$10M (net) for CMS review and approval. The proposed investment will be funded by shifting budgeted expenses from another approved project in the Commonwealth's initial spending plan. The proposal serves to further the Commonwealth's goals to enhance, expand and strengthen home and community-based services, and reinforce the Commonwealth's commitment to improve equity and access to HCBS for those with physical disabilities, intellectual and developmental disabilities, behavioral health needs, and older adults. The proposed initiatives support the Commonwealth's three key structural pillars for investment:

1. **HCBS Workforce**, *retaining and building a high-quality provider network.*
2. **Access to and Promotion of HCBS Services and Supports**, *including navigation, transitions, family and natural supports, diversion from institutional settings and enhanced care models; and*
3. **HCBS Technology and Infrastructure**, *to augment the HCBS workforce and enable more effective care coordination, efficient communication, as well as service access and delivery.*

Through these new investments and through the investments proposed to date, Massachusetts assures CMS that:

- The state is using the federal funds attributable to the increased FMAP to supplement and not supplant existing state funds expended for Medicaid HCBS in effect as of April 1, 2021;
- The state is using state funds equivalent to the amount of federal funds attributable to the increased FMAP to implement or supplement the implementation of one or more activities to enhance, expand, or strengthen HCBS under the Medicaid program;
- The state is not imposing stricter eligibility standards, methodologies, or procedures for HCBS programs and services than were in place on April 1, 2021;
- The state is preserving covered HCBS, including the services themselves and the amount, duration, and scope of those services, in effect as of April 1, 2021; and
- The state is maintaining HCBS provider payments at a rate no less than those in place as of April 1, 2021.

The Massachusetts Executive Office of Health and Human Services (EOHHS) will also serve as the Operating Agency for ARPA investments through the MassHealth program, the state's Medicaid program. Caitlin Crugnale, Senior Manager, MassHealth Office of Long-Term Services and Supports, has been designated as the primary contact person for Massachusetts; she will work closely with many others across state government, as well as with community partners across the HCBS continuum, to implement the initiatives and investments. Please do not hesitate to contact her at caitlin.p.crugnale@mass.gov.

Sincerely,
Mike Levine
Assistant Secretary and Medicaid Director

Cc: Kate Walsh, Secretary of the Executive Office of Health and Human Services
Leslie Darcy, Chief of the MassHealth Office of Long-Term Services and Supports

Contents

Background 7

Executive Summary:..... 8

Updates to FY2023 Q2 Spending Report..... 8

Round 1 Update | Focus on HCBS Workforce Recruitment and Retention..... 10

Round 2 Investments| Focus on Immediate Initiatives Supporting Transitions and Diversion from Facility-Based Settings 12

 Expansion of MFP Community Living Waiver Slots 12

 Intensive Hospital Diversion Program 12

 Enhance Pre-admission Screening and Resident Review (PASRR) to Ensure Least Restrictive Setting..... 13

 PACE Modernization and Expansion..... 14

 Hospital to Home Partnership Program (formally known as Intensive Hospital Discharge Planning for Members without Homes or with Unstable Housing) – modified in FY23 Q2 14

 HCBS Self-Service Application Strategy..... 15

 Repairs to Replace Power Wheelchairs and Wheelchair Loaner program – modified in FY22 Q4 15

 Continuous Skilled Nursing (CSN) Provider Directory 16

Round 3 Investments Support “Home and Community First” Pillars and Specific Populations 19

Pillar 1 | HCBS Workforce: sustaining and expanding the HCBS paid and unpaid workforce 21

 Extended Payment Enhancements for Emergency Recruitment and Retention..... 22

 Respite and Resources for Families and Natural Supports – modified in FY22 Q4 and FY23 Q2 22

 HCBS “Call to Care” Recruitment Campaign..... 23

 Workforce Innovation & Technical Assistance Grant Program..... 24

Pillar 2 | HCBS Technology and Infrastructure: modernizing and promoting efficient systems to preserve workforce capacity and strengthen member choice..... 25

 Provider Technology Improvement Grant..... 25

 Electronic Portable Order for Life-Sustaining Treatment (ePOLST): Program Start-up..... 26

Data Hub Roadmap 27

 RELD/SOGI Data Standards Alignment and Data Sharing 27

Pillar 3 | Access to and Promotion of HCBS: simplifying & extending community support 29

 Enabling Member Technology – modified in FY22 Q4 and FY23 Q3..... 30

 Improving Access to Home Modification Programs..... 32

 Community Wheelchair Repair Provider Model – modified in FY22 Q4 32

 Autism Waiver Expansion..... 33

Transitional Residential Services for Persons with ASD and Behavioral Health Diagnoses	34
Expanding In-home Services for Individuals with ASD and Behavioral Health Diagnoses	34
Expansion of Options Counseling and CSSM programs.....	34
Specialized Transition Supports for Adults with Behavioral Health Needs	35
Cover One-time Transitional Housing Costs for Housing Unstable Members Transitioning back into the Community	36
“Home First” Care Delivery Model Efficacy	37
<i>Specific Populations Targeted EOHHS Agency Investments to Support Populations Served by EOHHS Agencies</i>	38
<i>Department of Mental Health (DMH)</i>	38
DMH Web-Based Service Application and Client Profile.....	38
<i>Executive Office of Elder Affairs (EOEA)</i>	39
Grow, Support, and Retain the Workforce	39
Spanish and Haitian Creole Promotion for Online Homemaker Training (PHCAST)	39
Explore and Evaluate Alternative Staffing Models That Cluster Home Care Workers to Support the Provision of HCBS in High Density Settings.....	39
Strengthen Service Coordination, Quality, and Outcomes Via Enhancements to Technology and Infrastructure	40
Expansion of Provider Qualification System	40
Business Requirements for Aging Services Information Technology System.....	40
Aging Services Network Quality Improvement and Monitoring	41
Increase and Improve Access to Home- and Community-Based Services in an Equitable and Inclusive Manner.....	41
Broaden Awareness, Improve Accessibility, and Promote Services that Support Older Adults	41
Inclusivity and Equity of the Council on Aging/ Senior Center Network.....	42
Increase Accessibility for LGBT and Aging in Massachusetts Online Training	42
<i>Department of Developmental Services</i>	44
DDS Interoperability Between Provider Agency Systems and DDS Systems.....	44
DDS Electronic Intake/Eligibility System.....	44
DDS Systems Health Check	45
Retention Bonuses for Self-Directed Direct Care Employees.....	45
<i>Massachusetts Rehabilitation Commission (MRC)</i>	46
Improving Mobility Access	46
OneMRC – Consumer and Provider/Vendor Portal.....	46

Enhancing consumer satisfaction, experience, and outcomes	47
Consumer Video Messaging Software and Video Hardware	47
Consumer and Family Communication Technology Platform.....	47
Tableau Server Online/Cloud Deployment and Maintenance.....	48
MassHealth.....	49
Tablets for ASD Population	49
Day Services Community Inclusion Transportation Initiative	49
MyOmbudsman Expansion to FFS Population	50
Upgrade MassHealth Notification of PACE Clinical Eligibility.....	50
Invest in the continued development of the behavioral health and HCBS workforce	51
Behavioral Health Clinical Fellowships & Training Program Expansion	51
Continuous Skilled Nursing (CSN) and Independent Nurse Training Program	51
FY 2023 Q1 Proposed Investments.....	53
Place Based Services	53
Emergency Funding to Adult Day Health (ADH) and Day Habilitation (DH) Programs	53
Expansion of DMH Safe Haven Programs.....	54
Expansion of Adult Community Clinical Services (ACCS):	55
Expanding Access to Behavioral Health Urgent Care Providers for Underserved Populations	55
Additional Support for Members Seeking Services at Community Behavioral Health Centers (CBHCs)...	56
Applications for Therapeutic Skill Practices	57
Behavioral Health Scheduling Platform.....	57
Intensive Hospital Diversion for Youth with Autism Spectrum Disorder (ASD).....	58
FY 2023 Q2 Proposed Investments.....	60
Strengthening the Continuous Skilled Nursing (CSN) Workforce	60
Enhancement of DDS Standardized Assessment Tool.....	60
Coverage of Expanded Transitional Housing Costs for Acquired Brain Injury and Moving Forward Plan HCBS Waiver participants	61
Assessment of Supports for Older Adult Behavioral Health Supports Across the Behavioral Health, Physical/Medical, and HCBS Systems.....	61
Medical Respite	62
FY 2023 Q3 Proposed Investments.....	64
Training Institute for Community Health Workers	64

Background

Massachusetts' initial spending plan outlined a framework for investment that enhances, strengthens, and expands HCBS across MassHealth populations both in the short term and in the long term. Use of enhanced federal funding through Section 9817 of the American Rescue Plan Act (ARPA) will reinforce Massachusetts' commitment to strengthen access, family and natural supports, person-centeredness, choice, and equity to HCBS for those with physical disabilities, intellectual and developmental disabilities, and behavioral health needs and for older adults.

To achieve these goals, the Commonwealth of Massachusetts has used a staged approach to finalize the scope of HCBS investments over three implementation "rounds" using an anticipated \$655 million (M) in enhanced ARPA funding across the three rounds.

The initial spending plan described the Round 1 plan to invest \$338M (gross) and \$133M (net) to fund immediate, time-limited, across-the-board enhanced provider payments over July – December 2021 to strengthen and stabilize the HCBS workforce especially in response to the COVID-19 pandemic. Given continued and urgent need, Massachusetts extended these enhancements within the Round 3 spending plan through June 30th, 2022. Round 2 proposed to invest a total of \$44M (gross) and \$21M (net) to complement Massachusetts' long-standing commitment to equitably rebalance long-term services and supports (LTSS) and behavioral health services towards community living by diverting and/or transitioning individuals away from facility-based settings. Round 3 proposed to invest a total of \$584M (gross) \$372M (net) in investments with long term, structural impact, with a focus on strengthening the workforce, enhancing the HCBS system, rebalancing towards community living and providing supports to members, their families, and their caregivers.

All three rounds of investments tie to the three structural pillars:

- **HCBS Workforce** development and expansion, including programs to train, retain and professionally advance the paid workforce, and support the unpaid family and natural caregiver workforce;
- **Access to and Promotion of HCBS** that further rebalance toward community-based services with a focus on HCBS navigation, transitions to HCBS and diversion from facility-based settings, and services that enhance HCBS capacity and care models (e.g., support and streamline transitions between settings, PASRR enhancements, embedded options counselors in inpatient and facility-based settings, enhanced communication tools for families, consumers, and caregivers, etc.);
- **Technology and infrastructure investments** that augment the workforce and strengthen HCBS (e.g., data sharing, caregiver directories, and electronic and interoperable platforms, etc.).

Executive Summary:

This report serves as a progress report for Q3 of fiscal year 2023. Within this report, Massachusetts outlines modifications to previously approved initiatives, as well as new investments totaling \$10M (gross) \$10M (net) for CMS review and approval. Massachusetts is not currently anticipating receiving FFP on the new proposed initiatives but may claim in the future if found to be eligible under Medicaid authorities. This proposal is new and additional to the proposals submitted to CMS in the last quarterly spending report. The proposed investments will be funded using redistributed federal funds available to the Commonwealth under Section 9817 of ARPA and will support the three structural pillars: HCBS Workforce, Access to and Promotion of HCBS, and Technology and Infrastructure Investments.

Additionally, this report has been amended to reflect the state's complete spending report from the inception of 9817.

Updates to FY2023 Q2 Spending Report

Revenue collections under Section 9817: Massachusetts began claiming the additional 10% FFP per Section 9817 on some HCBS Base Waiver spending on the September 2021 CMS 64. Through the CMS 64 of June of 2022, Massachusetts has claimed approximately \$640M in FFP of the total estimated \$655M per Section 9817. These additional dollars will be used to fund the new projects identified in this updated spending plan.

Round 1 Investment Update

Investment focused on rebuilding and retaining the HCBS workforce in response to the impacts of the COVID-19 pandemic

Round 1 Update | Focus on HCBS Workforce Recruitment and Retention

Background

As outlined in the Initial Spending Plan, Massachusetts will provide an upfront investment of \$133M in state funds to support time-limited rate enhancements aimed at boosting, rebuilding and strengthening the HCBS workforce in response to the unprecedented impact and strain of the COVID-19 pandemic on the workforce.

Funding distribution began in July to support time-limited payment enhancements from July – December 2021. Provider agencies are required to use at least 90% of the enhanced funds to support the direct care workforce, which could include, among other things, hiring and retention bonuses. MassHealth is submitting 1135 Disaster SPAs, 1915(c) HCBS Appendix K waiver amendments, managed care preprints and related documents to implement these rate enhancements, as applicable.

Additionally, in Massachusetts, certain HCBS services are performed by Medicaid-enrolled providers but administered and funded by the state for both Medicaid and non-Medicaid enrolled individuals. The rates for such services are set uniformly through regulation for all providers receiving state funds to deliver these HCBS services. Medicaid providers, and their workforce delivering such services, do not make a distinction at the point of service delivery between a Medicaid member and a non-Medicaid member. Accordingly, Massachusetts will provide the time-limited rate enhancement to Medicaid-enrolled providers, providing these state funded HCBS services, with the requirement that 90% of the rate enhancement support the direct care workforce. Through this approach, Massachusetts will best be able to support its Medicaid HCBS system and strengthen the number and retention rates of its Medicaid HCBS workforce. As is current practice, Massachusetts will not claim Medicaid FFP on services provided by MassHealth providers to non-MassHealth members.

Implementation Update

To implement the immediate time limited across-the-board payment enhancements for the HCBS workforce included in Round 1, EOHHS filed regulations under emergency adoption, [101 CMR 447.00: Rates for Certain Home- and Community-based Services Related to Section 9817 of the American Rescue Plan Act](#).

In addition, EOHHS issued guidance to providers communicating compliance criteria for distribution of the immediate funding. This [guidance](#), includes a list of HCBS direct care and support staff eligible to receive funds and allowable uses for distribution. Eligible workers include but are not limited to front line workers who provide care or support to families and individuals in home or community-based settings. Executive management, administrators or individuals in positions that do not include the provision of HCBS services directly to individuals or their families are not considered HCBS direct care and support staff. Providers may utilize the enhanced funding for the specific purposes of recruiting, building, and retaining their direct care and support workforce. Allowable uses include hiring bonuses, overtime, shift differentials, and other wraparound benefits.

Round 2

*Initiatives supporting and enhancing transitions and diversion
from facility-based settings*

Round 2 Investments| Focus on Immediate Initiatives Supporting Transitions and Diversion from Facility-Based Settings

As outlined in the July 2021 Quarterly Update, Round 2 investments complement ongoing initiatives supporting community living and accelerate implementation. The primary focus of the investments detailed below are to divert individuals from facilities and support transitions that promote equitable access to the HCBS system offered in Massachusetts. The Commonwealth's Round 2 investments currently account for approximately \$44M supported by ARPA funding. EOHHS has moved forward with implementation planning to achieve the estimated implementation start dates.

Expansion of MFP Community Living Waiver Slots

Pillar: Access to and Promotion of HCBS Services

Goal(s): Diversion from Facility-Based Care

Estimated Investment: Waiver Year (WY) 2022 \$2.8M; WY23 \$5.6M; WY24 \$8.4M; \$16.8M total (gross); \$8.4M (net)

Moving Forward Plan (MFP) waivers are home and community-based services (HCBS) waivers designed to help MassHealth-eligible persons move from a nursing facility or chronic disease, rehabilitation, or psychiatric hospital back to their community. MassHealth applicants or members who are ready for discharge from a nursing facility, or a chronic disease, rehabilitation, or psychiatric hospital may apply. The MFP Community Living (MFP-CL) waiver is specifically for people who can move to their own home or apartment or to the home of someone else and receive services in the community.

Using ARPA funds, EOHHS plans to add an additional 50 waiver slots each waiver year to the MFP-CL waiver, from January 1, 2022 through March 31, 2024, for an aggregate total of 150 new waiver slots above the waiver's current projected slot growth, with the expectation that the state will commit ongoing support for these additional waiver slots.

Massachusetts will only be using ARP section 9817 funding to pay for 1915(c) waiver services, which are listed in Appendix B. No funding attributable to the increased FMAP will be used to pay for institutional services.

Intensive Hospital Diversion Program

Pillar: Access to and Promotion of HCBS Services

Goal(s): Diversion from Facility-Based Care; Enhancing Services and Care Models

Estimated Investment: \$4.3M annually; Total \$10.75M (gross); \$5.4M (net)

The Intensive Hospital Diversion Program will provide intensive short-term (on average 4-6 weeks) in-home crisis stabilization and treatment to youth in crisis and their families in order to support diversion from hospitalization and other out-of-home placements. The clinical goal of this program is to provide youth (up to age 20) and their parents/caregivers with intensive short-term treatment and support needed to maintain the youth at home safely and (re)connect them to ongoing outpatient/ community-based services.

