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COMMONWEALTH OF MASSACHUSETTS
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May 3, 2024

Chaquita Brooks-LaSure
Administrator
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
200 Independence Avenue, S.W., Room 314G
Washington, D.C. 20201

Re: Request to Amend Massachusetts' Section 1115 Demonstration:
MassHealth (11-W-00030/1)

Dear Administrator Brooks-LaSure:

In my capacity as Secretary of the Executive Office of Health and Human Services (EOHHS) for the Commonwealth of Massachusetts, I am submitting to the Centers for Medicare and Medicaid Services (CMS) a request to amend the Massachusetts Section 1115 Demonstration Project (11-W-00030/1).

Through this amendment, EOHHS is requesting authorization for Designated State Health Program (DSHP) funding for new initiatives. The new initiatives supported by DSHP funding include:

- An expansion of existing 1115 demonstration expenditure authority for marketplace subsidies to include eligible individuals above 300%, up to 500% FPL.
- An expansion of existing 1115 demonstration expenditure authority to further increase the income limit to the state statutory limit for certain waivers to provide Medicare Savings Program (MSP) benefits for MassHealth Standard individuals.
- Short term post-hospitalization housing (STPHH) of up to six months of post-hospitalization housing and supportive services for eligible MassHealth members who meet risk-based and clinical criteria.
- Social Services Integration funds to meet new needs and expectations regarding managed care participation and electronic referral platforms in the new HRSN framework.

- Provision of certain MassHealth-covered services (including clinical, behavioral health, and pharmacy services) for up to 90 days prior to expected release to “qualified individuals” including all Medicaid or CHIP-eligible individuals in County Correctional Facilities (CCFs) and state Department of Corrections (DOC) facilities and all Medicaid or CHIP-eligible youth committed to the care and custody of the state Department of Youth Services (DYS).

EOHHS received two comment letters, including one sent on behalf of 11 organizations, in response to the public posting of the draft request; both of which were supportive of the request.

Thank you for your consideration of this amendment request. We appreciate your continued partnership on our 1115 demonstration as we work to advance our shared goals for health care reform.

Sincerely,



Kathleen E. Walsh

cc: Mike Levine, Assistant Secretary for MassHealth and Medicaid Director
Jacey Cooper, Director, State Demonstrations Group
Rabia Khan, Project Officer, State Demonstrations Group
Ambrosia Watts, CMS, Division of Medicaid Field Operations East

COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF HEALTH AND HUMAN
SERVICES
OFFICE OF MEDICAID

MassHealth Section 1115 Demonstration Amendment Request

May 3, 2024

MassHealth Section 1115 Demonstration Amendment Request

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MassHealth Section 1115 Demonstration Request

Introduction

The Massachusetts 1115 demonstration, currently approved through December 31, 2027, has long supported the Commonwealth's commitment to universal health care coverage and, particularly during the prior and current demonstration periods, has provided federal waiver and expenditure authority to test innovations in payment and care delivery.

Since the initial implementation of the demonstration in 1997, working in partnership with the federal government, the Commonwealth has made significant progress toward the goal of ensuring health care coverage for all our residents. Over 99 percent of the Commonwealth's children and youth and more than 97 percent of all its residents have health insurance, the highest in the country.¹ As of February 2024, MassHealth, the Massachusetts Medicaid and Children's Health Insurance Programs, covers approximately 2.0 million individuals, or nearly 33 percent of the Commonwealth's residents.

The 1115 demonstration was recently extended through December 31, 2027, and the Commonwealth is proposing this amendment to authorize Designated State Health Program Funding for New Initiatives to further the overall goals of the demonstration.

Detailed Amendment Requests

1. Authorize Designated State Health Program Funding for New Initiatives

Background

On October 16, 2023, the Commonwealth submitted to CMS an 1115 Demonstration amendment request proposing new initiatives that further the overall goals of the Demonstration. The amendment request and new initiatives were approved on April 19, 2024. The new initiatives include:

- An expansion of existing 1115 demonstration expenditure authority for marketplace subsidies to include eligible individuals above 300%, up to 500% FPL. The expansion would align with Massachusetts Legislature statutory changes and enable more individuals to benefit from these supports and further mitigate cost "cliffs" among the Commonwealth's different insurance programs.
- An expansion of existing 1115 expenditure authority to further increase the income limit to the state statutory limit for certain waivers to provide Medicare Savings Program (MSP) benefits for MassHealth Standard individuals. This will allow higher income individuals with Standard (who are often spending down income to receive Standard) to also receive the benefit of the MSP expansions under the state budget.
- Short term post-hospitalization housing (STPHH) of up to six months of post-hospitalization housing and supportive services for eligible MassHealth members who meet risk-based and clinical criteria. STPHH seeks to improve members' health and avert further intensive medical interventions, reduce health disparities,

¹ [2021-MHIS-Report.pdf \(chiamass.gov\)](https://www.chiamass.gov/2021-MHIS-Report.pdf)

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- and reduce the total cost of care for members experiencing homelessness.
- Social Services Integration funds to meet new needs and expectations regarding managed care participation and electronic referral platforms in the new HRSN framework. The funds would allow the inclusion of CSP providers, broader technical assistance, and additional partnerships.
- Provision of certain MassHealth-covered services (including clinical, behavioral health, and pharmacy services) for up to 90 days prior to expected release to “qualified individuals” including all Medicaid or CHIP-eligible individuals in County Correctional Facilities (CCFs) and state Department of Corrections (DOC) facilities and all Medicaid or CHIP-eligible youth committed to the care and custody of the state Department of Youth Services (DYS).

Request

The Commonwealth seeks expenditure authority for Designated State Health Programs (DSHP) to support new Demonstration initiatives. If granted, this authority would provide new federal support for existing state operated programs that serve low income and vulnerable populations in Massachusetts (the “Designated State Health Programs”). Massachusetts would use this federal funding to support new Demonstration initiatives, which include marketplace (Health Connector) subsidies expansion, Medicare Savings Program income limit increase, short term post-hospitalization housing, Social Services Integration funds, and pre-release MassHealth services to individuals in certain public institutions.

The estimated cost of the proposed DSHP funded initiatives is \$761,000,000 over the Demonstration period.

Summary of requested waiver and expenditure authorities

The table below lists the waivers and expenditure authorities the Commonwealth is seeking to support the policies described above.

Policy	Waiver/Expenditure Authority	Statutory and Regulatory Citation
1. Designated State Health Programs for New Initiatives	Expenditure authority for DSHP to fund new Demonstration initiatives	

Budget Neutrality

Budget neutrality prior to amendment

The Commonwealth’s projected budget neutrality cushion as of the quarterly report for the quarter ending June 30, 2022, \$28.2 billion total, of which \$6.2 billion is attributable to

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the SFY 2018-2022 waiver period.^{2,3} This estimate incorporates projected expenditures and member months through SFY 2022 as reported through the quarter ending September 30, 2022. This budget neutrality calculation reflects significant realized and anticipated savings.

Effect of amendment

As reflected in the accompanying budget neutrality workbook, this amendment results in \$647.5 million in costs to the MassHealth program. The effect of this amendment would decrease the Commonwealth's budget neutrality cushion by approximately \$647.5 million for the 2022-2027 waiver period. Overall, after integrating the proposed amendment, the Commonwealth and the federal government would continue to realize savings on the demonstration.

The attached budget neutrality workbook contains a data analysis which identifies the specific "with waiver" impact of the proposed amendment on the current budget neutrality agreement. This analysis includes current total computable "with waiver" and "without waiver" status on both a summary and detailed level through the current extension approval period using the most recent actual expenditures, as well as summary and detailed projections of the change in the "with waiver" expenditure total as a result of the proposed amendment, by eligibility group.

Evaluation

The currently approved demonstration seeks to advance five goals.

- Goal 1: Continue the path of restructuring and reaffirm accountable, value-based care
- Goal 2: Make reforms and investments in primary care, behavioral health, and pediatric care
- Goal 3: Continue to improve access to and quality and equity of care, with a focus on initiatives addressing health-related social needs and specific disparities
- Goal 4: Support the Commonwealth's safety net, including ongoing, predictable funding for safety net providers, with a continued linkage to accountable care; and
- Goal 5: Maintain near-universal coverage including updates to eligibility

² The budget neutrality cushion as of the quarterly report for the quarter ending September 30, 2020 includes member month and actual expenditure data as reported in the CMS-64 report for the corresponding time period. Safety Net Care Pool spending included in the calculation reflects figures as reported in the budget neutrality agreement approved by CMS on November 4, 2016.

³ Note, CMS introduced a savings phase-out methodology to the Budget Neutrality calculation so that the Commonwealth may only carry forward 25% of selected population-based savings each year between SFY18-22.

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policies to support coverage and equity.