The Intensive Hospital Diversion Program would require a multidisciplinary clinical team, including a consulting psychiatrist. The team would meet the family at the point of crisis (emergency department or in the community) after the initial crisis evaluation and intervention has been rendered. The team would immediately follow up with intensive individual and family therapy including, parent support, psychopharmacological evaluation, and behavioral consultation as needed. The team will work directly with the child and family 3-7 times per week. The treatment team will be expected to participate in weekly team meetings, which will include ongoing community-based providers as well as Intensive Hospital Diversion Program team members. Clinical leads are required to have crisis intervention training and will be responsible for ongoing supervision and coaching of other team members. These teams would be supported by psychiatry and ASD/IDD expertise through consultation. It is expected that youth will be attending school as clinically appropriate, and that the Intensive Hospital Diversion Program provider will be coordinating with any therapeutic supports at the youth's school to ensure the youth has appropriate support across domains.

All of the following may be part of the therapeutic interventions provided: in-home therapy or behavioral services; safety planning; crisis intervention and stabilization (24/7); caregiver support and education; sibling support; individual, family therapy.

Enhanced federal funding available through ARPA will support existing community-based providers who, with training in crisis intervention techniques and de-escalation and with the support of additional funding, would be ready to stand up this kind of team.

Enhance Pre-admission Screening and Resident Review (PASRR) to Ensure Least Restrictive Setting

Pillar: Access to and Promotion of HCBS Services

Goal: Transitions to HCBS

Estimated Investment: \$1.5M annually; \$3.75M total (gross); \$0.94M (net)

All nursing facility applicants must receive a Preadmission Screening and Resident Review (PASRR). A Level I PASRR is conducted for all nursing home applicants and is meant to ensure that individuals with intellectual or developmental disabilities (ID/DD) or serious mental illness (SMI) receive appropriate care, which may include specialized services, in the least restrictive setting possible.

ARPA funds will be used to support expansion and improvement of the PASRR program, including the hiring, training, and ongoing support of additional evaluators to improve monitoring of residents admitted with time-limited categorical exemptions, bolster the PASRR program's ability to connect residents with community placements when appropriate, conduct more frequent Resident Reviews (comprehensive independent evaluations) for individuals residing in nursing facilities who previously screened positive for SMI or who have experienced a significant change in condition that suggests the presence of SMI, and improve overall data collection and tracking of admissions, discharges, and residents' needs. In particular, the increased frequency of Resident Reviews will enable the PASRR program to regularly ascertain whether SMI is or continues to be present, whether nursing facility placement continues to be most appropriate for these individuals, or if a less restrictive setting in the community is most appropriate, whether the resident has been receiving the specialized services and other rehabilitative support services that may have been identified in a previous PASRR evaluation, and whether they require ongoing, new, or modified specialized services.

PACE Modernization and Expansion

Pillar: Access to and Promotion of HCBS Services

Goal: Enhancing Services and Care Models

Estimated Investment: \$2.5M (gross); \$1.25M (net)

The Program of All-inclusive Care for the Elderly (PACE) is administered by MassHealth and Medicare to provide a wide range of medical, social, recreational, and wellness services to eligible participants, who meet certain eligibility criteria including being 55 or older, certified by the state as eligible for nursing home care and living in the community. The goal of PACE is to allow participants to live safely in their homes instead of in nursing homes.

All PACE programs feature several essential components: 1) an Interdisciplinary Team made up of health care and social service professionals, such as doctors, nurse practitioners, physical and occupational therapists, social workers, and nurses, 2) an individualized health care plan for each participant that is developed with input from each participant and their families, when appropriate, along with the Interdisciplinary Team, and 3) a PACE Center that serves as the hub of PACE services and activities, including a doctor's office, rehabilitation gym, and social work offices, as well as an activities center.

ARPA funds will be used for short-term rate enhancements to PACE organizations for infrastructure and capital enhancements that promote sustainability and expansion into new unserved and/or under-served service areas to ensure broader access to the PACE care model.

Hospital to Home Partnership Program (formally known as Intensive Hospital Discharge Planning for Members without Homes or with Unstable Housing) – modified in FY23 Q2

Pillar: Access to and Promotion of HCBS Services

Goal(s): Increase discharges from hospital to home in lieu of institutional care by promoting partnerships between Aging Service Access Points and hospital case management teams

Agencies Impacted: MassHealth, EOE A

Estimated Investment: \$3,000,000 (gross) – no FFP anticipated

The goal of this initiative is to embed an options counselor and MassHealth eligibility specialist in a hospital to provide intensive discharge planning to better connect MassHealth members who are homeless or housing unstable with community-based organizations and establish their HCBS service package immediately upon discharge. As part of this initiative, EOHHS will issue grants using ARPA funds to interest acute inpatient and psychiatric hospitals. Following the demonstration phase, EOHHS will incorporate lessons learned for potential expansion to emergency departments and other inpatient and facility settings.

FY23 Q2 modifications:

Within the quarterly report submitted to CMS in October of 2021, Massachusetts included a proposal entitled “Intensive Hospital Discharge Planning for Members without Homes or with Unstable Housing”. Upon further evaluation, Massachusetts proposes a modification to the original proposal as well as an increased budget amount of \$1.56M above the original investment of \$1.45M, to bring the investment to a total of \$3M.

Under the modified proposal, Massachusetts seeks to establish a grant program, to be known as the “Hospital to Home Partnership Program.” These grants will support the establishment of partnerships between hospitals and Aging Service Access Points (ASAPs) and will strengthen communication and coordination with community providers. The goal of these partnerships is to promote skilled nursing facility diversions and to improve hospital discharge rates from hospitals directly to home and community-based settings. The primary intended use of grant funds is to support the position of an HCBS Hospital Liaison. The HCBS Hospital liaison will be an employee of the ASAP, who will work as part of the hospital case management team to support efforts to connect individuals to HCBS programs and community services prior to discharge. HCBS programs and community services include those listed in Appendix B, including but not limited to Home Health Care, Personal Care Services or services provided under HCBS waiver authorities.

Massachusetts anticipates awarding up to a total of 10 grants of \$300,000 each to ASAPs and hospitals that apply in partnerships. To ensure geographic distribution across the Commonwealth, two grants will be awarded per Emergency Medical Services (EMS) region.

HCBS Self-Service Application Strategy

Pillar: Access to and Promotion of HCBS Services

Goal: HCBS Promotion and Navigation

Estimated Investment: \$0.5M (gross); \$0.25M (net)

Massachusetts residents can choose from a wide array of home and community-based services delivered through various service and care delivery models; however, it can be challenging to know where to begin searching for services, understand the nuances between various services and programs, and how to access them. Individuals, caregivers and even providers in communities across the Commonwealth would benefit from a self-service option to navigate the complex array of HCBS available across the Commonwealth. To promote an understanding of HCBS in the community, EOHHS will use ARPA funds to procure a vendor that can develop an online person-centered self-service application prototype where individuals can enter general information about their needs and the application provides (1) a user-friendly outline of services and programs that may address their needs and (2) directs them to resources where they can discuss options and initiate supports as needed. The vendor will also conduct a gap analysis to recommend a strategy for EOHHS to promote the self-service application and cultivate an improved understanding of available home and community options.

Repairs to Replace Power Wheelchairs and Wheelchair Loaner program – modified in FY22 Q4

Pillar: Access to and Promotion of HCBS Services

Goal: Enhancing Services and Care Models

Estimated Investment: \$1.5M (start-up), \$3M annually; total \$8.25M (gross); \$4.13M (net)

Power wheelchairs are a critical component of many individuals' ability to live independently and safely in the community. When power wheelchairs need repair, available loaner programs often do not have capacity to offer a comparable wheelchair while a primary wheelchair is being repaired. As part of this initiative, EOHHS will seek partnerships with community organizations and businesses to expand capacity for routine wheelchair repairs. These partnerships will supplement existing mobility providers that are critical for providing ongoing routine and complex wheelchair repairs. Using ARPA funds, EOHHS will align and enhance programs across the secretariat to allow for the provision of backup power wheelchairs when power wheelchairs need repair, as well as explore and develop partnerships with entities that can perform routine wheelchair repairs locally in the community.

The funding will cover start-up expenses to build an enhanced loaner fleet and partnerships, as well as ongoing costs through March 2024 while program operations are stabilized.

EOHHS is proposing additional investments (see Round 3, Community wheelchair repair provider model) to further address challenges identified in the cross-agency workgroup.

FY22 Q4 modifications:

Massachusetts is combining the initiatives entitled the "Power Wheelchair Loaner Program" and "Community Wheelchair Repair Provider Program" for the purposes of reporting on spending and progress towards implementation given their overlap.

- Specifically, the Wheelchair Loaner Program is designed to enhance access by facilitating and supporting delivery of back-up manual or power loaner wheelchairs to members who do not have a useable backup chair to use while their primary wheelchair is repaired. The Wheelchair Loaner Program will augment the availability of loaner wheelchairs and include support by an operations manager coordinating issues related to loaner wheelchair inventories across MassHealth-enrolled DME providers.
- The Community Wheelchair Repair Provider Program will provide an option for simple repairs using community providers and decrease the demand for simple wheelchair repairs by MassHealth-contracted mobility providers, freeing mobility provider technician resources for more complex repairs. Enhanced federal funds will support contracting with an operations manager to develop, implement and train a network of new providers to work in collaboration with MassHealth's existing mobility provider network to provide simple repairs within the community, as well as support the inventory/restocking process

Continuous Skilled Nursing (CSN) Provider Directory

Pillar: Technology & Infrastructure; Access to and Promotion of HCBS Services

Goal: Connection; HCBS Promotion and Navigation

Estimated Investment: \$300,000 (gross); \$150,000 (net)

The Community Case Management (CCM) program supports MassHealth members with complex care needs who require continuous skilled nursing services from agencies or independent nurses and is an important

program to keep members living in the community. Currently, CCM staff manually assist members in identifying available CSN providers that meet their needs and preferences. Using ARPA funds, MassHealth will collaborate with the University of Massachusetts Medical School (UMMS) to design and develop an electronic directory with real-time updates. The electronic directory would be available to CCM staff as well as members and their families to minimize the time and frustration experienced when identifying and contacting providers with specific needed availability and skills.

The “Continuous Skilled Nursing (CSN) Provider Directory” and the “Continuous Skilled Nursing (CSN) and Independent Nurse Training Program” activities are focused on providers of Continuous Skilled Nursing Services, which are private duty nursing services provided in a community setting. Specifically, the MassHealth CSN program regulations established under 130 CMR 403 and 130 CMR 438 specify that CSN services can only delivered in a non-institutional setting.

Round 3 Investments:

Investments across “Home and Community First” Pillars to strengthen the workforce, buttress members, families and natural support and enhance access to and transition to HCBS services

Round 3 Investments Support “Home and Community First” Pillars and Specific Populations

In Round 3, Massachusetts is proposing to strategically invest a total of \$583M, (\$372M net) in initiatives with broad impact that span across the three “Home and Community First” pillars. These broad, cross-agency investments focus on strengthening and building the workforce, supporting families and natural caregivers, improving access, transition and diversion to community settings and promoting person-centeredness, choice, and equity. In addition to the broad, cross-agency investments, \$24M (\$21M net of federal funds) of the total Round 3 investment will be targeted to support the unique needs of the specific populations served by EOHHS agencies. These targeted funds will support specific-agency priorities aimed at having a positive and meaningful impact on the populations they serve.

Over the course of the last few months, Massachusetts has worked across its secretariat, and with its stakeholder community to finalize, and scope investments that supplement the Commonwealth’s existing service array and align with the goals outlined in the initial spending plan. A central component of this process has been the integration of the public RFI responses, submitted in April of 2021, as well as the input from members, advocates, providers, trade organizations and the broader community through existing public engagement processes. Through this collective input, EOHHS was able to articulate key “pain points” across the HCBS system, along with proposed solutions to mitigate these pain points for members, their families, or natural supports, caregivers, and providers. The five major pain points along the member journey are:

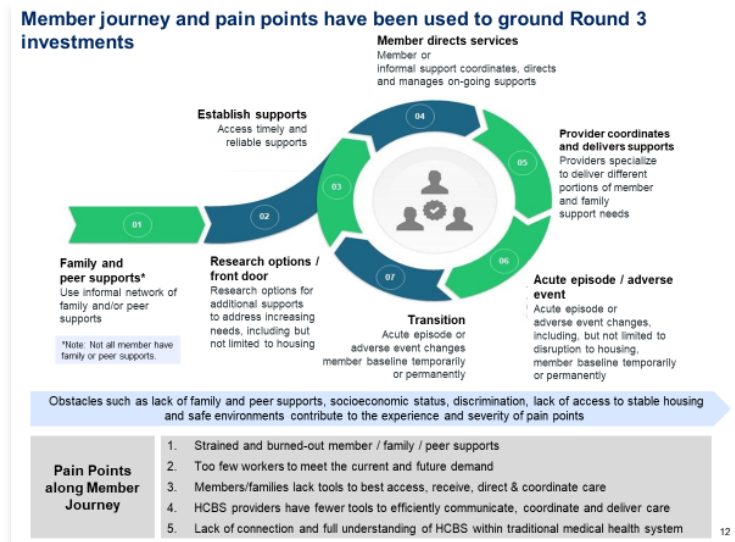


Figure 1: member journey and pain points

1. Strained and burned-out family, peer, and natural supports
2. Too few workers to meet the current and future demand
3. Members, families, and natural supports lack tools to best access, receive, direct and coordinate care
4. HCBS providers have fewer tools to efficiently communicate, coordinate and deliver care
5. Lack of connection and full understanding of HCBS within traditional medical health system

Obstacles such as lack of family and peer supports, socioeconomic status, discrimination, lack of access to stable housing and safe environments contribute to the experience and severity of the pain points.

HCBS ARPA funds provide an opportunity to target significant and impactful investments, focused on the member and improving their journey. Round 3 investments will serve to mitigate pain points, current challenges, and obstacles across the three “Home and Community First” pillars:

1. **HCBS Workforce:** Investments to build, sustain, and expand the HCBS paid workforce and support the HCBS unpaid workforce to ensure the availability of a high-quality workforce to care for and meet member needs; this includes sustaining family caregivers and natural supports
2. **Technology:** Investments to empower members and promote provider efficiency in an effort to augment the existing workforce

3. **Access and Promotion:** Investments to reduce infrastructural barriers to support individuals living safely in their homes and communities

Investments across “Home and Community First” Pillars minimize member journey pain points

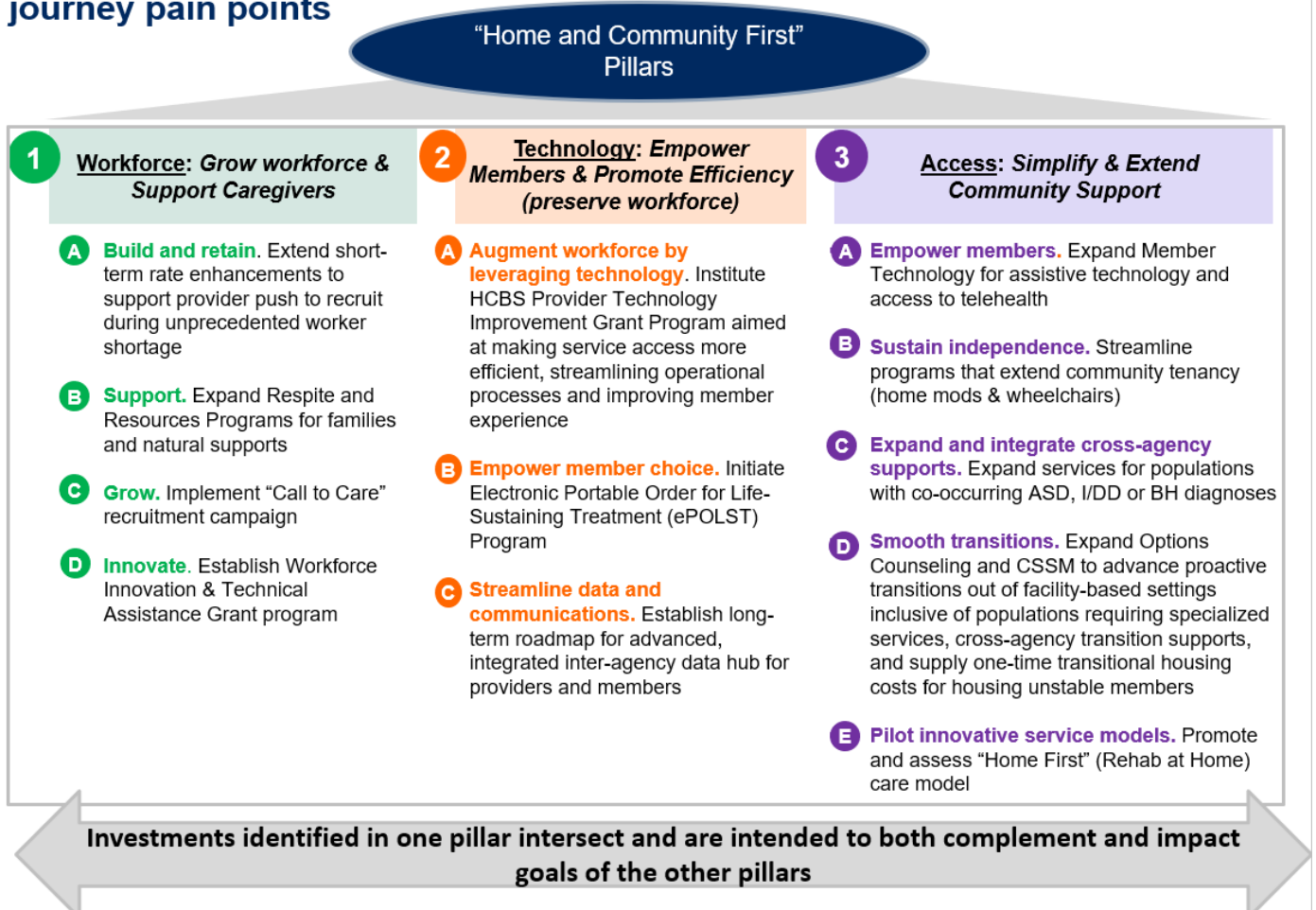


Figure 2: Investments across “Home and Community First” Pillars minimize member journey pain points

Pillar 1 | HCBS Workforce: sustaining and expanding the HCBS paid and unpaid workforce

A strong HCBS workforce, comprised of paid workers and unpaid caregivers and supports, is a critical pillar in the community long-term care system and is crucial to strengthening, enhancing, and expanding HCBS. An immediate and principal challenge to implementing the initiatives in this spending plan is the limited supply of workers and the capacity of providers and agencies to meet demand, particularly given the challenges of the COVID-19 pandemic which has exacerbated these long-standing supply and demand issues.