The Evaluation Design Document for the current waiver period was approved by CMS in January of 2024. MassHealth's STCs, approved on April 19, 2024, outline an evaluation plan for the new DSHP funded initiatives outlined in this new amendment. The evaluation plan is as follows:

Expanding marketplace subsidies to additional individuals seeks to advance Goal #5 to maintain near-universal coverage and supports hypotheses that enrollment in programs funded with demonstration investments supports near-universal coverage in Massachusetts and results in improved health outcomes.

Increasing the income limit for MSP benefits for members on MassHealth Standard to the state statutory limit seeks to advance Goal #5, to maintain near-universal coverage and supports hypotheses that enrollment in programs funded with demonstration investments supports near-universal coverage in Massachusetts and results in improved health outcomes. Providing MSP benefits to additional individuals to comply with the expansion under state law supports the state's goal of maintaining near-universal coverage. The MSP amendment would also help to ensure the long-term financial sustainability of the state's health coverage programs by requiring enrollment in Medicare as the Medicare coverage would no longer come at a cost to the member.

Expanding housing authority through STPHH seeks to advance Goal # 3. In alignment with STC 17.6.e., the evaluation of STPHH will include an analysis of how the services affect utilization of preventive and routine care, utilization of and costs associated with potentially avoidable, high-acuity health care, and beneficiary physical and mental health outcomes. The Commonwealth has received approval from CMS to use funding from Section 9817 of the American Rescue Plan Act (ARPA) for a Medical Respite Pilot Program Grant. This pilot program will operate until December 2024 and will be aligned with the Short-Term Post Hospitalization Housing Program model. The evaluation of STPHH will build on the evaluation of the ARPA-funded Medical Respite Grant Program.

Increasing the expenditure authority for the SSO Integration Fund seeks to advance Goal #3 to continue to improve access to and quality and equity of care, with a focus on initiatives addressing health-related social needs. The evaluation of the SSO Integration Fund will continue as proposed in the Evaluation Design Document.

Providing pre-release MassHealth services to individuals in certain public institutions seeks to advance Goal #3 to continue to access to and equity of care, with a focus on initiatives addressing health-related social needs and specific improvement areas relating to health quality and equity, including maternal health and health care for justice-involved individuals who are in the community. In alignment with STC 17.6.i., the evaluation of the reentry initiative will focus on cross-system communication and coordination; connections between carceral and community services; access to and quality of care in carceral and community settings; preventive and routine physical and behavioral health care utilization;

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nonemergent emergency department visits and inpatient hospitalizations; and all-cause deaths.

These goals are consistent with the directives from Section 5032 of the SUPPORT Act as well as the guidance provided by CMS in its SMD# 23-003.

Public Process

The public process for submitting this amendment conforms with the requirements of STC 15, including State Notice Procedures in 59 Fed. Reg. 49249 (September 27, 1994), the tribal consultation requirements pursuant to section 1902(a)(73) of the Act as amended by section 5006(e) of the American Recovery and Reinvestment Act of 2009, and the tribal consultation requirements as outlined in the Commonwealth's approved State Plan. In addition, the Commonwealth has implemented certain of the transparency and public notice requirements outlined in 42 CFR § 431.408, although the regulations are not specifically applicable to demonstration amendments. The Commonwealth is committed to engaging stakeholders and providing meaningful opportunities for input as policies are developed and implemented.

Public Notice

The Commonwealth released the amendment for public comment starting on March 27, 2024. The public notice, the Amendment Request, which included the Budget Neutrality Impact section, and a Summary of the Amendment (including the instructions for submitting comments) were posted on the MassHealth website ([1115 MassHealth Demonstration \("Waiver"\) | Mass.gov](#)) and the public notice with a link to the MassHealth website was published in the Boston Globe, Worcester Telegram & Gazette and the Springfield Republican.

Tribal Consultation

MassHealth provided a summary of the Amendment through an email to all Tribal leaders or their designees and additional Tribal health contacts on March 27, 2024. The summary included links to the documents and instructions for providing comment.

Public Meeting

The Commonwealth hosted an in-person public listening session with a virtual option on April 8, 2024 to seek input regarding the Demonstration amendment. The session included a presentation on the proposed changes and an opportunity for public testimony.

Thirteen people attended the session. During the public testimony portion of the meeting, one commenter had technical questions about the DSHP funding mechanism and its interaction with other 1115 amendments.

Public Comment Letters

The Commonwealth received two comment letters, including one written on behalf of 11 organizations. The letters were supportive of the request for expenditure authority for Designated State Health Programs (DSHP) to support new Demonstration initiatives and

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reiterated support for the new Demonstration initiatives that would be supported by the DSHP funding. One commenter supported the proposed evaluation for the reentry initiative, which MassHealth had included in its October 2023 amendment request. Although MassHealth appreciates the feedback on its initial evaluation proposal for the reentry initiative, MassHealth has updated the evaluation information in this amendment request to align with the STCs approved by CMS on April 19, 2024, subsequent to the posting of this amendment request.

Conclusion

The proposed flexibilities described in the demonstration amendment request build on the Commonwealth's current efforts to advance health equity by further strengthening coverage for Massachusetts residents and addressing MassHealth members' health-related social needs.

The Commonwealth appreciates this opportunity to amend our 1115 demonstration and to continue to work with CMS to improve health care outcomes for the people of the Commonwealth.

State Contact

Mike Levine
Assistant Secretary for MassHealth and Medicaid Director
Executive Office of Health and Human Services
One Ashburton Place
Boston, MA 02108
617-573-1770

	CY 2023	CY 2024	CY 2025	CY 2026	CY 2027	7th Extension Total
	DY 28	DY 29	DY 30	DY 31	DY 32	
	Projected	Projected	Projected	Projected	Projected	
With Waiver Expenditures						
Base Population						
Base Families	\$ 3,333,241,369	\$ 3,435,348,745	\$ 3,538,196,587	\$ 3,644,261,595	\$ 3,753,645,233	\$ 18,604,146,874
Base Disabled	\$ 2,889,797,067	\$ 2,978,518,103	\$ 3,069,989,491	\$ 3,164,296,492	\$ 3,261,527,010	\$ 16,066,669,724
1902 (r) 2 Children	\$ 134,838,094	\$ 139,232,890	\$ 142,871,134	\$ 146,632,798	\$ 150,522,345	\$ 744,686,176
1902 (r) 2 Disabled	\$ 66,049,592	\$ 68,085,867	\$ 70,185,267	\$ 72,349,748	\$ 74,581,328	\$ 369,955,110
1902 (r) 2 BCCDP	\$ 12,293,143	\$ 12,668,010	\$ 13,054,499	\$ 13,452,969	\$ 13,863,791	\$ 68,748,019
total Base pop WW	\$ 6,436,219,265	\$ 6,633,853,616	\$ 6,834,296,977	\$ 7,040,993,602	\$ 7,254,139,706	\$ 35,854,205,904
Hypothetical Populations						
CommonHealth	\$ 132,387,266	\$ 136,482,450	\$ 140,695,975	\$ 145,040,622	\$ 149,520,472	\$ 736,345,662
FFCY	\$ 443,031	\$ 456,765	\$ 470,924	\$ 485,523	\$ 500,574	\$ 2,482,122
New Adult	\$ 2,652,712,221	\$ 2,736,786,180	\$ 2,819,780,725	\$ 2,905,348,101	\$ 2,993,568,066	\$ 14,891,085,062
SNH/MD Services	\$ 94,956,224	\$ 100,273,772	\$ 105,889,104	\$ 111,818,893	\$ 118,080,752	\$ 553,963,975
SUD	\$ 415,708,704	\$ 452,158,044	\$ 491,803,261	\$ 534,924,571	\$ 581,826,757	\$ 2,576,868,848
Marketplace Subsidies	\$ 370,143,897	\$ 557,063,987	\$ 609,168,950	\$ 656,148,130	\$ 706,570,269	\$ 2,988,712,938
Marketplace subsidies expansion	\$ -	\$ 116,554,025	\$ 135,389,156	\$ 150,119,496	\$ 166,452,497	\$ 568,515,174
HRSN Services	\$ 71,903,277	\$ 124,899,764	\$ 163,699,764	\$ 163,699,764	\$ 163,699,764	\$ 687,902,334
HRSN 5TPHH	\$ -	\$ -	\$ 2,007,500	\$ 2,586,938	\$ 3,621,713	\$ 8,216,150
HRSN EA Family	\$ -	\$ 190,000,000	\$ 152,500,000	\$ 152,500,000	\$ 152,500,000	\$ 647,500,000
HRSN Infrastructure	\$ -	\$ 8,000,000	\$ -	\$ -	\$ -	\$ 8,000,000
HRSN Infrastructure Expansion	\$ -	\$ 4,500,000	\$ 12,500,000	\$ -	\$ -	\$ 17,000,000
CE Formerly incarcerated/Base Families	\$ 79,079	\$ 82,875	\$ 86,853	\$ 91,022	\$ 95,391	\$ 435,221
CE Formerly incarcerated/Base Disabled	\$ 88,039	\$ 92,265	\$ 96,694	\$ 101,335	\$ 106,199	\$ 484,534
CE Homeless/Base Families	\$ 1,529,023	\$ 3,205,320	\$ 3,359,175	\$ 3,520,416	\$ 3,689,396	\$ 15,303,330
CE Homeless/Base Disabled	\$ 1,684,939	\$ 3,533,052	\$ 3,702,638	\$ 3,880,365	\$ 4,066,622	\$ 16,867,617
CE Homeless/1902 (r) 2 Children	\$ 110,125	\$ 230,823	\$ 241,902	\$ 253,513	\$ 265,682	\$ 1,103,044
CE Homeless/1902 (r) 2 Disabled	\$ 14,500	\$ 31,025	\$ 32,514	\$ 34,074	\$ 35,710	\$ 147,823
CE Homeless/1902 (r) 2 BCCDP	\$ 28,569	\$ 62,598	\$ 66,041	\$ 69,673	\$ 73,505	\$ 300,386
CE/Base Families	\$ -	\$ 25,685	\$ 42,612,517	\$ 56,348,140	\$ 59,067,397	\$ 158,053,739
CE/ Base Disabled	\$ -	\$ -	\$ 52,361,928	\$ 69,316,169	\$ 72,643,345	\$ 194,321,443
CE/1902 (r) 2 Children	\$ -	\$ -	\$ 990,705	\$ 1,311,484	\$ 1,374,436	\$ 3,676,625
CE/1902 (r) 2 Disabled	\$ -	\$ -	\$ 2,177,918	\$ 2,883,104	\$ 3,021,493	\$ 8,083,515
CE/1902 (r) 2 BCCDP	\$ -	\$ -	\$ 529,402	\$ 705,498	\$ 744,300	\$ 1,979,200
CE/ e-HIV	\$ -	\$ -	\$ 236,739	\$ 312,796	\$ 327,185	\$ 876,720
CE/FFS and Duals	\$ -	\$ 3,826,265	\$ 89,696,513	\$ 109,332,575	\$ 116,516,546	\$ 319,371,899
CE/CommonHealth	\$ -	\$ 29,869	\$ 582,870	\$ 699,659	\$ 750,158	\$ 2,062,557
CE/New Adult	\$ -	\$ -	\$ 60,576,563	\$ 80,726,241	\$ 85,166,184	\$ 226,468,989
Reentry Services	\$ -	\$ -	\$ 9,479,509	\$ 29,917,292	\$ 52,455,143	\$ 93,851,944
Reentry non-services	\$ -	\$ 7,000,000	\$ 28,000,000	\$ 28,000,000	\$ 7,000,000	\$ 70,000,000
e-HIV/FA	\$ -	\$ 8,530,955	\$ 9,012,606	\$ 9,521,481	\$ 10,059,080	\$ 37,124,122
With Waiver Only						
e-HIV/FA	\$ 12,058,866	\$ -	\$ -	\$ -	\$ -	\$ 15,386,300
EATEDC	\$ 50,093	\$ 60,925	\$ 62,814	\$ 64,761	\$ 66,769	\$ 333,388
e-Family Assistance	\$ 8,091,213	\$ 8,342,763	\$ 8,601,388	\$ 8,868,021	\$ 9,142,940	\$ 45,070,015
End of Month Coverage	\$ 22,005,416	\$ 30,338,891	\$ 31,850,459	\$ 33,437,186	\$ 35,102,795	\$ 158,236,101
Provisional Eligibility	\$ 425,862,402	\$ 439,064,136	\$ 452,675,124	\$ 466,708,053	\$ 481,176,003	\$ 2,371,951,318
CSP	\$ 15,135,431	\$ 15,135,431	\$ 15,135,431	\$ 15,135,431	\$ 15,135,431	\$ 79,461,013
Diversionary BH	\$ 237,548,982	\$ 244,974,363	\$ 252,629,931	\$ 260,522,822	\$ 268,660,393	\$ 1,323,723,737
MSP Expansion	\$ 11,568,311	\$ 11,926,929	\$ 12,296,664	\$ 12,677,860	\$ 13,070,874	\$ 64,432,715
Medicare Cost Sharing Assistance	\$ -	\$ 26,896,726	\$ 56,515,403	\$ 59,375,081	\$ 62,379,461	\$ 205,166,671
Flexible Services Transportation	\$ 15,000	\$ 15,000	\$ 15,000	\$ 15,000	\$ 15,000	\$ 75,000
Flexible Services Cooking Supplies	\$ 3,076,288	\$ 3,167,034	\$ 3,248,526	\$ 3,329,272	\$ 3,257,780	\$ 16,288,900
Hospital Quality and Equity Initiative	\$ 410,000,000	\$ 490,000,000	\$ 490,000,000	\$ 490,000,000	\$ 490,000,000	\$ 2,472,500,000
Workforce Initiatives	\$ 6,010,000	\$ 10,810,000	\$ 10,810,000	\$ 10,810,000	\$ 4,800,000	\$ 43,240,000
SNCP	\$ 911,100,131	\$ 936,499,944	\$ 902,380,944	\$ 850,502,625	\$ 850,000,000	\$ 4,679,683,952
LTS CP Care Coordination	\$ 4,000,000	\$ 4,000,000	\$ 4,000,000	\$ 4,000,000	\$ 4,000,000	\$ 20,000,000
DSP	\$ -	\$ 104,476,959	\$ 159,447,705	\$ 179,485,624	\$ 204,089,712	\$ 647,500,000
						7th Extension BN Room
BN Room	\$ 2,844,344,935	\$ 3,090,935,999	\$ 3,337,335,779	\$ 3,588,950,631	\$ 3,876,639,599	\$ 17,546,644,090

7th Extension BN room	\$ 17,546,644,090
Carry forward savings (DY16 - DY 25)	\$ 28,167,993,575
(A) Total Savings	\$ 45,714,637,665
(B) 15% of Medicaid Expenditures	\$ 18,699,799,972
Total Available Savings MIN(A,B)	\$ 18,699,799,972
Total CNOM	\$ 12,143,049,110
TOTAL VARIANCE	\$ 7,357,361,957

Designated State Health Programs

	DY27	DY28	DY29	DY30	DY31	DY32	Total
DSHP	\$ -	\$ -	\$ 104,476,958.83	\$ 159,447,704.85	\$ 179,485,623.83	\$ 204,089,712.48	\$ 647,500,000.00



Fact Sheet: MassHealth's Requested 1115 Demonstration Amendment Supports Health Equity and Universal Coverage

March 2024

On March 27, 2024, the Healey-Driscoll Administration posted for public comment a proposal to amend Massachusetts' Section 1115 Demonstration ("1115 Demonstration"). The amendment proposes additional innovative flexibilities under the 1115 Demonstration that was approved on September 28, 2022.

The Massachusetts 1115 Demonstration, currently approved through December 31, 2027, has long supported the Commonwealth's commitment to universal health care coverage and has provided federal authority to test innovations in payment and care delivery. The posted amendment aims to advance health equity by expanding coverage and further addressing members' health-related social needs.

MassHealth intends to request the following authorities through this amendment:

Authorize Designated State Health Program (DSHP) funding for New Initiatives. This authority would provide new federal support for existing state operated programs that serve low income and vulnerable populations in Massachusetts (the "Designated State Health Programs"). **The new initiatives supported by DSHP funding include:**

- An expansion of existing 1115 demonstration expenditure authority for marketplace subsidies to include eligible individuals above 300%, up to 500% FPL. The expansion would align with Massachusetts Legislature statutory changes and enable more individuals to benefit from these supports and further mitigate cost "cliffs" among the Commonwealth's different insurance programs.
- An expansion of existing 1115 demonstration expenditure authority to further increase the income limit to the state statutory limit for certain waivers to provide Medicare Savings Program (MSP) benefits for MassHealth Standard individuals. This will allow higher income individuals with Standard (who are often spending down income to receive Standard) to also receive the benefit of the MSP expansions under the state budget.
- Short term post-hospitalization housing (STPHH) of up to six months of post-hospitalization housing and supportive services for eligible MassHealth members who meet risk-based and clinical criteria. STPHH seeks to improve members' health and avert further intensive medical interventions, reduce health disparities, and reduce the total cost of care for members experiencing homelessness.
- Social Services Integration funds to meet new needs and expectations regarding managed care participation and electronic referral platforms in the new HRSN framework. The funds would allow the inclusion of CSP providers, broader technical assistance, and additional partnerships.
- Provision of certain Medicaid covered services (including medical, behavioral health, and pharmacy services) for up to 90 days prior to expected release to "qualified individuals" including all individuals in County Correctional Facilities (CCFs) and state Department of Corrections (DOC) facilities and eligible youth committed to the care and custody of the state Department of Youth Services (DYS).