Direct care workers present complex recruitment and retention considerations because of the difficulty in maintaining competitive wages relative to the high demands of the work as well as the remote structure of administrative support and supervision. Given this, many direct care workers elected to leave the workforce during the COVID-19 pandemic. Furthermore, family and natural caregivers, have found themselves under significant strain during the COVID –19 pandemic as stressors, social isolation, and declines in functioning have occurred. These unpaid caregivers are crucial to ensuring the individual they are caring for thrives in the home and community and they are in need of immediate respite to reduce caregiver burnout.

Rebuilding, strengthening, and supporting the HCBS workforce, both paid and unpaid, is critical for enhancing, expanding and strengthening HCBS in both the immediate and longer term. In an effort to both sustain family caregivers and natural supports while also stabilizing and expanding the HCBS workforce, EOHHS will invest a total of \$426M (\$244M state dollars net of federal funds) to meet the following four key objectives:

- **Build and retain:** As a first action, Massachusetts used ARPA enhanced funding to invest approximately \$133M of state funds to provide immediate funding between July – December 2021 to support time-limited payment enhancements aimed at rebuilding and strengthening the HCBS workforce. With recovery still underway, and in an effort to build and retain, EOHHS plans to use Round 3 funding to extend the Round 1 rate enhancement through June 2022, to support providers and their push to recruit, support and retain workers during an unprecedented workforce crisis.
- **Grow:** A “Call to Care” HCBS Workforce Recruitment Campaign, will support provider emergency recruitment efforts, with strategic targeted messaging to raise awareness of available occupations, highlight the importance and value of the roles, and attract new, diverse people to the workforce who may be unaware of community care profession
- **Support:** EOHHS understands and acknowledges the tremendous resource and value family and natural caregivers provide in supporting and stabilizing the population with HCBS needs. The family and natural caregiver unpaid workforce has been under significant strain during the COVID –19 pandemic as stressors, social isolation, and declines in functioning have occurred. According to a 2021 CDC study, 70% of parents and caregivers reported adverse mental health symptoms during the COVID-19 pandemic. The consequence of family and natural caregiver burnout often has negative impacts on the individuals served, including higher numbers of families and individuals in crisis. A comprehensive expansion of respite services will be offered across EOHHS agencies to support existing programs and alleviates respite gaps. With our Round 3 investments into the HCBS workforce, EOHHS aims to stabilize and continue to build a workforce that delivers quality supports to individuals with physical disabilities, intellectual and developmental disabilities, behavioral health needs, and older adults.

- **Innovate:** -Additional provider supports, including the provision of competitive innovation grants for recruitment and retention, will be made available to providers, to address their unique workforce challenges and foster innovative approaches. These grant awards will be evaluated to serve as a proof of concept platform for potential future investments.

Extended Payment Enhancements for Emergency Recruitment and Retention

Pillar: HCBS Workforce

Goal(s): Recruit and retain workers to meet the current and future demand

Agencies Impacted: DDS, DMH, EOE, MassHealth, MRC

Estimated Investment: \$338,000,000 (gross), \$170,000,000 (net)

HCBS providers continue to face hiring challenges finding it difficult to hire the staff needed to provide care to a population that was hit particularly hard by the COVID-19 pandemic. A significant driver of hiring challenges is increased competition for workers in this space as well as the comparatively low wages that providers can offer compared to other workforce competitors.

To address the challenges that persist, EOHHS will extend the 10% across the board payment enhancements for HCBS Medicaid providers for an additional 6 months (January through June of 2022) to address the urgent need. By using ARPA funds to extend the short-term 10% increase for January through June 2022, EOHHS can support providers with the ability to compete for workers by implementing targeted recruitment and retention strategies to; retain direct care and clinical staff during an unprecedented workforce crisis.

This initiative is targeted at providers as referenced in 101 CMR 447.00: Rates for Certain Home- and Community-based Services Related to Section 9817 of the American Rescue Plan Act delivering. These providers deliver services such as home health, personal care, case management and other services that are listed in Appendix B.

Respite and Resources for Families and Natural Supports – modified in FY22 Q4 and FY23 Q2

Pillar: HCBS Workforce

Goal(s): Expand respite and resource programs for families and natural supports

Agencies Impacted: DDS, DMH, EOE, MassHealth, MRC

Estimated Investment: \$57,853,567 (gross); \$50,253,567 (net)

Respite services allow for families and other natural supports to ensure the individuals they care for are well-taken care of when they need time to look after their own needs. Access to high quality respite services is critical for individuals receiving family and natural supports to thrive in their homes and communities of choice. To support access to respite services, EOHHS will use ARPA HCBS funds to implement two strategies: 1) expand the existing respite programs and 2) establish the administration of a grant program to fund innovative caregiver supports.

Expansion of respite services: EOHHS recognizes that respite and the needs of families and natural caregivers looks different depending on the individuals and population they support, requiring a menu of options. EOHHS will use ARPA funds to build on existing programs offered by EOHHS state agencies, through enhancements to

caregiver stipend programs, increased capacity at day programs, and development of new programs including weekend drop-in centers and other respite care settings.

Caregiver innovation grant program: EOHHS will develop a grant program to award community-based organizations and higher education programs funding to test innovative solutions and tools for family and natural support caregivers. The grant-funded projects will provide a proof of concept for innovative solutions that might be sustainable within agencies or programs and provide immediate support to caregivers to reduce caregiver burnout. Enhanced funding will be used for a grant administration vendor, the grants to fund innovation, and an evaluation vendor to measure the efficacy of the innovative grants.

FY22 Q4 modifications:

Massachusetts will report on implementation status and expenditures related to the “Respite Grants initiative” separately from the “Respite and Resources for Families and Natural Supports.” This is notable as previous Quarterly reports combined these initiatives for the purposes of reporting and anticipated expenditures.

FY23 Q2 modifications:

Within the quarterly report submitted to CMS in October 2021, Massachusetts included a proposal entitled “Respite and Resources for Families and Natural Supports”. Respite services allow for families and other natural supports to ensure the individuals they care for are well-taken care of when they need time to look after their own needs. In its original proposal, EOHHS noted that it would use ARPA funds to build on existing respite programs offered by EOHHS state agencies, through enhancements to caregiver stipend programs, increased capacity at day programs, and development of new programs including weekend drop-in centers and other respite care settings.

To further support the families who often serve as caregivers for medically complex individuals, Massachusetts proposes to expand this previously approved respite initiatives, to increase the originally allocated amount by \$9.5M to increase the number of respite payments to be distributed to unpaid family caregivers of MassHealth members receiving Continuous Skilled Nursing Services.

HCBS “Call to Care” Recruitment Campaign

Pillar: HCBS Workforce

Goal(s): Broaden and increase the number of individuals within the HCBS workforce

Agencies Impacted: DDS, DMH, EOE, MassHealth, MRC

Estimated Investment: \$5,000,000 (gross); \$4,328,500 (net)

The “Call to Care” HCBS recruitment campaign will use enhanced federal funding to develop and implement a wide-reaching marketing awareness and call to action campaign over a 2-year timeframe to stabilize and grow the HCBS workforce by increasing the current volume of individuals employed within the HCBS workforce. This campaign will promote a diverse array of direct care and clinical positions with a focus on advancing the work accomplished in these roles and attracting workers who have not previously considered a career in the HCBS workforce. Proposed strategies will include a high-level campaign for the entire HCBS workforce, as well as micro-campaigns aimed at promoting occupations serving specific population groups

receiving care. Objectives include attracting new individuals to direct care and clinical roles by targeting a diverse and well-rounded workforce that represents the people receiving care through HCBS as well as promoting the value of the work accomplished by the people in these roles, thereby raising the stature of in-home and community-based care.

This initiative is targeted at providers delivering services such as home health, personal care, case management, and other services that are listed in Appendix B.

Workforce Innovation & Technical Assistance Grant Program

Pillar: HCBS Workforce

Goal(s): Recruit and retain workers to meet the current and future demand

Agencies Impacted: Potential: DDS, DMH, EOE, MassHealth, MRC

Estimated Investment: \$25,000,000 (gross); \$20,075,000 (net)

To establish stability in the HCBS workforce and provide a diverse avenue for proof-of-concept initiatives, a \$25 million grant program will launch over the next two years. Provider organizations supporting EOHHS HCBS programs will be eligible to apply for the grants. Examples of funded initiatives might include training programs (direct care, clinical/advance licensure, supervisory), recruitment/retention bonuses, payment of application, licensing, or testing fees, creative transportation assistance, or education compensation programs, in-field supervisory support, career path development, including loan repayment. Grant funding will also be leveraged to establish a longer-term strategic framework for the most promising approaches to support workforce and family/natural caregivers. The goal will be the creation of a strategic roadmap based on the evaluation of successful initiatives that can be leveraged in workforce development across the HCBS spectrum. These initiatives could serve as a proof of concept for future investment.

This initiative is targeted at providers delivering services such as home health, personal care, case management, and other services that are listed in Appendix B.

Pillar 2 | HCBS Technology and Infrastructure: modernizing and promoting efficient systems to preserve workforce capacity and strengthen member choice

Massachusetts will use enhanced federal funding to invest in technology and infrastructure initiatives centered around larger-scale system enhancements that complement and support both the HCBS pillars of workforce and access to HCBS services. Investments will modernize and promote efficiency across EOHHS agencies, as well as serve to empower members and promote provider efficiency in an effort to augment the workforce. EOHHS will invest \$30 M (\$23M state dollars net of federal funds) to meet the following four key objectives:

- **Augmenting the workforce by leveraging technology:** EOHHS will institute a HCBS Provider Technology Improvement Grant Program aimed at making service access more efficient, streamlining operational processes, and improving member experience.
- **Empowering member choice:** EOHHS will initiate an Electronic Portable Order for Life-Sustaining Treatment (ePOLST) Program to enable all residents of the Commonwealth to have greater control over their health care by reducing unwanted and unnecessary acute and institutionalized care, further enabling patients to live their end of life in the setting of their choice.
- **Streamlining data and communications:** EOHHS will establish a strategic roadmap to advance the Commonwealth's technology infrastructures to better serve and address member needs across agencies, services, and programs. The strategic roadmap will focus on integration with provider systems and processes to share member-level information accurately and quickly with a focus on improving care coordination, enhancing communication across HCBS providers and EOHHS. EOHHS will also establish data standards on Race, Ethnicity, Language, Disability, Sexual Orientation, Sex, and Gender Identity (RELD/SOGI) to improve the quality of member information and better allow for the ability to translate that information across all agencies.

Provider Technology Improvement Grant

Pillar: Technology & Infrastructure

Goal(s): Augment workforce by leveraging technology.

Agencies Impacted: DDS, DMH, EOE, MassHealth, MRC

Estimated Investment: \$12,000,000 (gross); \$8,760,000 (net)

To address some of the key issues identified by providers, vendors, and other stakeholders within their responses to EOHHS' Public Request for Information (RFI), EOHHS will issue technology improvement grants to EOHHS providers and contractors. This will enable HCBS providers and contractors to upgrade and modernize their existing IT hardware and software, as well as implement innovative technologies that will contribute to future sustainability. The grants will enable recipients to improve the delivery of HCBS services by allowing for improved interaction with members (e.g., sharing information with members, empowering members to make choices about their health care), more streamlined operations (i.e., by ensuring technologies are up to date and work to improve processes), and better clinical care (e.g., by leveraging hardware and software to support the delivery of direct care).

Using ARPA funds, EOHHS plans to issue up to 120 technology improvement grants in denominations of up to \$100,000 to EOHHS HCBS and behavioral health providers. This includes but is not limited to the purchase of

hardware and software to support communications, enhance Electronic Medical Record (EMR) systems, Emergency Notification Systems (ENS) adoption, and closed-loop referrals, as well as training on new technology (e.g., telehealth tools). Providers receiving grants must demonstrate the acquisition and implementation of the technology improvements by the end of calendar year 2023. Any ongoing operational costs will be the sole responsibility of the provider.

This initiative is targeted at providers delivering services such as home health, personal care, case management, and other services that are listed in Appendix B.

Electronic Portable Order for Life-Sustaining Treatment (ePOLST): Program Start-up

Pillar: Technology & Infrastructure

Goal(s): Empower Member Choice.

Agencies Impacted: EOE, DPH, EOHHS

Estimated Investment: \$2,200,000 (gross and net)

The Portable Order for Life-Sustaining Treatment (POLST) is a medical order that communicates the patient's end-of-life care treatment preferences. The POLST is a tool that increases access to and utilization of home- and community-based services, as it supports individuals who wish to stay in the community towards the end of their life. It reduces unwanted and unnecessary acute and institutionalized care and enables patients to live their end of life in the setting of their choice.

Currently, Massachusetts uses the Medical Order for Life-Sustaining Treatment (MOLST). The MOLST has several issues, including that it is non-transferable across state lines, and it exists in a paper format only, resulting in portability and data quality issues. EOHHS intends to transition from the state-based MOLST form to the nationally-adopted POLST form. This transition will not only allow for utility across states lines but will include the development of an electronic POLST registry system enabling integration into electronic health records.

ARPA funds will primarily be used to establish a new POLST program within EOHHS. Specifically, EOHHS will use ARPA HCBS funding to close a gap in start-up costs needed to launch the POLST program over the next 2 years, which will include the transition to an electronic "ePOLST" system. EOHHS will also provide a call center customer service function for POLST and/or registry assistance, and training and education for providers, patients, and families. Once the program is launched, care providers along the care continuum will have access to a single source of truth about patient preferences for life-sustaining treatment.

The Electronic Portable Order for Life-Sustaining Treatment (ePOLST) initiative will establish an electronic registry for POLST forms. One goal of this initiative is to strengthen, enhance and expand access to and utilization of MassHealth HCBS services (those listed in Appendix B) through increased access to an individual's treatment preferences.

Through ePOLST Massachusetts seeks to promote the reduction of unwanted and unnecessary acute and institutionalized care and promote the ability for individuals to live their last year of life in the setting of their choice, which is often in their own home or community. Through ePOLST MassHealth HCBS providers will have increased information and access to an individual's wishes to stay in the community, thus promoting and strengthening access and utilization of MassHealth HCBS services.

Data Hub Roadmap

Pillar: Technology & Infrastructure

Goal(s): Streamline data and communications.