Public Comment Period:

EOHHS will accept comments on the proposed amendment through 5:00 PM on April 26, 2024. Written comments may be delivered by email or mail. By email, please send comments to 1115WaiverComments@mass.gov and write "1115 Amendment Comments" in the subject line. By mail, please send comments to: 1115 Amendment Comments, EOHHS Office of Medicaid, One Ashburton Place, 3rd Floor, Boston, MA 02108. Comments must be received by April 26, 2024 in order to be considered.

The amendment documents may be obtained on the MassHealth website: [1115 MassHealth Demonstration \("Waiver"\) | Mass.gov](#). Additional updates and final submissions to CMS will also be posted on this website.

April 16, 2024

Mike Levine, Assistant Secretary for MassHealth
Executive Office of Health and Human Services
One Ashburton Place, 11th Floor
Boston, MA 02108

Submitted by email to 1115WaiverComments@mass.gov

Re: MassHealth Section 1115 Demonstration Waiver Amendment Request

Dear Assistant Secretary Levine,

On behalf of the undersigned organizations and individuals, thank you for the opportunity to submit comments on MassHealth's proposed Section 1115 Demonstration waiver amendment released on March 27, 2024. We strongly support this additional waiver amendment, which will promote health equity, support near universal coverage, improve continuity of care, increase investments in health-related social needs (HRSNs) and expand MassHealth and ConnectorCare coverage to previously excluded populations. More detailed comments about our support for this amendment's requested expenditure authority and the key provisions it would support are below.

Expenditure Authority for Designated State Health Programs

We strongly support MassHealth's request for expenditure authority for Designated State Health Programs (DSHP) to support several of the key Demonstration programs. The new federal funding this proposal would provide would help support new initiatives that aim to improve the lives of individuals and families across the Commonwealth. The new initiatives include: 1) an expansion of the ConnectorCare program (marketplace subsidies), 2) an increase in the income limit for the Medicare Savings Program, 3) short term post-hospitalization housing, 4) funding for Social Services Integration Funds and 5) pre-release MassHealth services to certain populations. As supporters of these five key initiatives, we are fully supportive of this newly requested DSHP expenditure authority request. We reiterate and reaffirm why these initiatives are so important to the goals of coverage, access, affordability, quality, and equity below.

1. Expanded Health Connector Subsidies

We strongly support the request for additional expenditure authority to support the pilot expansion of ConnectorCare, the state's subsidized program for uninsured individuals without access to employer-sponsored insurance. ConnectorCare is one of the key reasons that Massachusetts has the lowest uninsurance rate in the nation. Despite high levels of coverage in Massachusetts, [41%](#) of residents struggled to afford health care during the past year. Black and Hispanic/Latinx individuals are more likely to face challenges affording care, and the disparities are [most acute](#) for those with incomes over the previous 300% of the federal poverty level (FPL) eligibility threshold for ConnectorCare. Several of our organizations have regularly heard from consumers with incomes just above 300% FPL whose only health coverage options had high deductibles and co-pays in addition to steep premiums, which too often put care out of reach. This issue is more important than ever. As MassHealth resumed the eligibility redeterminations process over the last year, individuals and families no longer eligible for MassHealth need affordable health coverage options. The two-year pilot program expanding ConnectorCare to individuals and families with incomes between 300% to 500% FPL, signed into law through the FY2024 state budget, has already brought relief to 48,000. This program will help

strengthen the state's insurance coverage rate. Massachusetts already has expenditure authority for the ConnectorCare program for eligible residents with incomes up to 300% FPL. The request for a federal match for the expanded program is essential to the state's ability to provide affordable health coverage and continuity of coverage and care to even more residents.

2. Medicare Savings Program MassHealth Standard Members

We strongly support the expansion of the three Medicare Savings Programs (MSPs), as required under the state's FY2023 state budget. MSPs are important benefits for low-income seniors and people with disabilities who are enrolled in Medicare. Seniors already face challenges with the rising costs of living. Unaffordable health care only adds to this burden. Increasing the income and removing the asset test for assistance provides much needed relief. Allowing members who qualify for MassHealth Standard at higher income levels, within the updated income limits for the MSPs, to benefit from both coverage and cost assistance will make health care more affordable for thousands of Massachusetts seniors.

3. Short-Term Post Hospitalization Housing

We strongly support the inclusion of Short-Term Post Hospitalization Housing in the request for DSHP expenditure authority. Supportive housing for those experiencing housing insecurity and homelessness provides a safe and stable place for members to continue their recuperation after discharge from inpatient treatment settings. The model, which includes integrated clinical services, has been shown to reduce lengths of hospital stays and improve clinical outcomes. It also has the potential to reduce health disparities and improve hospital wait times by providing an appropriate and supportive setting for those who no longer need an inpatient level of care.

4. Social Services Integration Funds

We strongly support the expenditure authority for Social Service Integration funds. MassHealth's commitment to addressing HRSNs, particularly through the current Flexible Services Program, which connects certain members to housing and nutrition related supports, has been a crucial forward-thinking feature of the state's 1115 waiver. The new HRSN Program structure under development will integrate these supports into overall MassHealth managed care programming. Doing so will require social services organizations (SSOs) that partner with Accountable Care Organizations (ACOs) to evolve and enhance some of their capabilities. In particular, the updated HRSN program will require SSOs to become registered providers and utilize new referral platforms and billing mechanisms. This technical infrastructure will be challenging for many SSOs, especially smaller SSOs that already face resource and capacity constraints. It would be a loss for the state and for MassHealth members if SSOs that provide culturally competent and locally rooted support were unable to participate in the program because of these constraints. The expenditure authority for the Social Services Integration funds would help address these challenges by making sure SSOs have the financial resources they need to upgrade their infrastructure and capacity to successfully participate in the new HRSN program. The proposed funds are essential to maintaining and expanding the incredible partnerships between community based SSOs and ACOs in a way that will maintain and grow the HRSN supports MassHealth members need.

5. MassHealth Services for Individuals in Carceral Settings

We strongly support MassHealth's proposal to provide pre-release services to MassHealth eligible individuals in certain carceral settings. This proposal makes a powerful case for the value of pre-release services to strengthen access to community resources that address the health care and HRSNs of this population, improve health outcomes, address racial health inequities, and reduce emergency department visits and inpatient hospital admissions for returning individuals. We appreciate that MassHealth is committed to extending services as broadly as possible in light of the [April 2023 guidance](#)

from the Centers for Medicare and Medicaid Services (CMS) and the 1115 waivers CMS has already approved for [California](#) and [Washington](#). We also applaud MassHealth for procuring a Community Feedback Forum for Health and Justice to advise EOHHS on key policy decisions related to the request for and implementation of this proposed Demonstration initiative. It is particularly noteworthy that over 60% of advisory council members will be people with lived experience with incarceration in a Massachusetts facility. This strategy will help ensure a more people-centered, equitable approach to implementation of this important policy.

We appreciate MassHealth's leadership in prioritizing health equity and access to care for the most underserved individuals and families in the Commonwealth. Our organizations look forward to partnering with you to successfully implement the provisions outlined in the proposed 1115 waiver amendment. Please do not hesitate to reach out to Suzanne Curry at Health Care For All at scurry@hcfama.org with any questions. Thank you.

Sincerely,

1199SEIU - Massachusetts
Boston Center for Independent Living
Disability Policy Consortium
Greater Boston Legal Services
Health Care For All
Health Law Advocates
Massachusetts Law Reform Institute
Massachusetts Medical Society
Massachusetts Public Health Association
Mass Senior Action Council
Project Bread



April 24, 2024

1115 Amendment Comments,
EOHHS Office of Medicaid
One Ashburton Place, 3rd Floor
Boston, MA 02108

Re: 1115 MassHealth Demonstration Amendment Request (March 27, 2024)

Dear Assistant Secretary Levine:

The Center for Health Law and Policy Innovation of Harvard Law School (CHLPI) writes to applaud MassHealth for including in its proposed 1115 Demonstration Amendment Request metrics that will assess the waiver's impact on completion of hepatitis C treatment after release for individuals who began treatment while incarcerated. In addition, CHLPI urges you to adopt a similar metric that will measure the waiver's impact on transitions in care for people living with and vulnerable to HIV.