Agencies Impacted: DDS, DMH, EOE, MassHealth, MRC, Other EOHHS agencies (DCF, DYS, DTA, DPH, MCB, MCDHH), non-EOHHS agencies (DESE, DHCD)

Estimated Investment: \$11,250,000 (gross); \$8,212,500 (net)

The Data Hub Roadmap will detail the requirements for establishing a longitudinal, 360-degree view of a person served by multiple EOHHS agencies and outline an implementation plan to make that information available to authorized parties in a timely manner to facilitate improved care planning and service delivery. The 360-degree view of a person served will provide staff at each EOHHS agency with sufficient understanding of the work being done by other agencies to serve an individual and enable collaborative program management, service delivery, and policy development. In an effort to advance coordination, the roadmap will include requirements detailing options for providing HCBS providers and community organization with access and interoperability with the data hub.

Additionally, investments would fund completion of an assessment of current EOHHS systems and platforms, as well as the market for provider and member portals/apps. The process would require engagement with all EOHHS agencies, as well as stakeholder communities in a discovery and high-level requirements process. EOHHS would procure a consulting or IT vendor to deliver a roadmap and detailed implementation plan for establishing an advanced data hub that can integrate with EOHHS agencies, as well as provider and member systems. This initiative will increase cross-agency and provider collaboration, and increase member access to HCBS (by improving coordination and program management of HCBS services).

RELD/SOGI Data Standards Alignment and Data Sharing

Pillar: Technology & Infrastructure

Goal(s): Improve quality of information about member Race, Ethnicity, Language, Disability, Sexual Orientation, Sex, and Gender Identity (RELD/SOGI).

Agencies Impacted: DDS, DMH, EOE, MassHealth, MRC, Other EOHHS agencies (DCF, DYS, DTA, DPH, MCB, MCDHH)

Estimated Investment: \$4,750,000 (gross); \$3,467,500 (net)

EOHHS aims to establish a medium for all EOHHS-agencies to share data and use common Race, Ethnicity, Language, Disability, Sexual Orientation, Sex, and Gender Identity (RELD/SOGI) “language”. This will improve the quality of member information and better allow for the ability to share information across agencies. This alignment is essential for providing high quality person-centered care and to support analyses related to health equity across populations using HCBS. Having precisely defined RELD/SOGI definitions based upon current best practice standards will lead to improved data accuracy, supporting our ability to track the specific health needs and long-term outcomes of important subpopulations.

EOHHS will use ARPA funds to expand upon efforts underway to align agencies RELD/SOGI data structure and definitions. Specifically, agency partners and consultant(s) will be added to facilitate collection and alignment efforts and to implement a central data repository where the data can be shared. The goal is to

introduce interagency data definitions, consistent agency workflows to collect and update data, system logic to identify most current RELD/SOGI identities, and robust reporting structures to better inform EOHHS policy development, service planning and equitable access to HCBS.

Pillar 3 | Access to and Promotion of HCBS: simplifying & extending community support

EOHHS remains committed to enhancing, expanding and strengthening equitable and inclusive access to its robust set of home and community-based services. Throughout the course of the COVID-19 pandemic, pain points experienced by members were highlighted, underscoring the importance of ensuring that individuals have access to the tools, resources and care needed to live safely within their homes and communities. The COVID-19 pandemic identified further that some populations, require additional supports and coordination.

This spending plan addresses many of those pain points and areas of concern through the use of ARPA funds. Funds further the Commonwealth's longstanding goal to equitably rebalance long-term services and supports and behavioral health services towards community living by diverting and/or transitioning individuals away from facility-based settings. Additionally, investments will focus on ensuring those individuals seeking to transition to or maintain tenancy within their homes and communities do not face infrastructural barriers or challenges in accessing services and are able to live well and safely within their homes. To that end, EOHHS will invest \$104M (\$85M state dollars net of federal funds) to achieve the following key objectives:

- **Empower members.** Massachusetts is using ARPA funds to expand member access to technology, including assistive technology, smart technology, and access to telehealth to enhance member access to services. Access to such technologies will allow eligible individuals to remain independent in their homes, reduce social isolation, enhance connectedness, and engage in telehealth visits.
- **Sustain independence.** The enhanced federal funds will allow EOHHS to streamline and expand access to programs that extend community tenancy, through two initiatives focusing on improving access to home modifications programs and a community wheelchair repair provider model. The streamlining and expansion of home modification programs offered across EOHHS will allow members to access funding and assistance to make modifications to their home to accommodate a disability or a health condition and remain safely in their home. The community wheelchair repair provider model will pilot a community provider network that can support simple or routine wheelchair repairs without relying on limited set of statewide providers, with the goal of reducing the amount of time it currently takes to access wheelchair repairs.
- **Expand and integrate cross-agency supports.** ARPA funds will be used to expand and develop specialized services for children with autism spectrum disorder (ASD) and for adults with co-occurring ASD and behavioral health diagnoses. These are populations with unique needs that have been highlighted through the COVID-19 pandemic. These unique needs have resulted in fragmented care and reduced availability of critical stabilization services. EOHHS will use ARPA funds to increase the capacity of the Autism Waiver; develop critical, short-term, community-based residences enabling individuals to remain in or transition back to a stable living environment; and expanding in-home supports for individuals with ASD and a co-occurring mental health disorder.
- **Smooth transitions.** The enhanced ARPA funds will allow EOHHS to expand and strengthen existing proven programs and a new proof-of-concept program to advance proactive transitions out of facility-based settings, inclusive of populations requiring specialized services. EOHHS proposes expansion and enhancements of the Options Counseling and Comprehensive Support Services Model (CSSM) with particular focus on adults with complex needs including behavioral health. Additional funds will be used to eliminate barriers to community placement both in the form of transition services as well as supports

for individuals with housing insecurity that would cover temporary transitional housing costs for individuals transitioning from facility settings to the community.

- **Pilot innovative service models.** ARPA funds will be used to implement and test the efficacy of a Home-First care delivery model through a multisite randomized control trial (RCT). This RCT will compare current standard of care (Acute Hospital to skilled nursing facility) to a Home-First (Acute Hospital to Home) care model; and the results will be essential in future policy making by demonstrating whether cost, quality and overall clinical efficacy could translate to a new care standard and updated payment models.

Enabling Member Technology – modified in FY22 Q4 and FY23 Q3

Pillar: Access and Promotion of HCBS Services

Goal(s): Empower members through technology

Agencies Impacted: DDS, DMH, EOE, MassHealth, MRC

Estimated Investment: \$23,500,000 (gross) \$15,000,000 (net)

Enabling technology is the use of various forms of devices and technology to support a person with disabilities or behavioral health needs to live as independently as possible. The enhanced federal funding for this initiative will provide additional support for existing programs that provide direct-to-consumer Enabling Technology, including Assistive Technology, Smart Technology, and Communication Devices identified based on individually assessed needs. Funding will also support access to telehealth. In addition, enhanced funds will support (1) the establishment of a centralized learning collaborative where state agencies (and possibly members and providers) can meet to discuss Enabling Technology best practices, collaborate on overcoming any challenges, and work on coordination across programs where appropriate, and (2) establish a centralized technology support structure to ensure members can effectively use and troubleshoot their technology.

FY22 Q4 modifications:

Massachusetts is requesting approval for proposed modifications to the initiative entitled “Enabling Member Technology”, in comparison to what was submitted in the October Quarterly Spending Plan.

This update to the February Quarterly Report represents a change and modification from what was originally submitted in the October Quarterly Spending Plan where EOHHS proposed to establish a centralized technology support structure to ensure members could effectively use and troubleshoot their technology.

Due to feasibility and sustainability considerations, EOHHS proposes to address technology support for consumers through each agency’s existing structure as an alternative to procuring a centralized technology support solution. The below updated proposes to utilize the funding previously allocated for the October Quarterly Spending Plan to redistributed to support the initiatives listed in this update, including a new proposal to provide funding for time limited internet connectivity.

Enabling member technology is the use of various forms of devices and technology to support a person with disabilities, behavioral health needs, and/or individuals living independently in need of additional support. Enhanced federal funding for this initiative will support three primary initiatives: 1) support for existing programs that provide direct-to consumer enabling technology, including Assistive Technology, Smart Technology, and Communication Devices identified based on individually assessed needs 2) establishment of a

learning collaborative which will serve as an online resource data base and direct-to-consumer enabling technology training hub for state providers and staff 3) time limited internet connectivity to promote HCBS and bridge the gap for consumers until federal subsidized initiatives take full effect. Details are as follows:

- 1) Support for existing programs that provide direct-to consumer enabling technology, including Assistive Technology, Smart Technology, and Communication Devices identified based on individually assessed needs.
- 2) Establishment of a learning collaborative which will serve as an online resource data base and direct-to-consumer enabling technology training hub for state providers and staff

EOHHS proposes to establish an online learning collaborative that would (1) create a publicly available direct-to-consumer Enabling Technology resource database, (2) create a central listing of existing assistive technology consortiums across the state to present their resources to a wider audience, and (3) establish a central training hub and credentialed training for contracted state providers and state staff. The online learning collaborative also supplements the agency-specific Enabling Technology initiatives by increasing overall capacity and knowledge about Enabling Technologies.

- 3) Time limited internet connectivity to promote HCBS and bridge the gap for consumers until federal subsidized initiatives take full effect.

This proposal is new from what was submitted to CMS in the October Quarterly Spending Plan, EOHHS proposes to pay for short-term internet connectivity to promote HCBS and bridge the gap for consumers until federal subsidized initiatives take full effect.

EOHHS plans to engage a supplier to provide internet for the duration of the ARPA period to each agency's focus consumer groups. Internet would primarily be provided as part of a "bundle" with devices and training, after an evaluation is done by state agency or contracted vendor staff. Once the evaluation is complete, staff would make a referral to the centralized internet supplier. This initiative supplements the agency-specific Enabling Technology initiatives, as bundling a device that will increase access to HCBS (e.g., telehealth) with internet will increase the likelihood of use.

At the conclusion of the ARPA period, EOHHS intends to build a robust transition strategy to seamlessly off-board consumers to federally subsidized broadband internet to ensure continuity of internet connectivity.

FY23 Q3 modifications:

Within the quarterly report submitted to CMS in February of 2022, Massachusetts included a proposal entitled "Enabling Member Technology". Upon further evaluation, Massachusetts proposes a modification to the original proposal as well as a decreased budget amount of \$10M below the original investment of \$33.5M (gross) \$25.0M (net), to bring the investment to a total of \$23.5M (gross) \$15.0M (net).

EOHHS had previously proposed to pay for short-term internet connectivity to promote HCBS and bridge the gap for consumers until federal subsidized initiatives take full effect. Given the current availability of federally subsidized programs (e.g., the Affordable Connectivity Program and Lifeline) that offer low cost, and in many cases no cost, internet services and internet connected devices, EOHHS proposes to redistribute the funding previously allocated for short-term internet connectivity to support a new proposal, which is outlined in the section below.

Enabling member technology is the use of various forms of devices and technology to support a person with disabilities, behavioral health needs, and/or individuals living independently in need of additional support. Under the modified proposal, EOHHS will continue to use enhanced funding to support two primary initiatives:

- 1) Support for existing programs that provide direct-to consumer enabling technology, including assistive technology, smart technology, and communication devices identified based on individually assessed needs.
- 2) Establishment of a learning collaborative which will serve as an online resource data base and direct-to-consumer enabling technology training hub for state providers and staff

Improving Access to Home Modification Programs

Pillar: Access to and Promotion of HCBS Services

Goal(s): HCBS Promotion and Navigation, Enhancing Services and Care Models

Agencies Impacted: DDS, DMH, EOE, MassHealth, MRC

Estimated Investment: \$1,000,000 (gross); \$800,000 (net)

There are multiple existing programs and mechanisms for members in the Commonwealth to access funding and assistance to make modifications to their home to accommodate a disability and/or health condition. However, it is difficult to understand the similarities and differences among these programs and how accessible the programs are to members in need. HCBS ARPA funds will be used to engage a consultant to inventory existing programs highlighting key information (e.g., how to apply, who is eligible, what modifications can be made, etc.), identify recommendations for improvement and how to fill any identified service gaps, and administer a grant program allowing for providers to fill identified gaps, where appropriate. Special focus will center on ensuring home modifications can be accessed timely when individuals are transitioning from facility-based care to their home or community.

Community Wheelchair Repair Provider Model – modified in FY22 Q4

Pillar: Access to and Promotion of HCBS Services

Goal(s): Enhancing Services and Care Models

Impacted Agencies: DDS, MRC, MassHealth

Estimated Investment: \$825,000 (gross); \$602,250 (net)

EOHHS has been engaged with advocates in a workgroup that has focused on challenges members experience with obtaining timely wheelchairs and wheelchair repairs. This funding supports continued work with the disability advocate community to design and implement additional options for community wheelchair repairs for faster access to “simple or routine” wheelchair repairs. Enhanced federal funds will support contracting with an entity to develop, implement and train a network of new providers to work in collaboration with MassHealth’s existing mobility provider network to provide routine repairs within the community (e.g., using bike shops for routine wheelchair repairs). Funding will also support software and systems upgrades to perform billing and tracking between community mobility providers, existing contracted mobility providers and members, as well as support the inventory/restocking process and for initial setup and stocking of parts identified for simple/routine repairs for each service location.

FY22 Q4 modifications:

Massachusetts is combining the initiatives entitled the “Power Wheelchair Loaner Program” and “Community Wheelchair Repair Provider Program” for the purposes of reporting on spending and progress towards implementation given their overlap.

- Specifically, the Wheelchair Loaner Program is designed to enhance access by facilitating and supporting delivery of back-up manual or power loaner wheelchairs to members who do not have a useable backup chair to use while their primary wheelchair is repaired. The Wheelchair Loaner Program will augment the availability of loaner wheelchairs and include support by an operations manager coordinating issues related to loaner wheelchair inventories across MassHealth-enrolled DME providers.
- The Community Wheelchair Repair Provider Program will provide an option for simple repairs using community providers and decrease the demand for simple wheelchair repairs by MassHealth-contracted mobility providers, freeing mobility provider technician resources for more complex repairs. Enhanced federal funds will support contracting with an operations manager to develop, implement and train a network of new providers to work in collaboration with MassHealth’s existing mobility provider network to provide simple repairs within the community, as well as support the inventory/restocking process

Autism Waiver Expansion

Pillar: Access to and Promotion of HCBS Services

Goal(s): Diversion from Facility-Based Care; Enhancing Services and Care Models

Agencies Impacted: DDS, MassHealth

Estimated Investment: \$9,445,000 (gross); \$4,722,500 (net)

Children and youth with co-occurring Autism Spectrum Disorder (ASD) diagnoses and behavioral health needs face a fragmented system that is variable in its capacity, quality, and intensity across all service types. Children with ASD who are in behavioral health crises often seek care in the emergency room rather than a community-based alternative, and face longer waits for placements than counterparts without ASD. Additionally, COVID-19 has resulted in reduced availability of intensive, in-person services that are often critical to the stabilization of the family unit and help keep children and youth in their homes and in the community.

ARPA HCBS funding will support expansion of the current Children’s Autism HCBS Waiver Program to add an approximate 225 additional enrollees over the course of the next three years (approximately 75 new enrollees per year), increasing the maximum capacity of the program from 300 children at any one time to 500 children. The Children’s Autism HCBS Waiver Program is an existing Medicaid program designed to provide services to help children with autism remain in their homes and actively participate in their families and in their communities. This Autism Waiver provides one-to-one behavioral, social and communication-based interventions through a service called Expanded Habilitation, Education. The service consists of one-to-one interventions developed and monitored by a trained clinician and is carried out in the child’s home and community. The program also provides related support services such as community integration activities, assistive technology, and respite. The Waiver Program uses a service delivery model called Participant Direction. In this model, the parent takes the lead in designing the program and selecting service providers based on the child’s assessed level of need. Each family receives support from a designated staff person, an Autism Support Broker -- at one of the seven Autism Support Centers funded by the Massachusetts Department of Developmental Services (DDS) and from a Clinical Manager at the DDS Autism Division. ARPA HCBS funding will also support additional staff capacity at Autism Support Centers and DDS.

Transitional Residential Services for Persons with ASD and Behavioral Health Diagnoses

Pillar: Access to and Promotion of HCBS Services

Goal(s): Enhancing Services and Care Models

Agencies Impacted: DDS, DMH

Estimated Investment: \$7,568,520 (gross); \$5,297,964 (net)

According to recent epidemiological studies, nearly three out of every four individuals with ASD meet criteria for a co-occurring mental health disorder. This proposed initiative will support an interagency pilot to develop up to seven homes for individuals age 18 or older with ASD and a co-occurring mental health disorder to access needed services and supports from both DDS and DMH. Specifically, the pilot will include integrated individual service planning and clinical treatment planning provided at two types of homes: (1) up to five residential homes supporting four individuals per home to address their behavioral health needs and acquire skills to transition to more independent living, and (2) two respite homes (one adolescent and one adult) for up to four individuals per home to provide a critical, short-term, community-based resource enabling them to remain in or transition back to a stable living environment. An evaluation vendor will be engaged to evaluate the pilot.

This initiative is targeted at providers delivering services in Appendix B, specifically services under the HCBS 1915i waiver, Section 1115 waiver and services such as targeted case management and rehabilitation services.

Expanding In-home Services for Individuals with ASD and Behavioral Health Diagnoses

Pillar: Access to and Promotion of HCBS Services

Goal(s): Enhancing Services and Care Models

Agencies Impacted: DDS, DMH

Estimated Investment: \$5,272,520 (gross); \$3,690,764 (net)

Individuals aged 18 to 25 with co-occurring ASD and behavioral health diagnoses who meet DDS level of care eligibility but do not meet DDS/DMH residential care criteria are at higher risk for being placed in institutional settings, utilizing the Emergency Room or becoming homeless. EOHHS will use ARPA HCBS funding to support an interagency pilot to provide Intensive In-Home Supports for an average of 30 hours per week for 50 individuals at any given time over a period of four to six months to help them remain in their home and actively participate in their communities. An evaluation vendor will be engaged to evaluate the pilot.

This initiative is targeted at providers delivering services in Appendix B, specifically services under the HCBS 1915i waiver, Section 1115 waiver and services such as targeted case management and rehabilitation services.

Expansion of Options Counseling and CSSM programs

Pillar: Access to and Promotion of HCBS Services

Goal(s): Diversion from Facility-Based Care; Transitions to HCBS

Agencies Impacted: EOEA, MassHealth, MRC, DMH

Estimated Investment: \$23,823,366 (gross); \$21,917,497 (net)

The Options Counseling and Comprehensive Support Services Model (CSSM) Programs are long-standing, effective programs operated in the Commonwealth providing consumers with options, resources, and assistance to enable transitions from institutional settings to the community. ARPA HCBS funding for the Options Counseling program would serve both residents in the community and in institutional settings providing them with the full array of options around their service needs and ensure there are dedicated resources available to all nursing facility residents. Additionally, enhanced funding to the CSSM program will ensure there are dedicated resources to provide each resident of a nursing facility with the resources and intensive management to enable safe and appropriate discharge from facilities, if desired. Specifically, ARPA HCBS funds would support requirements for minimum staffing for each program, required onsite presence at each nursing facility on a regular basis (i.e., a minimum of monthly for CSSM and biweekly for OC) with onsite availability schedules publicly posted, and refined expectations of effective engagements. Additionally, funds will support activities of Options Counseling staff at local housing coalitions and interagency collaboration to establish trainings and support service models to meet the needs of all consumers, including those with specialized service needs such as for individuals with behavioral health needs, serious mental illness or substance use disorders.

Specialized Transition Supports for Adults with Behavioral Health Needs

Pillar: Access to and Promotion of HCBS Services

Goal(s): Diversion from Facility-Based Care; Transitions to HCBS

Agencies Impacted: EOE, DMH, MassHealth, MRC

Estimated Investment: \$1,000,000 (gross and net)

ARPA HCBS funding will support comprehensive community-based wrap-around services for adults with behavioral health needs under the age of 60 in nursing homes to support transitions to the community, as well as establish temporary diversionary supports to help people at risk of nursing home admission to stay safely at home. Comprehensive services provided would include: Case Management, Housing Support, Information and Referrals, Vocational Rehabilitation, Recovery-oriented Activities and Peer Services. These specialized transition supports will complement services associated with the reactivation of the Massachusetts Money Follows the Person (MFP) Demonstration program. Reactivation of our MFP Demonstration will allow EOHHS to further optimize ARPA funding for areas of need while aligning demonstration program priorities with our ARPA investments and strategies in order to build a robust set of activities focused on enhancing, expanding and strengthening HCBS to best serve individuals, families and caregivers.

Of note, reactivation of the MFP Demonstration program will allow EOHHS to accomplish the following:

- Transition individuals from facilities to communities earlier - 60 days into their stay rather than 90 days into their stay - due to the eligibility expansions allowed by the Consolidated Appropriations Act (CAA) of 2021.
- Offer a set of services that are not otherwise available (in particular, housing support, transitional assistance, home modifications, and potentially additional demonstration services tailored for members with mental health and/or substance addiction conditions).
- Enhance EOHHS ability to identify individuals who might be eligible for our Moving Forward Plan 1915(c) waivers, other 1915(c) waivers (including the ABI and Frail Elder Waivers), and State Plan community LTSS services.

Provide resources via the rebalancing fund for individuals beyond their initial 365-day period of MFP demonstration eligibility. HCBS ARPA funding will be used to provide specialized transition supports to

maintain community tenure and enable transitions from a facility setting for individuals not receiving services through the MFP Demonstration program.

Payment for room and board is not included as part of the “Specialized Transition Support for Adults with Behavioral Health Needs” activity.

Cover One-time Transitional Housing Costs for Housing Unstable Members Transitioning back into the Community

Pillar: Access to and Promotion of HCBS Services

Goal(s): Transitions to HCBS

Agencies Impacted: CYF, DDS, DMH, EOE, MassHealth, MRC

Estimated Investment: \$13,050,000 (gross and net)

ARPA HCBS funding will be used to establish a process to distribute one-time transitional housing costs for members transitioning back into the community including payment of necessary expenses to establish an individual’s basic living arrangement, such as security deposits, utility activation fees, moving expenses and essential household furnishings (e.g., furniture, window coverings, food preparation items, etc.) Individuals could receive a maximum of \$5,000 in assistance if they meet the eligibility criteria, including having unstable housing and transitioning from facility settings to housing in the community where they are responsible for their own living expenses, and certain income and clinical requirements.

Room and board is not included under the “Cover One-Time Transitional Housing Costs for Housing Unstable Members Transitioning back into the Community” activity. In accordance with State Medicaid Director May 13, 2021: implementation of ARPA, Massachusetts is planning to pay for one-time transition costs to facilitate individuals transitioning from an institutional or provider operated congregate living arrangement to a community-based living arrangement in a private residence where the person is directly responsible for his or her own living expenses. These one-time transition costs will not be recurring nor ongoing and are based on transition costs that are currently allowable by CMS under 1915(k) Community First Choice State Plan Optional Benefit. Specifically, according to CMS guidance, permissible one-time transition costs include “security deposits for an apartment or utilities, purchasing bedding and basic kitchen supplies, first month’s rent, and other one-time expenses required for the transition from an institution to community housing.” See CMS June 26, 2015 information bulletin “Coverage of Housing-Related Activities and Services for Individuals with Disabilities” at page 6 and available at www.medicaid.gov/federal-policy-guidance/downloads/cib-06-26-2015.pdf.

In accordance with the CMS guidance contained in the above referenced information bulletin, Massachusetts plans to cover the following one-time transition costs as part of this activity: move-in assistance (e.g., moving costs, security deposits, costs related to starting utilities, first month’s rent), basic furnishings and supplies needed to set up a bathroom and bedroom (e.g., bedding, towels, toiletries), basic kitchen supplies (e.g., dishware, silverware, cooking supplies, appliances not supplied by the property owner), any needed environmental modifications to install necessary accommodations not covered by insurance, pest eradication or one-time cleaning, and other one-time expenses required for the transition from an institution to community housing. Finally, Massachusetts will not be seeking FFP for the funding spent for this activity.

“Home First” Care Delivery Model Efficacy

Pillar: Access to and Promotion of HCBS Services

Goal(s): Diversion from Facility-Based Care; Enhancing Services and Care Models

Agencies Impacted: DDS, DMH, EOE, MassHealth, MRC

Estimated Investment: \$1,950,000 (gross and net)

About 30-40% of older adults and 6% of Medicaid patients discharged from acute care hospitals require post-acute care (PAC) of which about half occurs in inpatient skilled nursing facilities (SNF). After a qualified hospital stay, PAC SNF care includes 1.5 hours of therapy 5 days per week, skilled nursing care, assistance with functional skills, medications, and semi-private room and board. Unfortunately, institutional PAC SNF care is of variable safety, quality, experience, and is also very expensive. Ameliorating these concerns and with rapidly growing advanced home-based medical care delivery offerings catalyzed by the COVID-19 pandemic, a ‘rehab at home’ care delivery model has emerged with a goal of diverting PAC away from institutional settings and directly to the patient’s home.

ARPA HCBS funds would be used to implement and test the efficacy of a Home-First care delivery model through a multisite randomized control trial (RCT). This RCT would directly compare current standard of care (Acute Hospital to SNF) to a Home-First (Acute Hospital to Home) care model to demonstrate cost, quality, and overall clinical efficacy. Specifically, funds will be used to engage a grant administrator to oversee the RCT, cover labor costs for in-home direct care clinical staff, hospital clinical staff to serve as a liaison with in-home staff, and research staff, and support research site operations.

Specific Populations | Targeted EOHHS Agency Investments to Support Populations Served by EOHHS Agencies

In addition to broad, cross-agency investments focused on addressing challenges across the HCBS system, EOHHS will invest \$25M (\$23M of state dollars net of federal funds) of the enhanced federal funds to make targeted investments supporting the unique needs of the specific populations served by EOHHS agencies, and aimed at having a positive and meaningful impact on the populations they serve. Details of these initiatives are found below.

Department of Mental Health (DMH)

DMH provides specialized mental health services to approximately 20,000 people across the lifespan with the most serious mental health needs, of which at least 87% are MassHealth members. DMH provides a range of clinical and peer support services within homes, communities, and residential settings, and facilitates transitions from inpatient and institutional settings. DMH services are designed to integrate with the services and supports provided by MassHealth and other EOHHS agencies. An individual seeking DMH services must apply for services and demonstrate clinical need. The current application is paper-based and requires additional clinical documentation. This process is time-consuming and confusing to the person applying and can contribute to delays in accessing treatment.

DMH Web-Based Service Application and Client Profile

Pillar: Technology and infrastructure investments

Goal(s): Augment HCBS workforce with technology and infrastructure that improves service access, streamlines operational processes, and improves member experience, in addition to providing members/families with the tools to best access, receive, direct & coordinate care

Estimated Investment: \$4,750,000 (gross and net)

An individual seeking DMH services must apply for services and demonstrate clinical need. The current application is paper-based and requires additional clinical documentation. This process is time-consuming and confusing to the person applying and can contribute to delays in accessing treatment. ARPA funds will support building a web-based application for DMH services. This web-based solution will allow an individual and any person supporting them to complete all steps through an easy to navigate portal, including signing releases of information and uploading clinical documentation. The system will also allow the person to check on the status of the application and create a more efficient process for DMH to make service application decisions, initiate treatment and address urgent needs. Funds will also support data connections between other EOHHS systems to ensure interoperability. The intended goals are to improve the experience of applying for services and reduce the time from application to onset of services.

This initiative is targeted at providers delivering targeted case management and rehabilitative services which are services that are listed in Appendix B.

Executive Office of Elder Affairs (EOEA)

The mission of the Executive Office of Elder Affairs (EOEA) is to promote the well-being of older adults and their caregivers, and help older adults thrive in the communities of their choosing. With 1.6 million older adults in Massachusetts, EOEA works to support those consumers and their caregivers by providing both state- and federally-funded HCBS to hundreds of thousands of older people each year. The investment from the ARPA creates an opportunity for EOEA to strengthen access to and promotion of HCBS through various means.

EOEA's proposed portfolio includes investments to: (1) grow, support, and retain the workforce, (2) strengthen service coordination, quality, and outcomes via enhancements to technology and infrastructure, and (3) increase and improve access to HCBS in an equitable and inclusive manner.

Grow, Support, and Retain the Workforce

Spanish and Haitian Creole Promotion for Online Homemaker Training (PHCAST)

Pillar: HCBS Workforce

Goal(s): Market existing state-funded homemaker training program to increase number of homemakers whose preferred language is Spanish and/or Haitian Creole

Estimated Investment: \$500,000 (gross and net)

The Massachusetts Personal and Home Care Aide State Training (PHCAST) is a core competency curriculum training that includes a homemaker and personal care track. Prior state funding resulted in an online version of the training in English, and translation to Spanish and Haitian Creole is currently underway.

The ARPA investment will support a marketing and awareness campaign in Spanish and Haitian Creole tailored to reach these communities and raise awareness of the direct care profession and promote the free online training. The desired outcome is to increase the number of trained direct care professionals and to ultimately expand access of HCBS to diverse communities and older adults. By raising awareness in general, this investment is also likely to have a positive impact on workforce expansion serving older adults and other populations.

Explore and Evaluate Alternative Staffing Models That Cluster Home Care Workers to Support the Provision of HCBS in High Density Settings

Pillar: Access and Promotion

Goal(s): Identify potential staffing models that may increase overall efficiency of service delivery and strengthen recruitment and retention of the home care workforce

Estimated Investment: \$1,234,000 (gross and net)

Current hourly-based home care staffing models often create challenges for home care professionals and their agencies, which manifests in recruitment and retention issues. For instance, under the current model, there may be many agencies sending multiple aides to a given building or neighborhood, each providing 1-2 hours of service. In addition to time being lost as aides travel a distance to their next client, the opportunity to develop neighborhood insight for a particular building/community is also lost.

The desired outcome of this investment is to define, develop and measure alternative staffing models to strengthen recruitment and retention of direct care professionals, ultimately enhancing and even expanding HCBS. This investment will establish a new HCBS workforce staffing model in up to three high density settings/zip codes with at least 100 to 200 residents, including senior housing buildings. This model will cluster services and include hiring and dedicating direct care full-time equivalents (FTEs) per setting to provide onsite services to support older people with their Activities of Daily Living (ADLs) and Independent Activities of Daily Living (IADLs). An evaluator will be hired to compare overall cost, workforce and consumer outcomes between current practice and this new model.

Strengthen Service Coordination, Quality, and Outcomes Via Enhancements to Technology and Infrastructure

Expansion of Provider Qualification System

Pillar: Technology and Infrastructure

Goal(s): Improve quality and integrity of HCBS provider network and outcomes for older adults

Estimated Investment: \$600,000 (gross and net)

EOEA's provider qualification system, known as the Notice of Intent (NOI) System, is an online portal that centralizes providers' business application, information-sharing, and contracting functions between potential Homemaking and Personal Care providers, Area Agencies on Aging (AAAs) and Aging Services Access Points (ASAPs), and EOEA. The NOI System also ensures a certain minimum standard for HCBS providers, in accordance with EOEA guidelines.

Enhanced federal funds will expand the NOI System to additional HCBS providers who provide services, including but not limited to Alzheimer's and Dementia Coaching, Supportive Day Care, Companion, and Chore. This expansion will promote a higher quality of the provider network by ensuring that a centralized list of providers meet minimum qualifications and standards and operate using policies and procedures as required.

Business Requirements for Aging Services Information Technology System

Pillar: Technology and Infrastructure

Goal(s): Improve HCBS service coordination and outcomes for older adults

Estimated Investment: \$498,998 (gross and net)

ARPA funding will support the creation of documentation of requirements needed to procure a best-in-class case management Information Technology (IT) system that meets EOEA and HCBS providers goals and needs. This system is essential for Area Agencies on Aging (AAAs), Aging Service Access Points (ASAPs) and MassHealth to successfully operate their HCBS programs and to receive federal reimbursement for their Medicaid HCBS expenditures. EOEA is taking significant steps towards a re-procurement due to a variety of factors (i.e., requirements from the Massachusetts Operational Services Division to re-procure, longstanding stakeholder challenges, and recent system instability). The desired outcome of the investment is to improve HCBS service coordination, provision, and outcomes for older adults.

Federal funds will be used to engage a consulting firm to document business requirements, write an RFR for a case management IT system for the aging services provider network, and conduct the IT procurement process in coordination with EOEA leadership and staff.

Aging Services Network Quality Improvement and Monitoring

Pillar: Technology and Infrastructure

Goal(s): Strengthen quality of HCBS provider network and outcomes for older adults

Estimated Investment: \$200,000 (gross and net)

By statute, EOEA is required to contract with regional Aging Services Access Points, which in turn arrange for and manage the provision of services and supports to consumers. Given this delegated model, it is critical to have a strong process to designate and review the performance of the ASAPs. This investment will enhance, update, and strengthen the current designation review process for the Area Agencies on Aging (AAAs) and Aging Services Access Points (ASAPs) to be more responsive to the current aging landscape and needs of consumers. It will also strengthen EOEA's ability to adequately assess and improve providers' ability to consistently deliver equitable and inclusive programs and services. By investing in this quality improvement initiative, EOEA aims to strengthen and improve outcomes of our state and federally funded (Title III Older Americans Act programs) HCBS for older people.