Both hepatitis C and HIV disproportionately impact people who are incarcerated. At least 2.2 million people in the United States are living with hepatitis C,¹ and up to 30% of these individuals spend time in a carceral facility in any given year.² Individuals in carceral settings are also more likely to have HIV than the general population.³ As of 2021, 1.4% of Massachusetts' prison population was living with HIV,⁴ as compared to 0.35% of the general population.⁵ Further, HIV infection in carceral settings reflects the same racial disparities that we see both in the HIV epidemic more broadly and in the

¹ See Karon C Lewis, Laurie K Barker, Ruth B Jiles, & Neil Gupta, Estimated Prevalence and Awareness of Hepatitis C Virus Infection Among US Adults: National Health and Nutrition Examination Survey, January 2017–March 2020, 77 *Clin Infect Dis* 10 (2023), doi: 10.1093/cid/ciad411.; See also Brian R. Edlin, et al., *Toward a more accurate estimate of the prevalence of hepatitis C in the United States*, 62 *HEPATOLOGY* 1353 (2015), <https://pubmed.ncbi.nlm.nih.gov/26171595/> (estimates of hepatitis C prevalence are likely even higher than reports suggest).

² Tessa Bialek & Matthew J. Akiyama, 2023. *Policies for Expanding Hepatitis C Testing and Treatment in United States Prisons and Jails*. [https://www.globalhep.org/sites/default/files/content/resource/files/2023-04/Clearinghouse WhitePaper2_Hepatitis_C_Testing_and_Treatment_in_US_Jails_and_Prisons.pdf](https://www.globalhep.org/sites/default/files/content/resource/files/2023-04/Clearinghouse%20WhitePaper2_Hepatitis_C_Testing_and_Treatment_in_US_Jails_and_Prisons.pdf).

³ Ryan Westergaard et al., Current Opin. Infect. Disease, *HIV among persons incarcerated in the US: a review of evolving concepts in testing, treatment and linkage to community care*, (Feb. 2013), doi: [10.1097/QCO.0b013e32835c1dd0](https://doi.org/10.1097/QCO.0b013e32835c1dd0).

⁴ U.S. Dep't of Justice, Bureau of Justice Statistics, HIV in Prisons, 2021 – Statistical Tables, p. 11, <https://bjs.ojp.gov/document/hivp21st.pdf>.

⁵ See AIDSvu, Local Data: Massachusetts, <https://aidsvu.org/local-data/united-states/northeast/massachusetts/#:~:text=In%202021%2C%20there%20were%2021%2C122,wer%20newly%20diagnosed%20with%20HIV..>

criminal justice system: Black men are five times more likely to be diagnosed with HIV in prison compared to white men.⁶

Section 1115 waivers for prerelease Medicaid coverage are a prime opportunity to reduce these disparities by improving delivery of hepatitis C and HIV care in prisons and jails and for people returning to their communities.⁷ We therefore applaud MassHealth's proposal to incorporate a metric that will measure the impact of the waiver on completion of hepatitis C treatment after release, and we urge you to consider adopting similar metrics for HIV.

People with HIV can live full, healthy lives when they achieve viral suppression. But a recent report from the U.S. Department of Health and Human Services Office of the Inspector General found that as many as 27% of Medicaid enrollees with HIV may not have received one of three services critical for achieving viral suppression (a medical visit, viral load test, or antiretroviral therapy (ART) prescription) in 2021.⁸ Massachusetts scored particularly poorly in this regard, with at least 36% of enrollees with HIV missing one or more of these services.⁹

MassHealth's Section 1115 waiver for prerelease coverage can help address this problem by supporting people who are incarcerated and living with HIV to smoothly transition their care from prison or jail to community providers. We therefore urge you to prioritize this work and assess its progress by including an HIV care evaluation metric similar to the hepatitis C metric. For example, the evaluation metric could measure the percentage of Medicaid enrollees with HIV who successfully complete a medical visit, a viral load test, and a refill of their ART prescription within a specified period after reentry, such as 90 or 120 days.

MassHealth could also adopt a metric to measure the rates of people prescribed HIV Pre-Exposure Prophylaxis (PrEP) at the time of their release. HIV PrEP is highly effective at preventing transmission of HIV through sex or injection drug use.¹⁰ However, PrEP use still lags considerably behind the need for PrEP, including in Massachusetts; this is especially true among people of color who would benefit from PrEP.¹¹ Given the

⁶ Shufang Sun, Natasha Crooks, Rebecca Kemnitz & Ryan P. Westergaard, *Re-entry experiences of Black men living with HIV/AIDS after release from prison: Intersectionality and implications for care*, 211 *Social Science & Medicine* 78 (2018), doi: 10.1016/j.socscimed.2018.06.003.

⁷ See Wurcel et al, *Medicaid inmate exclusion policy and infectious diseases care for justice-involved populations*, *Emerging Infectious Diseases*, 30(13) (2024) <https://doi.org/10.3201/eid3013.230742>

⁸ HHS Office of Inspector General, *One Quarter of Medicaid Enrollees with HIV May Not Have Received Critical Services in 2021*, (Aug. 2023), <https://www.oig.hhs.gov/oei/reports/OEI-05-22-00240.pdf>.

⁹ *Id.* at p. 5.

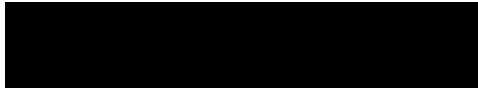
¹⁰ CDC, *How effective is PrEP?*, <https://www.cdc.gov/hiv/basics/prep/prep-effectiveness.html>.

¹¹ AIDS-VU, *Local Data: Massachusetts*.

risks of adverse health events at the time of release from jail or prison¹², including potential exposure to HIV¹³, we urge you to prioritize connecting people to PrEP who are vulnerable to HIV and leaving jail or prison. This could be done by including a waiver evaluation metric that measures the number of people leaving incarceration who are on PrEP and connected to a community PrEP provider.

Thank you for your consideration. We would be happy to provide any additional information that would be helpful.

Sincerely,



Liz Kaplan
Health Care Access Team Director

John Card
Staff Attorney

Center for Health Law and Policy Innovation

¹² Stacy Weiner, Association of American Medical Colleges, *Out of prison, but struggling to stay healthy*, (Jan. 10, 2023) <https://www.aamc.org/news/out-prison-struggling-stay-healthy#:~:text=One%20statistic%20is%20particularly%20telling,wraps%20its%20arms%20around%20us.%E2%80%9D>

¹³ Nickolas Zaller et al., PLoS One, *Barriers to linking high-risk jail detainees to HIV pre-exposure prophylaxis*, (April 17, 2020) <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0231951>.

From: [Kirchgasser, Alison \(EHS\)](#)
To: [Avant, Edward \(IHS/NAS/MSH\)](#); chairwoman@wampanoagtribe.net; [Claymore, Vickie PhD \(IHS/NAS/AO\)](#); elizabeth@neptuneadvantage.com; [Native American LifeLine](#); prccoord@wampanoagtribe-nsn.gov; rhalsey@naicob.org; richard@wampanoagtribe.net; Robert.Sanders2@ihs.gov; stephanie@wampanoagtribe.net; ["Kelsey.Simm@ihs.gov"](mailto:Kelsey.Simm@ihs.gov); ["Rita.Gonsalves@mwtribe-nsn.gov"](mailto:Rita.Gonsalves@mwtribe-nsn.gov)
Cc: [Chiev, Sokmeakara \(EHS\)](#); [Noel, Marie-France \(EHS\)](#)
Subject: Section 1115 Demonstration Amendment Proposal Posted by EOHHS
Date: Wednesday, March 27, 2024 2:40:20 PM

Good afternoon,

The MassHealth Section 1115 Demonstration (“1115 waiver”) provides federal authority for Massachusetts to expand eligibility to individuals who are not otherwise Medicaid or CHIP eligible, offer services that are not typically covered by Medicaid, and use innovative service delivery systems that improve care, increase efficiency, and reduce costs.

On October 16, 2023, the Massachusetts Executive Office of Health and Human Services (EOHHS) submitted a request to amend the 1115 waiver to the Centers for Medicare and Medicaid Services (CMS).

EOHHS is proposing a further amendment, which will request federal expenditure authority for Designated State Health Programs (DSHPs). If granted, this authority would provide new federal support for existing state-operated programs that serve low-income and vulnerable populations in Massachusetts (the “Designated State Health Programs”). Massachusetts would use this federal funding to support new Demonstration initiatives, which include marketplace (Health Connector) subsidies expansion, Medicare Savings Program income limit increase, short-term post-hospitalization housing, the Social Services Integration Fund, and pre-release MassHealth services to individuals in certain public institutions.

Public Comment Period: EOHHS will accept comments on the proposed Demonstration Amendment through April 26, 2024. Details on where to submit comments, and additional relevant information are available at:

[1115 MassHealth Demonstration \("Waiver"\) | Mass.gov](#)

EOHHS will host a public listening session both in person and with a virtual option in order to hear public comments on the Demonstration Amendment. Stakeholders are invited to review the Demonstration Amendment in advance and share with EOHHS staff at the listening session any input and feedback, or questions for future clarification. The listening session is scheduled as follows.

Date: Monday, April 8, 2024

Time: 4:00 PM – 5:00 PM

Meeting Location: One Ashburton Place, Boston, MA, 2nd Floor

Meeting Link:

Join from PC, Mac, Linux, iOS or Android:

<https://umassmed.zoom.us/j/93228280336?pwd=K1BuVG5BVVhCd1RnQjFjbWdXeDIHZz09>

Password: 593985

Or iPhone one-tap (US Toll): +13092053325,93228280336# or +13126266799,93228280336#

Or Telephone:

Dial:

+1 309 205 3325 (US Toll)

+1 312 626 6799 (US Toll)

+1 646 876 9923 (US Toll)

+1 646 931 3860 (US Toll)

+1 301 715 8592 (US Toll)

+1 305 224 1968 (US Toll)

+1 669 444 9171 (US Toll)

+1 669 900 6833 (US Toll)

+1 689 278 1000 (US Toll)

+1 719 359 4580 (US Toll)

+1 253 205 0468 (US Toll)

+1 253 215 8782 (US Toll)

+1 346 248 7799 (US Toll)

+1 360 209 5623 (US Toll)

+1 386 347 5053 (US Toll)

+1 507 473 4847 (US Toll)

+1 564 217 2000 (US Toll)

Meeting ID: 932 2828 0336

Password: 593985

International numbers available: <https://umassmed.zoom.us/j/93228280336?pwd=K1BuVG5BVVhCd1RnQjFjbWdXeDIHZz09>

Reasonable Accommodation: If you require an ADA accommodation for either the in person or virtual option, please contact 1115WaiverComments@mass.gov.

Sincerely,

Alison

Alison Kirchgasser
Federal Policy & CHIP Director
Massachusetts Office of Medicaid
857-207-2147

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the Disability Accommodations Ombudsman by email at ADAaccommodations@mass.gov or by phone at (617) 847-3468 (TTY: (617) 847-3788 for people who are deaf, hard of hearing, or speech disabled). Please allow two weeks to schedule sign language interpreters. EOHHS may adopt a revised version of the proposed regulation taking into account relevant comments and any other practical alternatives that come to its attention. In case of inclement weather or other emergency, hearing cancellation announcements will be posted on the MassHealth website at www.mass.gov/service-details/executive-office-of-health-and-human-services-public-hearings.

March 29, 2024

PUBLIC HEARING
TOWN OF UXBRIDGE
BOARD OF SELECTMEN
MONDAY, APRIL 8, 2024 - 6:35 PM
UXBRIDGE LOWER TOWN HALL MEETING ROOM
21 SOUTH MAIN STREET
UXBRIDGE, MA

The Board of Selectmen will hold a Public Hearing to review Uxbridge's 5-Year Capital Plan at the above date, time, and location. Anyone interested may appear in person or may join the meeting via Zoom. The agenda and Zoom details can be found before the meeting at: <https://www.uxbridge.ma.gov/>.

Uxbridge Board of Selectmen
March 29, 2024

NOTICE OF PUBLIC HEARING The Leicester Select Board will hold a public hearing and a public roll call vote to NOT allow Vote by Mail for the June 11, 2024 Local Town Election on April 8, 2024, at 6:00 pm in the Select Board meeting room #3 at the Leicester Town Hall, 3 Washburn Square, Leicester, MA 01524. The public is invited to attend and offer comment.
3/29/2024

Request for Qualifications Application Assistance-Lead & Healthy Homes Program

The City of Worcester's Executive Office of Economic Development's Lead & Healthy Homes Program was awarded a Lead Hazard Reduction Grant from the U.S. Department of Housing and Urban Development for the production of 165 units of lead paint remediation items as defined by HUD. In order to identify and properly qualify these units, the City of Worcester's Lead & Healthy Homes Program requests assistance for up to 75 total applications from approximately 6 qualified agencies to assist in obtaining qualified applications from private city homeowners and landlords. A qualified application is defined as:
1. Completed Worcester Lead & Healthy Home application documents for each proposed unit including both homeowner and any tenants associated with the unit.
2. Each building must be built before 1978 and have at least 1 child under 6 years old living in the building or a pregnant owner/tenant in the building.
3. Each occupant over the age of 18 must provide proof of income including one month of the latest paystubs, last year's tax returns and/or any public assistance (SSI, Disability, etc.)
Upon successful submittal of each unit's application package and invoice, an application assistance fee of \$1,500 per unit will be paid to the qualified agency. Each selected agency will receive a three year performance-based contract which will be solely based upon successfully completed applications. No administrative or overhead costs will be provided in addition to the above-mentioned fee.
The City of Worcester Executive Office of Economic Development Healthy Homes Program is requesting interested organizations submit their qualifications on organization letterhead in the following areas:
1. The ability to communicate in multiple languages.
2. Capacity to produce and distribute various brochures and application packages to different populations throughout the city.
3. Administrative ability to quickly submit completed application packages to the city as many of these projects are time sensitive in nature.
4. Previous experience with homeowner, investor and tenant coordination and communication involving potential adverse relationships.
5. Ability to network with various populations throughout the city to communicate the availability of assistance with lead and healthy homes issues.
6. The total number of projected applications over a three-year period the organization could provide within their current capacity.
7. Ability to adhere to HIPAA and privacy regulations regarding confidentiality of information.
8. Ability of the entity to comply with the 2 CFR 200 procurement standards for the fiscal year starting June 1, 2024.
9. Ability to begin this contract on or before June 1, 2024.
10. Ability to have a representative attend quarterly coordination meetings.
11. In addition to the above, the organization must submit insurance with a minimum liability policy of \$1,000,000 and worker's compensation

Govt Public Notices

insurance if applicable. Also, the organization must be listed on SAM.gov and not be excluded from federal contracts.

All submittals must be received prior to April 26, 2024 by 4PM at the

City of Worcester
Executive Office of Economic Development,
Neighborhoods and Housing Development Division,
Customer Service Desk,
City Hall, 4th Floor
455 Main Street
Worcester, Massachusetts, 01608

Any questions prior to April 26, 2024, should be in writing to James Brooks, Director of Housing Development and Healthy Homes at brooks@worcesterma.gov.

March 29, 2024

TOWN OF AUBURN, MASSACHUSETTS PUBLIC HEARING

Pursuant to M.G.L. Ch. 100A, §2, notice is hereby published that Coco Enterprise LLC dba Coco's Tropical Ice has applied to the Auburn Board of Selectmen for Common Victualer and Indoor Entertainment Licenses at 1A Swanson Road, Auburn, MA 01501.

In accordance with Chapter 2 of the Acts of 2023, the Board of Selectmen will hold a public hearing on April 8, 2024 at 6:30 PM both in person at the Auburn Town Hall, 104 Central Street, Auburn, MA 01501 and via remote participation by calling 1-408-650-3123 followed by access code: 235-235-861, or online at <https://global.gofomeeting.com/join/235235861>.

Danielle Chamberland Roberts on behalf of the Auburn Board of Selectmen
March 29, 2024

Division of Medical Assistance Commonwealth of Massachusetts Office of Medicaid NOTICE OF PUBLIC HEARING

Under the authority of M.G.L. c. 6A, section 16 and in accordance with M.G.L. c. 30A, the Division of Medical Assistance (the Division) will hold a remote public hearing on Friday, April 26, 2024, at 10:00 a.m., relative to the emergency adoption of amendments to the following regulations.
130 CMR 506.000: Health Care Reform: MassHealth: Financial Requirements
130 CMR 520.000: MassHealth: Financial Eligibility
130 CMR 450.000: Administrative and Billing Regulations
The regulatory changes will go into effect as an emergency on April 1, 2024. The proposed amendments are expected to increase annual aggregate MassHealth expenditures by approximately \$4,800,000. There is no fiscal impact on cities and towns. These proposed amendments will eliminate all copayments for MassHealth members. These copayments had been temporarily eliminated through March 31, 2024; the amendments will eliminate copayments permanently. This will promote access to prescription drugs for MassHealth members, as well as ensuring full payment for providers. EOHHS will file a state plan amendment to implement these changes, and the public may comment on the state plan amendment as well as the regulatory amendments. To register to testify at the hearing and to get instructions on how to join the hearing online, go to www.mass.gov/service-details/masshealth-public-hearings. To join the hearing by phone, call (646) 558-8656 and enter meeting ID 935 397 8200# when prompted. You may also submit written testimony instead of, or in addition to, live testimony. To submit written testimony, please email your testimony to mashealthpublicnotice@mass.gov as an attached Word or PDF document or as text within the body of the email with the name of the regulation in the subject line. All written testimony must include the sender's full name, mailing address, and organization or affiliation, if any. Individuals who are unable to submit testimony by email should mail written testimony to EOHHS, c/o D. Briggs, 100 Hancock Street, 6th Floor, Quincy, MA 02171. Written testimony will be accepted through 5:00 p.m. on April 26, 2024. The Division specifically invites comments as to how the amendments may affect beneficiary access to care. To review the emergency regulation, go to www.mass.gov/service-details/masshealth-public-hearings or request a copy in writing from MassHealth Publications, 100 Hancock Street, 6th Floor, Quincy, MA 02171. Special accommodation requests may be directed to the Disability Accommodations Ombudsman by email at ADAaccommodations@mass.gov or by phone at (617) 847-3468 (TTY: (617) 847-3788 for people who are deaf, hard of hearing, or speech disabled). Please allow two weeks to schedule sign language interpreters. The Division may adopt a final, revised version of the emergency regulation taking into account relevant comments and any other practical alternatives that come to its attention.