ARPA HCBS enhanced federal funds will be used to engage a contractor or consultant to provide project management, strategic planning, and quality improvement expertise. Hired resource(s) will work with EOEA agency leadership, including the Director of Data Insights and Program Evaluation, to identify opportunities for improved consistency, quality and efficiency with AAAs, ASAPs and HCBS providers.

Increase and Improve Access to Home- and Community-Based Services in an Equitable and Inclusive Manner

Broaden Awareness, Improve Accessibility, and Promote Services that Support Older Adults

Pillar: Access and Promotion

Goal(s): Increase access to and promotion of HCBS services

Estimated Investment: \$1,000,000 (gross and net)

EOEA has identified the need to accelerate the creation of culturally tailored and inclusive marketing materials that successfully engage target audiences, including aging services professionals, older adults, and caregivers, to strengthen access to and promotion of HCBS services. EOEA will work with other EOHHS agencies as needed to leverage best practices and build on existing efforts.

Enhanced federal funding will be used to complete an environmental and market scan of how aging services professionals, older adults and caregivers seek and receive information about HCBS, including focus groups, message testing and other methods. EOEA will then inventory EOEA and MassOptions consumer and public facing materials and enhance these materials with established and consistent messages, format (brand), and accessibility standards based on the environmental and market scan. EOEA will also identify which materials are currently translated and if that translation is culturally appropriate, then translate materials as needed and/or create visual and vlog content. If funding remains available, EOEA will undergo a promotion and awareness campaign.

Inclusivity and Equity of the Council on Aging/ Senior Center Network

Pillar: Access and Promotion

Goal(s): Strengthen access to HCBS by establishing the Councils on Aging/ Senior Centers as an equitable and inclusive “front door” for HCBS at the local level

Estimated Investment: \$250,000 (gross and net)

It is critical that each municipality’s Council on Aging/ Senior Center is a welcoming place for all older community residents and operates in a manner that is equitable, inclusive, and culturally appropriate based on the needs of each of the 351 communities across the Commonwealth. With the ARPA investment, EOEA will develop a baseline to understand the successes and gaps, and then support the Council on Aging network to strengthen their ability to serve all older adults and act as a “front door” and access point for HCBS for older people and caregivers in their city/town.

Enhanced federal funding will be used to conduct a baseline study to better understand who currently utilizes the Councils on Aging and how that population reflects community demographics, as well as the ability of Councils on Aging to provide culturally tailored and accessible services. This investment will help identify the gaps between who currently accesses the Council on Aging and who resides in the community, ultimately leading to more equitable and inclusive service delivery and strengthened access to HCBS.

Increase Accessibility for LGBT and Aging in Massachusetts Online Training

Pillar: Technology and Infrastructure

Goal(s): Strengthen access to HCBS by providing more equitable, inclusive, and tailored care for older adults who identify as LGBT

Estimated Investment: \$350,000 (gross and net)

In 2018, the Massachusetts Legislature mandated that EOEA produce an online training about the distinct needs of older adults who identify as lesbian, gay, bisexual, and transgender (LGBT). The training has been available online since June 2021 but needs to be updated to allow for the opportunity of non-English speaking aging services professionals and caregivers, along with those who are visually impaired, to take the training.

Federal ARPA investments will address the accessibility needs of the existing *LGBT and Aging in Massachusetts* online training, thereby increasing enrollment and completion of the training and ultimately strengthening HCBS by providing more equitable and inclusive care.

Community Grants to Accelerate Age- and Dementia-Friendly Diversity, Equity, and Inclusion (DEI) Work

Pillar: Access and Promotion

Goal(s): Allow people to age in place by making upstream investments in local communities and apply a diversity, equity, and inclusion lens on age- and dementia-friendly work

Estimated Investment: \$250,000 (gross and net)

The global (World Health Organization) and national (AARP) Age-Friendly movement encourages cities, towns, and states to implement changes to policy and practice to make communities more livable for all. The Massachusetts Age-Friendly movement represents an upstream opportunity to impact HCBS at the local level.

EOEA views the Age-Friendly movement as a mechanism to create infrastructure in community that benefits people of all ages and increases awareness of and access to HCBS versus facility-based care.

The ARPA investment applies a diversity, equity, and inclusion (DEI) lens to existing community age- and dementia-friendly efforts. Federal funds will provide community grants to eight local age- and dementia-friendly initiatives to deepen and strengthen on-going work to improve equity, inclusion, and accessibility. These eight communities are already (or will have started as of 2022) engaged in a DEI assessment, yet require funding support to implement recommendations and strategies. Specifically, the federal funds will provide a \$25,000 seed grant to each community and also compensate a contractor to document learnings, curate promising practices, provide technical assistance, and help embed this work into the movement statewide.

Department of Developmental Services

The Department of Developmental Services (DDS) provides services and supports to over 40,000 individuals in Massachusetts with an intellectual disability (ID), developmental disability (DD), Autism Spectrum Disorder (ASD), individuals with an Acquired Brain Injury (ABI) and individuals in the Moving Forward Plan (MFP) residential waiver. DDS also manages three HCBS waivers for adults with ID/DD, the Children's Autism Waiver, and the ABI and MFP residential waivers on behalf of MassHealth. DDS provides a range of services, depending on waiver enrollment, that includes 24/7 residential supports, day and employment supports, individual home supports, transportation, adult companion, and other home and community-based services. To deliver most of these services and supports, DDS contracts with over 200 provider organizations who employ approximately 30,000 direct care staff throughout Massachusetts.

The Department increasingly relies on data and its analysis to inform policy and programmatic decisions, to improve or augment its service impact, or advance operational efficiencies. The majority of the initiatives identified below support data initiatives and ongoing IT systems transformation efforts by improving the interface between DDS and its care providers or expanding data on the services provided or populations served. In doing so, these projects will work to expand, enhance, and strengthen the delivery and administration of HCBS. Through the identified investments in its systems infrastructure, DDS will standardize data sources, improve data delivery and retention, and ensure privacy and security. Moreover, through strengthening its intake and eligibility system, DDS waiver enrollment and its management are improved. DDS believes that through tracking, and analyzing of available data sources, it can assist in identifying evidence-driven trends, risks, and opportunities that can ultimately improve the clinical or social outcomes of DDS service participants.

DDS Interoperability Between Provider Agency Systems and DDS Systems

Pillar: Technology and infrastructure investments

Goal(s): Connection; Coordination; HCBS Promotion and Navigation; Enhancing Services and Care Models

Estimated Investment: \$1,700,000 (gross and net)

This proposal will assist in the upgrade and implementation of the DDS care management system and enable interoperability between DDS electronic records and provider agencies' electronic records. The care management system would include the regular data sharing of clinical information (e.g., assessments, notes) between the DDS system and provider systems, either via API or ETL process, and through a data governance framework, ensure records are standardized, secure, and understandable to all parties. This initiative will result in more informed care management and service delivery as the participants' record will be more up-to-date and complete, allowing for improved care management, coordination, and service delivery. ARPA funding would support the system requirement gathering, design, development, testing, and onboarding of providers, as well as support data connections between other EOHHS systems to ensure interoperability.

DDS Electronic Intake/Eligibility System

Pillar: Technology and infrastructure investments

Goal(s): HCBS Promotion and Navigation

Estimated Investment: \$2,000,000 (gross and net)

Becoming eligible for DDS services and supports is the first step towards accessing home and community-based services. By implementing an electronic intake and eligibility system, DDS will increase the accessibility and speed of accepting, reviewing, and responding to applications from individual, family member or providers

applying to DDS. It will also provide DDS with a more efficient and accurate way to track and process individuals' applications with the intent of shortening the time to complete the application eligibility review process, send feedback, or request additional questions required for a final determination.

Enhanced federal funding would support the development and implementation of an electronic Intake and Eligibility system for DDS services and would permit providers and service participants to submit applications online, look up and track status of their applications, and receive communications via an online portal for providers and participants. It would also allow for the tracking and reporting on applications by DDS staff, and support streamlined communications and data sharing between EOHHS agencies.

DDS Systems Health Check

Pillar: Technology and infrastructure investments

Goal(s): Connection, Coordination, HCBS Promotion and Navigation, Enhancing Services and Care Models

Estimated Investment: \$300,000 (gross and net)

Currently, DDS uses several different IT systems to contract its services with provider organizations and support case management, person-centered planning, or comply with all waiver and other regulatory requirements. With the goal to make improvements to DDS IT systems to deliver services more efficiently and effectively as well as better coordinate the delivery of services to the individuals that DDS supports, DDS will conduct a "health check", a professional analytical review of all of DDS' IT systems to identify recommendations for short-term enhancements and possible longer term structural changes. Specifically, enhanced federal funding will be used to contract with a procured vendor to perform the DDS IT systems "health check" that would review prevailing data compliance and privacy standards, advance internal electronic record management efforts (including scanning existing records and documents), assist in modernizing the Intake and Eligibility process, and implement upgraded Case Management technology aimed at simplifying processes for participants.

Retention Bonuses for Self-Directed Direct Care Employees

Pillar: Workforce

Goal(s): HCBS Workforce Supports and Employer-Workforce Partnerships

Estimated Investment: \$1,000,000 (gross and net)

DDS supports 1,011 individuals in its Participant Directed Program (PDP), part of the DDS Self Direction program. In this program, individuals self-direct their services and currently employ 880 direct care workers to provide services and supports to them. With the current workforce shortage, particularly in the human service direct care sector, it is important to support the stability and future growth of the Participant Directed Program. These funds will support \$1,000 retention bonuses in two \$500 installments, 6 months apart to all direct care workers employed by individuals in the Participant Directed Program. As traditional service models (such as Community Based Day Supports) have been inaccessible due to COVID restrictions, reticence to return, or provider agency workforce shortages, more individuals and families are choosing this service delivery model to receive a variety of services to support their needs and help them attain their goals.

Massachusetts Rehabilitation Commission (MRC)

The Massachusetts Rehabilitation Commission (MRC) helps individuals with disabilities to live and work independently. MRC is responsible for Vocational Rehabilitation, Community Living, and Disability Determination for federal benefit programs. MRC operates three HCBS Waiver programs – Traumatic Brain Injury Waiver, the non-residential Acquired Brain Injury Waiver, and the Moving Forward Plan Community Living Waiver – as well as MRC Supported Living program. A wide range of services support individuals with disabilities, including Case Management, Adult Companion, Waiver Personal Care, Skilled Nursing, Vehicle and Home Accessibility Adaptations, and Employment Supports.

ARPA investments will empower the individuals served by MRC by enhancing existing services, strengthening partnerships, and building an agency infrastructure that is responsive, agile, and flexible to address the societal barriers individuals with disabilities face every day. MRC will leverage ARPA funds to build on existing work within the agency focused a primary focus on developing a technology platform (OneMRC) that address inefficiencies in MRC’s current case management system. The added technology and infrastructure investments would allow for more robust and comprehensive enhancements that will improve the consumer, family, and provider experience – in both their desired service delivery outcomes and in their interactions with the agency. The proposals for enhancing services and care models are targeted efforts to address unmet needs of the population MRC serves, and will also promote interoperability across EOHHS agencies.

Improving Mobility Access

Pillar: Access to and Promotion of HCBS Services

Goal(s): Enhancing Services and Care Models

Estimated Investment: \$312,000 (gross and net)

MRC will partner with Independent Living Centers (ILCs) to install 200 wheelchair ramps across Massachusetts, building on an existing program with Stavros ILC, designed to coordinate local community resources, volunteers, and donors in Hampden, Hampshire, and Franklin counties to acquire wheelchair access ramps. Enhanced federal funding will primarily be used for acquiring and installing ramps and some limited project coordination resources. The installation of wheelchair ramps reduces social isolation and improves the ability of individuals with disabilities to independently access their homes and communities.

Payments for capital investments is not included as part of the “Improving Mobility Access” activity.

OneMRC – Consumer and Provider/Vendor Portal

Pillar: Technology and infrastructure investments

Goal(s): Connection; Coordination

Estimated Investment: \$1,000,000 (gross and net)

MRC is in the process of replacing its consumer and provider tracking application, called OneMRC. Building on the current scope for OneMRC, this initiative will give consumers, waiver providers (ABI-N, MFP-CL, and TBI), and other Community Living providers direct access to consumer records to view, update, and have interactive engagement of information (e.g., consumers will have the ability to view, update, and attach supporting documentation to their OneMRC record or leave notes for their staff and providers). This initiative will also include data connections between entities involved in the administration of the waiver programs and OneMRC. Enhanced funding will be used to procure additional services from MRC’s OneMRC system

integration vendor to scope, develop, and implement these additional consumer and provider portals. The desired outcome is to have a more efficient, timely, and user-friendly application process for HCBS consumers and providers.

Enhancing consumer satisfaction, experience, and outcomes

Pillar: Technology and infrastructure investments

Goal(s): Connection

Estimated Investment: \$122,900 (gross and net)

In 2019, MRC developed an Office of Individual and Family Engagement, responsible for partnering with diverse individuals with disabilities and families to ensure their voice and perspectives are actively incorporated into MRC's strategic planning, operations, and services/systems design and development. Using ARPA funds, MRC will create an innovative platform to assess and improve consumer experience and engagement within MRC services to HCBS consumers. The platform will use technology to conduct longitudinal data collection capturing the experiences of individuals with disabilities receiving MRC services. Data will be collected at significant timepoints throughout the service delivery process, and will address six primary domains: Respect, Timeliness, Working Alliance, Dependability, Value, and Diversity/Equity /Inclusion/Accessibility (DEIA). ARPA funding will support engagement of a vendor to develop a customized platform, data collection, analytics, and subscription fees. The desired outcome is an enhanced and targeted HCBS consumer experience with agency services, as supported by MRC having more comprehensive and real time data on experiences of MRC service delivery.

Consumer Video Messaging Software and Video Hardware

Pillar: Technology and infrastructure investments

Goal(s): Connection

Estimated Investment: \$98,000 (gross and net)

Video messaging capacity will allow MRC to provide accessible videos to consumers and service providers directly through email, web, and text messaging. Videos will be utilized with HCBS consumers, service providers, and the general public. Using ARPA funding, MRC will implement a video messaging software technology solution to improve and enhance communication and communication access, as well as increase engagement with consumers, their families, providers, and other stakeholders. Federal funding will primarily cover technology hardware and subscription costs. The hardware and software would give MRC the ability to create/design, modify, record, distribute, and track personalized videos. The desired outcome is enhanced service delivery and HCBS consumer, family, and provider engagement as facilitated by increased and more relevant communication technologies.

Consumer and Family Communication Technology Platform

Pillar: Technology and infrastructure investments

Goal(s): Connection; Coordination

Estimated Investment: \$642,000 (gross and net)

ARPA funds will enable MRC to acquire and implement a centralized communication technology platform to facilitate strategic, impactful, and measurable engagement and communication with consumers and

stakeholders. The communication platform will allow MRC to support a range of communication mechanisms, e.g., text messages to emails, phone calls to video, as well as schedule and confirm appointments electronically to ensure access and accessibility for our consumer base of individuals with disabilities. ARPA enhanced funding will support the engagement of a cloud-based communication technology solution vendor to implement the solution and train MRC staff on solution use and management. The desired outcome is enhanced service delivery through more effective communication and engagement with HCBS consumer, family, and stakeholder.

Tableau Server Online/Cloud Deployment and Maintenance

Pillar: Technology and infrastructure investments

Goal(s): Coordination

Estimated Investment: \$1,258,440 (gross and net)

MRC plans to implement a Tableau analytics solution to facilitate the use and understanding of consumer and provider level data, to inform decision making and strategy among MRC leadership, staff, Community Living consumers and providers. Enhanced federal funding will support the start-up and implementation costs, including procurement of a Tableau Server, training for Tableau, and ongoing maintenance of the Tableau server. The desired outcome is to supplement other ongoing MRC technology initiatives (e.g., OneMRC) designed to bring data and metrics into MRC's work with Community Living consumers and providers, to ensure we are delivering efficient, relevant, and cost-effective services.

MassHealth

MassHealth, the Commonwealth's Medicaid and Children's Health Insurance Program, provides a robust continuum of HCBS care for members of all ages who need services to enable them to live with independence and dignity in their daily lives, participate in their communities, and increase their overall quality of life. Of the nearly 2 million individuals served by MassHealth, over 320,000 access HCBS. These services support a broad range of populations from members with significant behavioral health needs, including serious mental illness and addiction, to members with complex LTSS needs, such as children and adults with physical and developmental disabilities and brain injuries.

ARPA HCBS enhanced funding will enable MassHealth to enhance its mission through investments that:

- Support members with significant behavioral health needs and complex LTSS needs to engage with services and participate in their community more equitably.
- Improve member experience by expanding their access to resources that can help address specific challenges members may experience and streamline access to services.
- Invest in the continued development of the behavioral health and LTSS workforce.

All investments support values of Community First, independent living, and promote cultural competence.

Support members in equitably engaging with services and participating in their community

Tablets for ASD Population

Pillar: Technology and infrastructure investments

Goal(s): Access

Estimated Investment: \$500,000 (gross and net)

Augmentative and alternative communication (AAC) systems can assist people who cannot speak or have limited speech to develop language skills and increase participation and inclusion in daily activities. They are important tools that can give people more communication control, decrease frustration and enhance inclusion. MassHealth aims to prevent delays in accessing AAC for members and expand equitable access to child psychiatry services by providing 500 iPads across 10 regional Speech and Language Therapy clinics. This will greatly expand AAC evaluations for MassHealth members with ASD under the age of 21 who have a severe expressive communication disorder. Each clinic will have evaluation kits that contain at least 50 iPads uploaded with a variety of software in order to appropriately trial the device, locked cabinet, case, and charging station. The member would be allowed to keep the device being trialed, once approved, to prevent lapses in service. MassHealth will replace the equipment once authorized in order to maintain the clinic's stock. The goal is to ensure that the member does not have to wait for their approved device, unlike the current process where it may take several months to deliver the device.

Day Services Community Inclusion Transportation Initiative

Pillar: Workforce

Goal(s): Build

Estimated Investment: \$2,000,000 (gross and net)

MassHealth seeks to provide day program participants at Adult Day Health and Day Habilitation programs with greater access to community activities and increase their community inclusion by creating grant funds for day program providers to creatively address transportation gaps, challenges, and resourcing in an effort to (1) provide increased access and promotion of day services, and (2) allow for increased access to community participation outside of the day program site location. The ARPA HCBS funding will support the procurement and administration of a grant vendor, grant awards not to exceed \$50,000, and an evaluation of impact and outcomes for each community inclusion transportation project funded through the grant.

Expand resources that assist members and streamline service access

MyOmbudsman Expansion to FFS Population

Pillar: Access and Promotion

Goal(s):

Estimated Investment: \$1,278,000 (gross); \$639,000 (net)

MassHealth currently funds the MyOmbudsman program, operated by the Disability Policy Consortium (DPC) – an independent entity – that works to ensure MassHealth members of all ages, abilities, and identities can access the care they need. MyOmbudsman staff come from culturally and linguistically diverse communities and have experience in areas such as advocacy, social services, and healthcare. However, MyOmbudsman currently only serves members enrolled in a health plan. ARPA HCBS funding would support the cost of additional staff and training for the program to support all MassHealth members, including those accessing HCBS through fee for service or a 1915(c) Waiver program. Members will be able to reach out to MyOmbudsman when they have questions about their benefits, when they have been denied a benefit or a service, or when they need help understanding their rights. MyOmbudsman can provide information about all MassHealth benefits and rights, listen to concerns, help address problems, and explain how to file a grievance.

Upgrade MassHealth Notification of PACE Clinical Eligibility

Pillar: Technology and Infrastructure

Goal(s):

Estimated Investment: \$556,500 (gross); \$278,250 (net)

The Programs of All-Inclusive Care for the Elderly (PACE) provides comprehensive medical and social services to certain frail, community-based older adults, most of whom are dually eligible for Medicare and Medicaid benefits (i.e., nursing facility level of care). The Commonwealth is committed to expanded PACE to make it available statewide to any eligible member who chooses the program. However, the process for enrolling in PACE can be lengthy. The goal of this investment is to decrease the number of days to enroll PACE participants by: (1) updating MassHealth systems to handle more efficient electronic adjudication of clinical assessments, establishing Nursing Home Community eligibility without lengthier manual processes; (2) streamlining the manual clinical signature requirement on the Clinical Eligibility Letter in favor of automation; and (3) automatically pulling asset and clinical information that MassHealth collects through other systems in order to lessen the burden on participants and PACE organization when completing MassHealth applications. ARPA HCBS funding will be used to cover the cost of system development to streamline the eligibility process.

Invest in the continued development of the behavioral health and HCBS workforce

Behavioral Health Clinical Fellowships & Training Program Expansion

Pillar: Workforce

Goal(s): Build

Estimated Investment: \$400,000 (gross); \$200,000 (net)

MassHealth will expand its existing fellowship program for both clinical interns within In-Home Therapy and Supervisors of In-Home Therapy. The expansion will increase the likelihood that recent graduates enter the HCBS landscape, as well as increase access to the Assessment and Clinical understanding training. The funding will support recruitment of 45 additional 1st and 2nd year master level clinical students to a behavioral health fellowship to increase the pipeline of clinicians entering the field after graduate school and incentivize more than 500 clinicians to complete the existing Assessment and Clinical Understanding Training (approximately 15 hours). Additional training on robust and thorough clinical assessments will lead to better treatment and thus better outcomes for MassHealth members under 21. This will be supported throughout the community based behavioral health continuum, exposing students to multiple opportunities in behavioral health.

This initiative is targeted at providers delivering Children’s Behavioral Health Initiative Services, which are Rehabilitative Services and Targeted Case Management, services that are listed in Appendix B.

Continuous Skilled Nursing (CSN) and Independent Nurse Training Program

Pillar: Workforce

Goal(s): Build

Estimated Investment: \$1,100,000 (gross); \$550,000 (net)

ARPA HCBS funding will be used to provide clinical support to direct care nurses who are currently part of the Continuous Skilled Nursing (CSN) workforce but require enhanced and specialized training in order to be assigned to the most complex members. CSN supports members with complex care to remain in the community rather than in an institutional-setting. The skills needed to perform CSN services are complex and can be compared to ICU-level of nursing care. Nurses who perform CSN often are required to know how to manage high-tech equipment and perform routine and emergency nursing interventions that are complex in nature. Since Independent Nurses are not affiliated with an agency or larger employer entity, they are not offered any CSN clinical training. This program would provide grant funding to cover the costs of providing and/or obtaining specialized training for independent nurses.

Specifically, ARPA HCBS funding will support the creation and operation of a CSN training program. The funding will be distributed through grants and administered and monitored by a procured grant vendor. MassHealth will put out to bid the requirements for the CSN training program through an RFP process. Potential bids could come from home health agencies, healthcare agencies, hospitals, and nursing schools, among others, but must aim to support the broad CSN workforce, including independent nurses.

The “Continuous Skilled Nursing (CSN) Provider Directory” and the “Continuous Skilled Nursing (CSN) and Independent Nurse Training Program” activities are focused on providers of Continuous Skilled Nursing Services, which are private duty nursing services provided in a community setting. Specifically, the MassHealth

CSN program regulations established under 130 CMR 403 and 130 CMR 438 specify that CSN services can only delivered in a non-institutional setting.

FY 2023 Q1 Proposed Investments

Place Based Services

Pillar: Access and Promotion of HCBS Services

Goal(s): Provide funding to Senior Care Options plans to help them investigate opportunities to fund place-based services for seniors living in senior affordable housing buildings.

Agencies Impacted: Executive Office of Elder Affairs, MassHealth

Estimated Investment: \$1,200,000 (gross) \$1,200,000 (net) – No FFP anticipated

The Commonwealth seeks CMS approval to utilize \$1.2M of available federal funds to support Senior Care Options (SCO) plans in investigating opportunities to fund place-based services for seniors living in senior affordable 5,00 housing properties. Massachusetts does not anticipate seeking FFP on this investment.

Place-based services are a spectrum of supports delivered onsite to residents of affordable senior housing properties. Based on results from existing place-based services programs, investment in these supports is expected to lead to significant positive impacts on the health and wellbeing of older adults, in addition to defraying health expenses through a reduction in resident visits to the Emergency Department and admissions or readmissions to the hospital. However, SCO plans currently do not invest in these programs, because any given senior affordable housing property may have residents enrolled in several SCOs, in Medicare and/or Medicaid fee-for-service, and other payers. Most SCO enrollees are dually enrolled in Medicare and Medicaid. Typically, no single SCO plan has a “critical mass” of members living at a property. As a result, the complexity of coordination around financing these supports creates a barrier to realize the benefit of place-based services for both members and SCO plans.

ARPA funds will be used to establish a grant program, providing funds to SCO applicants for the purposes of investigating opportunities to fund and increase coordination amongst SCO plans, in order to deliver and sustain place-based services in a way that promotes improvement of overall health outcomes for older adults living within these communities.

Emergency Funding to Adult Day Health (ADH) and Day Habilitation (DH) Programs

Pillar: Access and Promotion of HCBS Services

Goal(s): Provide emergency support to Adult Day Health and Day Habilitation Programs to preserve the availability of services

Agencies Impacted: MassHealth

Estimated Investment: \$5,800,000 (gross); \$5,800,000 (net) No FFP anticipated

The Commonwealth seeks CMS approval to utilize \$5.8M (gross) of federal funds available under Section 9817 of ARPA, to prevent imminent closure of Adult Day Health (ADH) and Day Habilitation (DH) programs. Massachusetts does not anticipate seeking FFP on this investment.

In response to the COVID-19 Omicron variant surge, in April of 2022, MassHealth offered a one-time retainer payment to qualifying ADH and DH providers that experienced a 20% decrease or greater in average on-site daily attendance at one or more of their ADH/DH program sites in January and/or February 2022. Through this

one-time retainer payment, MassHealth sought to preserve, strengthen, and ensure the continued availability of ADH/DH services for MassHealth members during the COVID-19 pandemic and beyond.

The retainer payments were issued to ADH and DH providers on an emergency basis and in response to an urgent need in order to maintain the viability of ADH programs preserve access for members.

Expansion of DMH Safe Haven Programs

Pillar: Access and Promotion of HCBS Services

Goal(s): Expand DMH Safe Haven program to increase accessibility to community-based recovery services throughout the Commonwealth.

Agencies Impacted: DMH

Estimated Investment: \$3,250,000 (gross) \$3,250,000 (gross) No FFP anticipated

The Commonwealth seeks CMS approval to utilize \$3.25M (gross) of available federal funds Section 9817 of ARPA, to expand the Safe Haven program to 3 additional communities across the Commonwealth. Massachusetts does not anticipate seeking FFP on this investment.

The Safe Haven program is a community-based recovery model that serves as an alternative to shelter and that provides behavioral health respite to members experiencing homelessness. While the term “respite” traditionally refers to caregiver support, “behavioral health respite” refers to short-term residential care that allows members who are homeless to experience a reduction in behavioral health symptoms in a safe environment while gaining access to medical care, behavioral health, and other supportive services. The goal is to provide recipients with community-based treatment in a safe, low demand residential setting, utilizing non-traditional methods of engagement. Safe Haven services are not provided in institutions for mental disease (IMD).

The Safe Haven service model includes services such as rehabilitation services, personal care, case management, and other services that are listed in Appendix B. Specifically, clinical supports and non-traditional engagement strategies are provided by staff on-site and available 24/7. Specific services include engagement, assessment, service planning, referral, service coordination, community linkages, self-help, crisis intervention, medication monitoring, substance abuse services, medical management, housing plan and community re-entry skills. No treatment demands are placed on individuals; however, expectations include transition to permanent supportive housing and engagement or re-engagement with treatment services.

The population served is homeless individuals 18 years of age and older, who are homeless or chronically homeless who present with a serious mental illness who are hard to reach and engage and are unwilling or unable to utilize traditional treatment and housing services. The population includes a high prevalence of co-occurring substance use disorders. Approximately ~90% of individuals are Medicaid enrolled.

Expansion of the Safe Haven program will provide meaningful impact in ensuring regional accessibility of this service, bringing treatment and housing supports to individuals within their communities and reducing the potential over-reliance on emergency departments and hospitals for chronically homeless individuals with severe mental illness who are typically unable or unwilling to utilize traditional behavioral and physical health services.

Expansion of Adult Community Clinical Services (ACCS):

Pillar: Access and Promotion of HCBS Services

Goal(s): Expand DMH ACCS programs to meet the need for adults living with Serious Mental Illness (SMI) experiencing substantial impairments to live independently in the community

Agencies Impacted: DMH

Estimated Investment: \$58,000,000 (gross), \$45,385,000 (net)

The Commonwealth seeks CMS approval to utilize \$58M (gross) available federal funds from Section 9817 of ARPA to expand Adult Community Clinical Services (ACCS) programs by 500 Group Living Environment (GLE) beds and 270 Integrated Team (IT) placements. ACCS services are provided in individual's homes and in residential programs ranging in size from 4-12 beds. They are not provided in IMDs.

Expanding the number of placements under the ACCS program will help address the growing need for community living options for adults (age 18 and older) with serious mental illnesses (SMI) who demonstrate substantial impairment in one or more functional domains. Individuals served by DMH frequently have co-occurring substance use disorders and may also experience frequent hospitalizations and/or contacts with the criminal justice system. Increased access to ACCS community-based housing with housing related supports and services options reduces the rate of re-hospitalization and involvement in the criminal justice system for people with SMI, while also providing this population with clinically appropriate options for community living. Approximately ~90% of individuals are Medicaid enrolled.

ACCS is a comprehensive, clinically focused service model, anchored by a multi-disciplinary team that provides clinical coverage 24 hours a day, 7 days a week, 365 days a year. The service model includes services such as rehabilitation services, personal care, case management, and other services that are listed in Appendix B. Specifically, ACCS provides clinical assessment of symptoms and risk factors and develops treatment plans to treat symptoms and mitigate risk in order to promote community tenure, improve symptom stabilization, promote self-sufficiency, and maximize functioning, safety, and health for people with SMI living in the community.

ACCS encompasses two primary components: ACCS Group Living Environments (GLEs) and ACCS Integrated Teams (IT). ACCS GLEs provide a range of housing with services options, which serve as treatment settings to assist individuals in developing skills and establishing natural supports and resources to live successfully in the community. ACCS Integrated Teams provide clinical interventions and peer and family support to individuals residing in the community, and support individuals as they develop the skills to move toward independence. Specific supports include providing assistance with securing affordable housing, including ongoing engagement with clinical teams, and continued treatment interventions to promote successful community living. While ACCS does provide room and board, Massachusetts will cover the costs associated with room and board through a separate rate of which is not included in this proposal. Room and board costs associated with this investment will be paid for using an alternative state funding source. Massachusetts intends to claim these expenditures under its existing Rehabilitative Services SPA authority.

Expanding Access to Behavioral Health Urgent Care Providers for Underserved Populations

Pillar: Access and Promotion of HCBS Services

Goal(s): Increase BH Urgent Care providers, specifically for underserved communities

Agencies Impacted: MassHealth, DMH

Estimated Investment: \$7,500,000 (gross); \$5,681,250 (net)

MassHealth recently initiated a program for the designation of Community Mental Health Centers as Behavioral Health Urgent Care providers. Additional staffing and other costs associated with the delivery of services often serve as a barrier to Community Mental Health Centers in providing services on an urgent care basis.

To support and expand the availability of behavioral health services on an urgent care basis to underserved populations, Massachusetts will utilize federal funds available through ARPA to establish a grant program for Community Mental Health Centers that hold strong ties to underserved communities (e.g., communities of color, immigrant communities) and/or that have the capacity to meet underserved language needs, including the ability to provide services to individuals who are deaf or hard of hearing. Grant funding will support Community Mental Health Centers in providing behavioral health services on an urgent care basis within these communities through expansion of hours, including nights and weekends, and increased access to same-day and next-day appointments for therapy, medication for addiction treatment (MAT) and psychopharmacology. Investing in these services within the community will lead to a reduction in the need for crisis services, institutional care, and potential emergency department visits for members with immediate behavioral health needs.

Massachusetts intends to claim these expenditures as certified public expenditures under the Line 49 - Other Financial Participation Line as other administrative expenditures necessary for the proper and efficient administration of the State plan.

Additional Support for Members Seeking Services at Community Behavioral Health Centers (CBHCs)

Pillar: Access and Promotion of HCBS Services

Goal(s): Provide CBHCs with funding to support individuals requiring overnight stabilization with space for self-care and safety, mitigating the risk of an ED visit

Agencies Impacted: MassHealth, DMH

Estimated Investment: \$20,000,000 (gross) No FFP anticipated

Beginning January 2023, every community throughout the Commonwealth will have access to a local Community Behavioral Health Center (CBHC) that will provide expanded access to enhanced community-based behavioral health crisis services, urgent and routine evaluation, and ongoing treatment for behavioral health needs. As a new provider designation within the Commonwealth, they will serve as an entry point for timely, high-quality, and evidence-based treatment for mental health conditions and substance use disorders, including routine appointments, urgent visits, and 24/7 community-based and mobile crisis intervention as an alternative to hospital emergency departments.