Govt Public Notices

In case of inclement weather or other emergency, hearing cancellation announcements will be posted on the MassHealth website at www.mass.gov/service-details/masshealth-public-hearings.

March 29, 2024

NOTICE OF AGENCY ACTION

SUBJECT: MassHealth: Notice of Submission of a Request to Amend the MassHealth Section 1115 Demonstration
AGENCY: Massachusetts Executive Office of Health and Human Services
The Massachusetts Executive Office of Health and Human Services (EOHHS) announces its intent to submit a Request to Amend the MassHealth Section 1115 Demonstration to the Centers for Medicare and Medicaid Services (CMS). The MassHealth Section 1115 Demonstration provides federal authority for Massachusetts to expand eligibility to individuals who are not otherwise Medicaid or CHIP eligible, offer services that are not typically covered by Medicaid, and use innovative service delivery systems that improve care, increase efficiency, and reduce costs. The Demonstration Amendment requests federal expenditure authority for Designated State Health Programs (DSHPs) to support the funding of new Demonstration initiatives. If granted, this authority would provide new federal support for existing state operated programs that serve low income and vulnerable populations in Massachusetts (the "Designated State Health Programs"). Massachusetts would use this federal funding to support new Demonstration initiatives, which include market-place (Health Connector) subsidies expansion, Medicare Savings Program income limit increase, short term post-hospitalization housing, Social Services integration funds, and pre-release MassHealth services to individuals in certain public institutions. The Commonwealth is requesting this authority to be effective upon federal approval.
Public Comment Period: EOHHS will accept comments on the proposed Demonstration Amendment through April 26, 2024. The proposed Demonstration Amendment, details on where to submit comments, and additional relevant information are available at www.mass.gov/info-details/1115-masshealth-demonstration-waiver. EOHHS will host a public listening session (both in person and with a virtual option) in order to hear public comments on the Demonstration Amendment. Stakeholders are invited to review the Demonstration Amendment in advance and share with EOHHS staff at the listening session any input and feedback, or questions for future clarification. The listening session is scheduled as follows.
Date: Monday, April 8, 2024
Time: 4:00 PM - 5:00 PM
Meeting Location: One Ashburton Place, Boston, MA, 2nd Floor
Meeting Link: Join from PC, Mac, Linux, iOS, or Android: <https://umassmed.zoom.us/j/93228280336?pwd=K1BuVG5BVhCd1RnQjEibWdXeDIH7z09>
Password: 593985
Or iPhone one-top (US Toll): +13092053325, 93228280336# or +13126266799, 93228280336#
Or Telephone:
Dial:
+1 309 205 3325 (US Toll)
+1 312 626 6799 (US Toll)
+1 646 876 9923 (US Toll)
+1 646 931 3860 (US Toll)
+1 301 715 8592 (US Toll)
+1 305 224 1968 (US Toll)
+1 669 444 9171 (US Toll)
+1 669 900 6833 (US Toll)
+1 689 278 1000 (US Toll)
+1 719 359 4580 (US Toll)
+1 253 205 0468 (US Toll)
+1 253 215 8782 (US Toll)
+1 346 248 7799 (US Toll)
+1 360 209 5623 (US Toll)
+1 386 347 5053 (US Toll)
+1 507 473 4847 (US Toll)
+1 564 217 2000 (US Toll)
Meeting ID: 932 2828 0336
Password: 593985
International numbers available:
<https://umassmed.zoom.us/j/93228280336?pwd=K1BuVG5BVhCd1RnQjEibWdXeDIH7z09>
Reasonable Accommodation: If you require an ADA accommodation for either the in-person or virtual option, please contact 1115WaiverComments@mass.gov.
3/29/2024

Clinton Public Schools 150 School Street Clinton, MA 01510

In accordance with the provisions of C71, sec. 38N of the General Laws

There will be a Public Hearing on the Clinton School Department's Proposed Budget for the 2024-2025 School Year. The hearing will be held in the Library at Clinton High School, 200 West Boylston Street at 6:45 pm on Monday, April 8, 2024.

The livestream of this meeting can also be viewed at: <https://www.youtube.com/channel/UCJ462vEwi3C0mG7E3lJhBMw>

A copy of the proposed budget will be available on the Clinton Public Schools Website. www.clinton.k12.ma.us

Brendan Bailey, Chairperson
Clinton School Committee
March 29, April 8, 2024

Govt Public Notices

Notice of Public Hearing for a Zoning Amendments - Planning Board

The Spencer Planning Board will hold a second public hearing on Tuesday April 16, 2024, in McCourt Social Hall of Memorial Town Hall, 157 Main Street, Spencer, MA 01562 and the hearing will be conducted in-person and remotely on the following items starting at 6:00 p.m. or as soon thereafter as can be heard.

Solar Bylaw Amendments: Zoning Bylaw Article 2.2, Definitions; Article 4.2 Use Table Principal Uses; Article 4.8.9, Solar Photovoltaic Generating Installations; and Article 5.5, Interpretation notes for height and bulk.

Newly Proposed Article: Zoning Bylaw Article 4.10, Battery Energy Storage Systems (BESS).

Interested parties may review the proposed bylaw at the Office of Development & Inspectional Services and the Town Clerk's office, located in Memorial Town Hall, during regular business hours.
3/29, 4/5

Public Notices

Petition to Partition

Commonwealth of Massachusetts Worcester Probate & Family Court WO23E0078PP

To; Teresa G. Carvallo of Worcester and to all other persons interested. A petition has been presented to said Court by Adrian M. Carvallo Nunez of Burlington in the

County at Middlesex representing that he hold as tenant in common undivided part or share of certain land lying in Worcester in said County Worcester and briefly as follows: BEGINNING at the center of a stone monument set in the ground in said northwesterly line of Sterling Street two hundred (200) feet from the intersection of the said northwesterly line of Sterling Street with the southwesterly line of Harlem Street; THENCE North 45 03' West one hundred (100) feet to the center of a stone monument set in the ground at land nor or formerly of Lucy A. Perry; THENCE South 44° 57' West fifty (50) feet to the center of stone monument set in the ground; THENCE South 45 03' East one hundred (100) feet to said line at Sterling Street THENCE North 44° 57' East fifty (50) feet to the place of beginning. Setting forth that he/she desire that all the aforesaid described part at said land may be sold at private sale not less than six hundred thousand dollars, and praying that partition may be made of all the land aforesaid according to law, and to that end that a commissioner be appointed to make such partition and be ordered to make sale and conveyance of all, or any part of said land which the Court finds cannot be advantageously divided either at private sale or public auction, and be ordered to distribute the net proceeds thereof.

If you desire to object thereto you or your attorney should file a written appearance in said Court at Worcester before ten o'clock in the afternoon on the twenty third day of April, 2024 the return day of this citation.

Witness, Leilah A. Keamy, Esq., First Judge of said Court, this twenty first day of March, 2024.
Stephanie K. Pattman Register at Probate

March 29, 2024

Commonwealth of Massachusetts Executive Office of Health and Human Services NOTICE OF PUBLIC HEARING

Under the authority of M.G.L. c. 118E and in accordance with M.G.L. c. 30A, the Executive Office of Health and Human Services (EOHHS) will hold a remote public hearing on Friday, April 26, 2024, at 11:00 a.m., relative to the emergency adoption of amendments to the following regulation.
101 CMR 613.00: Health Safety Net Eligible Services
The regulation will go into effect as an emergency on April 1, 2024. There is no fiscal impact on cities and towns. The proposed amendments are expected to increase annual aggregate Health Safety Net (HSN) expenditures by approximately \$700,000. These proposed amendments will eliminate all copayments for HSN patients. These copayments had been temporarily eliminated through March 31, 2024; the amendments will eliminate copayments permanently. This will promote access to prescription drugs for HSN patients. To register to testify at the hearing and to get instructions on how to join the hearing online, go to www.mass.gov/service-details/executive-office-of-health-and-human-services-public-hearings. To join the hearing by phone, call (646) 558-8656 and enter meeting ID 935 397 8200# when prompted. You may also submit written testimony instead of, or in addition to, live testimony. To submit written testimony, please email your testimony to ehs-regulations@mass.gov as an attached Word or PDF document or as text within the body of the email with the name of the regulation in the subject line. All written testimony must include the

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sender's full name, mailing address, and organization or affiliation, if any. Individuals who are unable to submit testimony by email should mail written testimony to EOHHS, c/o D. Briggs, 100 Hancock Street, 6th Floor, Quincy, MA 02171. Written testimony will be accepted through 5:00 p.m. on April 26, 2024. EOHHS specifically invites comments as to how the amendments may affect beneficiary access to care for covered services. To review the emergency regulation, go to www.mass.gov/service-details/executive-office-of-health-and-human-services-public-hearings or request a copy in writing from MassHealth Publications, 100 Hancock Street, 6th Floor, Quincy, MA 02171. Special accommodation requests may be directed to the Disability Accommodations Ombudsman by email at ADAaccommodations@mass.gov or by phone at (617) 847-3468 (TTY: (617) 847-3788 for people who are deaf, hard of hearing, or speech disabled). Please allow two weeks to schedule sign language interpreters. EOHHS may adopt a final, revised version of the emergency regulation taking into account relevant comments and any other practical alternatives that come to its attention.

In case of inclement weather or other emergency, hearing cancellation announcements will be posted on the MassHealth website at www.mass.gov/service-details/executive-office-of-health-and-human-services-public-hearings.

March 29, 2024

NOTICE OF MORTGAGEE'S SALE OF REAL ESTATE

By virtue of and in execution of the Power of Sale contained in a certain mortgage given by Christopher W. Manila, Terri Bullard-Mannila to Mortgage Electronic Registration Systems, Inc., as nominee for Stearns Lending, Inc., dated April 15, 2014 and recorded in the Worcester County (Worcester District) Registry of Deeds in Book 52221, Page 99, of which mortgage the undersigned is the present holder, by assignment from: Mortgage Electronic Registration Systems, Inc., as nominee for Stearns Lending, Inc., its successors and assigns to Stearns Lending, LLC, recorded on October 21, 2016, in Book No. 56176, at Page 192 Stearns Lending, LLC to Freedom Mortgage Corporation, recorded on May 16, 2023, in Book No. 69138, at Page 326 for breach of the conditions of said mortgage and for the purpose of foreclosing, the same will be sold at Public Auction at 4:00 PM on April 19, 2024, on the mortgaged premises located at 11 Lakeview Drive, Charlton, Worcester County, Massachusetts, all and singular the premises described in said mortgage,
TO WIT:
The land with the buildings thereon, situated on Lakeview Drive, Charlton, Massachusetts, and bounded and described as follows:
PARCEL I
Three certain tracts of land situated in said Charlton, Massachusetts, and being Lots numbered Forty-five (45), Forty-six (46) and Forty-seven (47) as shown on Plan of Glen Grove Annex, Glen Echo Lake, filed with Worcester District Registry of Deeds, Plan Book 75, Plan 3, Map 5 and to which said plan book, Plan and Map reference may be had for further description of said Lots numbered Forty-five (45), Forty-six (46) and Forty-seven (47).
PARCEL II
Also another tract of land, situated in said Charlton, and bounded and described as follows, to wit:
BEGINNING at the northwesterly corner thereof, being northerly of the wall, and at the southwesterly corner of land shown as Lot numbered Forty-five (45) on a Plan of Glen Grove Annex, Glen Echo Lake, filed with Worcester District Registry of Deeds, Plan Book 75, Plan 3, Map 5;
THENCE easterly by the southerly side of Lots numbered Forty-five (45), Forty-six (46) and Forty-seven (47), ninety (90) feet, more or less, as shown on said Plan, to the southeast corner of said Lot numbered forty-seven (47) on said Plan; THENCE southerly in line which is a direct continuation of the easterly line or said Lot numbered Forty-seven (47), across said wall, about three (3) feet, be the same more or less, to land now or formerly of one Gale; THENCE turning at a right angle, westerly by northerly side of said land now or formerly of said Gale and by land now or formerly of Clarence D. Garrepy and Albertine Garrepy (being on southerly side of said wall) to a point at land now or formerly of said Clarence D. Garrepy and Albertine Garrepy in the extended continuation of the westerly line of said Lot numbered Forty-five (45), being distant ninety (90) feet, more or less.
THENCE northerly by the easterly side of said land now or formerly of said Clarence D. Garrepy and Albertine Garrepy, across said wall, to the southwest corner of said Lot numbered forty-five (45) at the point of beginning.
PARCEL III
Also, one other tract of swamp land situated in said Charlton and located southerly of Glen Grove Annex and adjoining said Grove Annex and bounded and

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described as follows: BEGINNING at the northwesterly corner thereof; it being the southwest corner of Lot numbered Forty-five (45) of said Grove and the southeast corner of Lot numbered forty-four (44) of said Grove; THENCE South 10 deg. 53 min. West by other land now or formerly of Clarence D. Garrepy and Albertine Garrepy ninety-one (91) feet to high water line of Glen Echo Lake;
THENCE easterly by said high water line, about fifty (50) feet; more or less, to an 18 inch elm tree by land now or formerly of one Gale;
THENCE northeasterly on wire fence, one hundred (100) feet, more or less, by land now or formerly of Gale to the south line of Lot numbered Forty-seven (47) of said Grove;
THENCE North 79 deg. 07 min. West seventy-eight (78) feet by land now or formerly of Stanley G. Cook et ux to the place of beginning; and, containing about fifty-five hundred (5500) square feet of land, more or less.
For mortgagor's(s)' title see deed recorded with Worcester County (Worcester District) Registry of Deeds in Book 52221, Page 96. These premises will be sold and conveyed subject to and with the benefit of all rights, rights of way, restrictions, easements, covenants, liens or claims in the nature of liens, improvements, public assessments, any and all unpaid taxes, tax titles, tax liens, water and sewer liens and any other municipal assessments or liens or existing encumbrances of record which are in force and are applicable, having priority over said mortgage, whether or not reference to such restrictions, easements, improvements, liens or encumbrances is made in the deed.

TERMS OF SALE:
A deposit of Five Thousand (\$5,000.00) Dollars by certified or bank check will be required to be paid by the purchaser at the time and place of sale. The balance is to be paid by certified or bank check at Harmon Law Offices, P.C., 150 California St., Newton, Massachusetts 02458, or by mail to P.O. Box 610389, Newton Highlands, Massachusetts 02461-0389, within thirty (30) days from the date of sale. Deed will be provided to purchaser for recording upon receipt in full of the purchase price. The description of the premises contained in said mortgage shall control in the event of an error in this publication. Other terms, if any, to be announced at the sale.

FREEDOM MORTGAGE CORPORATION
Present holder of said mortgage

By its Attorneys, HARMON LAW OFFICES, P.C.
150 California St.
Newton, MA 02458
(617)558-0500
24315
3/22 3/29 3/5 2024

Commonwealth of Massachusetts
The Trial Court
Probate and Family Court
Docket No. WO22P1400EA

Worcester Probate and Family Court
225 Main Street
Worcester, MA 01608
(508)831-2200

CITATION ON PETITION FOR ORDER OF COMPLETE SETTLEMENT

Estate of:
David Greenawalt
Date of Death: 10/25/2021

A Petition for Order of Complete Settlement has been filed by Anthony J. Salvadio, II of Worcester MA requesting that the court enter a formal Decree of Complete Settlement including a determination of testacy and heirs at law, the allowance of a final account, and first account and other such relief as may be requested in the Petition.

IMPORTANT NOTICE
You have the right to obtain a copy of the Petition from the Petitioner or at the court. You have a right to object to this proceeding. To do so, you or your attorney must file a written appearance and objection at this court before: 10:00 a.m. on the return day of 04/23/2024. This is NOT a hearing date, but a deadline by which you must file a written appearance and objection if you object to this proceeding. If you fail to file a timely written appearance and objection followed by an affidavit of objections within thirty (30) days of the return day, action may be taken without further notice to you.

WITNESS, Hon. Leilah A. Keamy, First Justice of this Court.
Date: March 25, 2024
/s/ Stephanie K. Fattman
Stephanie Fattman, Register of Probate
March 29, 2024

Commonwealth of Massachusetts The Trial Court Probate and Family Court Docket No. WO24P0954EA

Worcester Probate and Family Court
225 Main Street, Worcester, MA 01608
(508) 831-2200

CITATION ON PETITION FOR FORMAL ADJUDICATION

Estate of:
Christopher Christopher
Date of Death:
12/23/2023

To all interested persons:
A Petition for Formal Probate of Will with Appointment of