ARPA funds will support initial investment in CBHC development, including enabling CBHCs to develop appropriate spaces and programs to care for and stabilize members in comfortable, therapeutic environments. The investment will be divided evenly between workforce and infrastructural investments however it is important to note that all infrastructural investments will be made for the sole purpose of supporting members comfort in treatment settings. Specifically, funding will be issued to CBHCs in the form of grants to support the transformation of service delivery, physical space, and programing to create a welcoming community-based

behavioral health access point. This investment will support CBHCs' ability to care for and further stabilize members on site, mitigating the need for transfer to a hospital-based setting.

Applications for Therapeutic Skill Practices

Pillar: Technology

Goal(s): Improve access and communication with members remaining in the community and reduce frequency of office visits/direct calls with providers

Agencies Impacted: MassHealth, DMH

Estimated Investment: \$3,000,000 (gross); \$2,272,500 (net)

ARPA funds will support grants to providers of community-based behavioral health services to expand the use of evidence-based clinician "extender" apps and digital programs that communicate with members and support member practice of therapeutic skills. This investment will improve access and communication with members in the community, promote consistent treatment, and decrease the risk of institutional care and/or visits to the emergency department.

The COVID 19 pandemic has underscored the important role that technology plays in expanding access to care, in addition to increased individual preference to access care conveniently and practice skills privately. The increased use of evidence-based clinical technologies has also demonstrated the value in using these resources to extend clinical capacity amidst workforce challenges and an increased demand for behavioral health services.

This funding will be used to establish a grant program for community-based behavioral health providers to pay for subscription and service costs associated with the initial startup of evidence-based clinician "extender" apps/digital programs. Specifically, these apps/digital programs will allow for providers to stay in touch with their members and for members to have ongoing coaching and practice of therapeutic skills while outside of the office, in real time as needed. Funding made available through this grant opportunity will increase the use of evidence-based practices and provide opportunities to support and augment the current workforce by utilizing technology and alternative practice methods for additional support.

Massachusetts will claim the expenditures as certified public expenditures under the Line 49 - Other Financial Participation Line as other administrative expenditures necessary for the proper and efficient administration of the State plan.

Behavioral Health Scheduling Platform

Pillar: Technology

Goal(s): Develop a solution to increase access to community behavioral health care by enhancing capabilities to find openings for member appointments and schedule in real time

Agencies Impacted: MassHealth, DMH

Estimated Investment: \$5,000,000 (gross); \$3,787,500 (net)

In January of 2023, the Commonwealth will launch a 24/7 Behavioral Health Help Line (Help Line). The Help Line will serve as a front door to access behavioral health services, ensuring that Commonwealth residents receive the right mental health and addiction treatment when and where they need it. The line will provide live support, clinical assessments, and referrals in real-time, to convenient community-based alternatives to the

emergency department, such as behavioral health urgent care providers and 24/7 community and mobile crisis intervention services, as well as to routine treatment options.

Recognizing the important role that expanding access to readily available and convenient behavioral health care, the end objective is to develop a platform with the capability to immediately connect and/or schedule a behavioral health, community-based appointment for individuals who have reached out via the Help Line, if deemed clinically appropriate. While the platform would be an additional tool for the Help Line, it could also provide support to Community Behavioral Health Centers or Mobile Crisis Intervention providers trying to establish and schedule follow-up outpatient care for members.

Federal funding available through ARPA will support the development and planning of how one could connect provider networks to a scheduling platform. The goal of this project will be to increase access to care by enhancing capabilities to find openings for member appointments and schedule in real time and reduce potential emergency department visits.

Massachusetts intends to file an amendment to its approved Behavioral Health Help Line APD for this new scheduling platform. If approved, this would allow EHS to claim 90 % FFP for the development portion subject to the approved cost allocation method in the APD. If not, Massachusetts will claim the expenditures as certified public expenditures under the Line 49 - Other Financial Participation Line as other administrative expenditures necessary for the proper and efficient administration of the State plan.

Intensive Hospital Diversion for Youth with Autism Spectrum Disorder (ASD)

Pillar: Access and Promotion of HCBS Services

Goal(s): Provide high intensity, short term, community stabilization services for youth with Autism Spectrum Disorder (ASD) experiencing a behavioral health crisis.

Agencies Impacted: MassHealth, DMH

Estimated Investment: \$7,500,000 (gross); \$3,750,000 (net)

ARPA funds will be used to support initiatives related to Intensive Hospital Diversion (IHD) services for youth with Autism Spectrum Disorder (ASD). IHD services are a specialized form of In-Home Therapy (IHT) that provides short-term, in-home crisis stabilization to support youth and their families in the community, reducing the need for out of home, 24-hour levels of care.

Youth with ASD and their families have been disproportionately impacted by the COVID-19 pandemic, which has created challenges to the provision and continuity of supports in the home, school, and community. Members with ASD require specific and specialized services such as Applied Behavior Analysis (ABA), psychiatric consultation, and care coordination, and have communication and sensory needs. Meeting these specialized needs will help increase community tenure and decrease the need for out of home placement and/or emergency care.

This investment of \$7.5M gross (\$3.75M net) includes the expansion of existing, and the development of new, wraparound Intensive Hospital Diversion (IHD) services for youth with Autism Spectrum Disorder (ASD), workforce training and skills trainings for families.

Specifically, funding will provide an opportunity to invest in IHD services for this population, which would be delivered by ABA providers/provider groups and/or providers with specialized training in ASD, such as In

Home Behavioral Service (IHBS) providers. Already existing, IHD services are a specialized form of In-Home Therapy (IHT) that provides short-term, in-home crisis stabilization to support youth and their families in the community, reducing the need for out of home, 24-hour levels of care. IHD for ASD would provide a more specialized and unique experience for families with youth who have an ASD diagnosis. Investment in these services would offer another level of support for diversionary, community-based treatment and would help reduce time awaiting disposition in emergency departments for members with co-occurring ASD and Intellectual Disability. In addition to supporting expansion, this funding will also increase access through incentives to the workforce by offering increased training for licensure requirements, licensure or training fees, staff differentials for swing shifts and improved technological tools. Funding will also be used to enhance application of skills built during sessions by families when practitioners are not in the home. For example, sensory and technology tools or visual creation tools could be purchased for families, who otherwise would not have access, to ensure continuity of skill building activities and treatment practice for the youth and family between sessions.

Massachusetts will claim FFP for these services under the state plan (under the existing authority for Applied Behavior Analysis (other licensed practitioner) or In-Home Behavioral Services (rehab)).

FY 2023 Q2 Proposed Investments

Strengthening the Continuous Skilled Nursing (CSN) Workforce

Pillar: Access and Promotion of HCBS Services

Goal(s): Strengthen and grow the Continuous Skilled Nursing (CSN) workforce.

Agencies Impacted: *MassHealth*

Estimated Investment: \$30,000,000 (gross); no FFP anticipated at this time

MassHealth members receiving CSN services are some of the most medically fragile individuals residing in the Commonwealth. Many of these members rely on CSN services to remain and reside safely in the community, and without the support of CSN, may require institutionalization. The COVID-19 public health emergency has put unprecedented strain on the Commonwealth's nursing workforce, and specifically the CSN workforce. CSN services are provided in individual's homes and in the community, they are not provided in IMDs.

To strengthen the CSN workforce, the Commonwealth proposes to establish a \$15M student loan reimbursement program for new nurse graduates. This program will provide loan reimbursement funds to RNs and LPNs who commit to providing CSN services to MassHealth members at a minimum time commitment. Nurses who wish to receive student loan reimbursement must be employed by a MassHealth provider or must be enrolled in MassHealth's Independent Nurse program. Massachusetts also proposes to invest a total of \$15M for retention bonuses for nurses actively providing CSN services.

Enhancement of DDS Standardized Assessment Tool

Pillar: Access and Promotion of HCBS Services

Goal(s): Review and update the standardized assessment tool used to ensure service determinations are equitable, transparent, and consistent across the DDS system.

Agencies Impacted: *DDS*

Estimated Investment: \$1,000,000 (gross); no FFP anticipated at this time

The Commonwealth seeks CMS approval to utilize \$1,000,000 of available federal funds to review and update the standardized assessment tool used to determine support needs. An updated standardized assessment will increase the validity of member information, ensuring equitable, transparent, and consistent prioritization of services for individuals, including those with autism spectrum disorder (ASD), ensuring that they have the services and supports needed to live well within the community. The service model for which individuals are assessed through this tool includes services such as individualized home supports, respite, live in caregiver services peer supports and other services that, personal care, case management, and other services that are similar to and could be listed in Appendix B. Massachusetts does not anticipate seeking FFP on this investment.

The purpose of the revised assessment tool is to better connect individuals to services and it will not impose stricter eligibility standards, methodologies, or procedures for receipt of services than were in place on April 1, 2021.

Coverage of Expanded Transitional Housing Costs for Acquired Brain Injury and Moving Forward Plan HCBS Waiver participants

Pillar: Access and Promotion of HCBS Services

Goal(s): Provide one-time funding to cover moving-related expenses for ABI/MFP Waiver participants who are moving from one community setting to another.

Agencies Impacted: DDS, MRC, MassHealth

Estimated Investment: \$500,000 (gross); no FFP anticipated at this time

The Commonwealth seeks CMS approval to utilize \$500,000 of available federal funds to cover moving-related expenses for participants in the Acquired Brain Injury (ABI) and Moving Forward Plan (MFP) HCBS Waivers who are moving from one community setting to another. Such “transitional assistance” services are approved under these HCBS waivers but are only available to participants at the time they transition out of the facility to a home or community setting, or if they move from a provider operated setting to a more independent setting. There are situations where waiver participants move between group homes, or from one community setting to another, where coverage for moving-related expenses is needed. In other situations, participants may be transferring from a community waiver to a residential one because their situation has changed. Individuals in these situations often request help with costs such as moving company costs, additional furniture purchases, and costs related to moving their hospital beds or other medical equipment. Providing this coverage will help to maintain waiver participants in the community and prevent a return to facility settings. The costs of “room and board” are not included in this proposal.; the “room and board” portion of the unit rate has been backed out of the request. Room and board will be covered utilizing state funds.

In accordance with State Medicaid Director May 13, 2021: implementation of ARPA, Massachusetts plans to cover the following one-time transition costs as part of this activity: move-in assistance (e.g., moving costs, security deposits, costs related to starting utilities, first month’s rent), basic furnishings and supplies needed to set up a bathroom and bedroom (e.g., bedding, towels, toiletries), basic kitchen supplies (e.g., dishware, silverware, cooking supplies, appliances not supplied by the property owner), any needed environmental modifications to install necessary accommodations not covered by insurance, pest eradication or one-time cleaning, and other one-time expenses required for the transition from one community setting to another. Finally, Massachusetts will not be seeking FFP for the funding spent for this activity.

Assessment of Supports for Older Adult Behavioral Health Supports Across the Behavioral Health, Physical/Medical, and HCBS Systems

Pillar: Access and Promotion of HCBS Services

Goal(s): Identify interventions and supports to address the diverse needs of older adults with behavioral health conditions and define systems changes that will keep an individual in community for as long as possible.

Agencies Impacted: EOE, MassHealth

Estimated Investment: \$500,000 (gross); no FFP anticipated at this time

Given the diverse needs of older adults and the complex landscape and challenges of integrating behavioral health (BH) care, physical/medical care, and HCBS support, EOE proposes to utilize HCBS ARPA dollars to hire a consultant to obtain subject matter expertise on behavioral health issues for older adults residing within the community. The consultant will be tasked with identifying and prioritizing gaps and defining solutions that will support keeping older adults in community for as long as possible. Gaps and proposed solutions will be developed to help inform the implementation of the Commonwealth’s [Behavioral Health Roadmap](#) in a manner

that best serves the needs of older adults. The contemplated services likely to be a focus of this assessment include services such as rehabilitation services, personal care, case management, and other services that are listed in Appendix B.

Medical Respite

Pillar: Access and Promotion of HCBS Services

Goal(s): Expand options for MassHealth members who are experiencing homelessness to recover safely

Agencies Impacted: All EOHHS agencies, DHCD

Estimated Investment: \$7,600,000 (gross); No FFP anticipated at this time

Medical Respite programs provide recuperative housing and medical care for homeless individuals who are preparing for a medical procedure, recovering from a medical procedure and/or having a primary acute medical issue. This model promotes the goals of Section 9817, specifically as it supports diversion from unnecessary institutional care, providing homeless individuals with an alternative community-based setting to receive post-hospitalization recuperative care. In addition, Medical Respite programs for people experiencing homelessness have been shown to significantly reduce costs and improve health outcomes by decreasing hospital inpatient length of stay and reducing readmissions. Furthermore, outcomes have also shown that longer term, post-hospitalization recuperative care programs increase success in helping members achieve housing stabilization. Using HCBS ARPA funds, MassHealth will establish a grant program to pilot the Medical Respite model as an innovation initiative to explore best practices for meeting the needs of those experiencing homelessness, in need of recuperative housing and care. Specifically, ARPA funds would be used to provide 3-6 pilot grants to agencies interested in creating a new Medical Respite program or expanding the capacity of an existing program within smaller community based settings. In total, across all programs, Massachusetts anticipates serving 70 people per day under this program. Medical Respite services are provided within the community and not in IMDs.

Healthcare providers and homeless agencies may apply in partnership for these grants. Grant funding will be used for a daily rate based on capacity; ongoing medical supplies and specialized payments for staff that are not covered by insurance. In addition, grant funding may cover staff training, minimal building renovations to ensure setting requirements (e.g. room dividers, handicap accessibility etc.) and other startup costs. The homeless agency must be a contracted MassHealth provider, and ACO Flexible Services housing supports must be leveraged for housing navigation as applicable. Providers must bill insurance for clinical services, as applicable. Services included rehabilitative services, which are services listed in Appendix B. Room and board costs associated with this investment have not been included; they will be paid for using an alternative state funding source and have been extracted from the daily rate.

These medical respite grants would provide recuperative housing and needed medical care for up to 6 months for individuals who are: 1) experiencing homelessness and are being discharged from a hospital after an inpatient stay or ER visit, have no housing option identified post discharge and do not have the resources to obtain appropriate housing and 2) have a primary acute medical issue that will resolve and require a safe place to stay and recuperate but do not require hospital level of care or nursing facility level of care. Examples of medical issues requiring such higher levels of care include, but are not limited to: infections requiring long-term IV antibiotics, abscess/wounds, post-surgical recovery, fractures, cancers, COPD, osteomyelitis, surgical amputations, renal failure, heart failure, etc.).

To evaluate and measure the impact of this initiative, up to \$200,000 will be set aside to evaluate the outcomes of the Medical Respite grants which will inform a sustainability plan, inclusive of recommendations for exploring future Medicaid financing for this model.

FY 2023 Q3 Proposed Investments

Training Institute for Community Health Workers

Pillar: Access and Promotion of HCBS Services

Goal(s): Address inequities and health disparities in cardiometabolic disease via community health worker support

Agencies Impacted: *MassHealth*

Estimated Investment: \$10,000,000 (gross)- no FFP anticipated

EOHHS proposes to launch a training institute for community health workers (CHWs) that will build on the public discourse around racial equity, chronic disease, and healthcare coordination that arose during the Covid-19 pandemic.

The primary objectives of the CHW training institute include:

- Improve health outcomes related to a behavioral health condition, diabetes or hypertension in communities of color with higher rates of health disparities,
- Create a scalable model of health focused interventions designed to detect disease and intervene early that may be expanded to other health conditions and other communities in Boston and throughout the Commonwealth, and
- Measure the impact of the deployed interventions.

Enhanced funding will support the development of evidence-based curriculum, materials, and training of at least 100 CHWs. Core components of the CHW training will focus on case management to assist Medicaid eligible individuals in accessing medical, social, educational, and other services; education on cardiometabolic disease and how to take and record blood pressure; basics of behavioral health and wellness; the framework for determinants of health; and elements of coaching, positive reinforcement, and “inspirational leadership.”

The CHW training institute will be a multi-stakeholder consortium effort. EOHHS intends to partner with health systems and community health centers to develop the training curriculum for CHWs, as well as a standard set of interventions for behavioral health conditions, diabetes or hypertension. Additionally, EOHHS intends to partner with religious and community-based organizations to deploy CHWs in disproportionately impacted communities.

This initiative seeks to enhance the quality of Medicaid HCBS provided to Medicaid eligible individuals in communities of color with higher rates of health disparities. The goal of this initiative is to improve both short-term and long-term health outcomes in heart disease, diabetes, and behavioral health conditions. Left untreated, these conditions increase the risk of hospitalization and the risk of needing long-term care. CHW support is a proven strategy that can lead to reduced hospitalizations and nursing facility admissions.