



# Massachusetts Home and Community-Based Services (HCBS) Spending Plan Narrative

AMERICAN RESCUE PLAN ACT (ARPA) ENHANCED  
FEDERAL FUNDING

EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES  
(EOHHS)



The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
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April 8th, 2022

Daniel Tsai  
Deputy Administrator and Director  
Center for Medicaid & CHIP Services (CMCS)  
7500 Security Blvd  
Baltimore, MD 21244

Dear Deputy Administrator and Director Tsai:

The Commonwealth of Massachusetts is pleased to submit the enclosed consolidated Spending Plan and Narrative, as it relates to Massachusetts proposed plan for investments to strengthen, enhance and expand home and community-based services (HCBS) pursuant to Section 9817 of the American Rescue Plan Act of 2021 (ARPA). under the Medicaid program.

**Within this document, you will find the following previous Massachusetts Executive Office of Health and Human Services (EOHHS) submissions to the Centers for Medicare and Medicaid Service (CMS) pursuant to Section 9817 of ARPA. Spending plans remain unchanged from what was originally submitted to CMS unless otherwise noted.**

**Massachusetts will amend this document on a quarterly basis to include future quarterly progress reports as required by CMS.**

1. ARPA HCBS Round 1 Spending Plan – Submitted June 2021; page 3-24
1. ARPA HCBS Round 2 Spending Plan – Submitted July 2021; pages 25-40
2. ARPA HCBS Round 3 Spending Plan – Submitted October 2021; pages 41-89
  - a. The initiative entitled “Transitional Residential Services for Persons with ASD and Behavioral Health Diagnoses” has been updated to remove “occupancy costs” as category of spend per CMS’ request.
3. ARPA HCBS February Quarterly Spending Update – Submitted February 2022; pages 90-101
  - a. Massachusetts’ response to CMS’ request for additional information has been amended as it relates to the question related to the initiative entitled “Transitional Residential Services for Persons with ASD and Behavioral Health Diagnoses” per the above referenced change.

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 improve 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 \$526 million (M) in enhanced ARPA funding across the three rounds. Investments across all three rounds total \$966M (gross) toward HCBS. Of the \$966M total (gross) investments across Rounds 1, 2 and 3, \$526M will be funded using the enhanced ARPA HCBS dollars, and the remainder will be funded through traditional Medicaid dollars.

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.).

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. Amy Bianco, Director of Health Policy and Strategic Initiatives 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 [REDACTED].

Sincerely,

[REDACTED]

Amanda Cassel Kraft  
Assistant Secretary and Medicaid Director

Cc: Marylou Sudders, Secretary of the Executive Office of Health and Human Services  
Mike Levine, Deputy Medicaid Director  
Susan Ciccariello, Acting Director of the MassHealth Office of Long-Term Services and Supports



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June 17th, 2021

Anne Marie Costello  
Acting Deputy Administrator and Director  
Center for Medicaid & CHIP Services (CMCS)  
7500 Security Blvd  
Baltimore, MD 21244

Dear Acting Deputy Administrator and Director Costello,

The Commonwealth of Massachusetts is pleased to submit the enclosed Initial Spending Plan Projection and Narrative to enhance, expand, and strengthen home and community-based services (HCBS) under the Medicaid program using an estimated \$500 million in federal financial participation (FFP) pursuant to Section 9817 of the American Rescue Plan Act of 2021 (ARPA). As the single state Medicaid agency, the Massachusetts Executive Office of Health and Human Services (EOHHS) will serve as the oversight organization for the HCBS ARPA funds.

Use of enhanced federal funding will reinforce the Commonwealth's commitment to improve equity and access to HCBS for those with physical disabilities, intellectual and developmental disabilities, and behavioral health needs. To achieve these goals, the Commonwealth of Massachusetts will implement initiatives supporting three key structural pillars:

1. **HCBS Workforce**, *retaining and building a high-quality network;*
2. **Access to and Promotion of HCBS Services and Supports**, *including navigation, transitions, family supports, diversion and enhanced care models; and*
3. **HCBS Technology and Infrastructure**, *to enable more effective care coordination, access, and delivery.*

Massachusetts's will implement three rounds of initiatives tied to the three structural pillars. Round 1 will invest approximately \$100 M of the enhance federal funding in immediate time limited across the board payment enhancements to strengthen and stabilize the HCBS workforce.

Rounds 2 and 3 will invest the remaining funds to support strategic and structural investments, aimed at enhancing the Massachusetts LTSS and behavioral health delivery system to better support individuals living in the community, their families and their caregivers in addition to ensuring that the Massachusetts workforce has the training and support necessary to provide the highest level of service to those they support.

Massachusetts has a strong history and commitment to providing a robust set of HCBS aimed at rebalancing long-term services and supports (LTSS) and behavioral health services toward community settings, allowing individuals to be served in the most appropriate and least restrictive settings.

Collaboration between the disability, behavioral health and aging networks is a key component of this enhanced system structure. Massachusetts remains committed to improving how HCBS are accessed and delivered throughout the state and will continue to work to ensure this coordination and integration occurs.

**To that end, Massachusetts is seeking CMS guidance on whether certain behavioral health services authorized under the Massachusetts’s State Plan and 1115 waiver are eligible for increased FMAP where they are not currently categorized as rehabilitative or Section 1915 services in the Massachusetts State Plan or home and community-based waiver program. Massachusetts’s believes that these behavioral health services should be eligible for increased FMAP but looks forward to CMS’s confirmation of this interpretation. These services are critical to supporting members living in the community and therefore if approved, will become a central component of investments made in Rounds 2 and 3 to further strengthen and enhance delivery.**

Massachusetts is committed to working with our many community partners and stakeholders in a collaborative fashion to achieve the goals of enhancing, expanding and strengthening HCBS. The HCBS ARPA funds will complement other ongoing initiatives in Massachusetts aimed at rebalancing long-term services and supports and behavioral health services towards community living. Further, the Commonwealth assures CMS that:

- The state is using the federal funds attributable to the increased federal medical assistance percentage (FMAP) to supplement and not supplant existing state funds expended for Medicaid HCBS in effect as of April 1, 2021;
- The state is using the 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.

EOHHS will also serve as the Operating Agency for ARPA initiatives through the MassHealth program, the Commonwealth's Medicaid program. Whitney Moyer, Chief of the Office of MassHealth Long Term Service 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. Please do not hesitate to contact her at [REDACTED].

Sincerely,  
Daniel Tsai  
Medicaid Director

Cc: Marylou Sudders, Secretary of the Executive Office of Health and Human Services  
Amanda Cassel-Kraft, Deputy Medicaid Director  
Mike Levine, MassHealth Chief Financial Officer  
Whitney Moyer, MassHealth Chief of Office of Long-Term Services and Supports

## A. Executive Summary

Massachusetts has a strong history and commitment to providing a robust set of Medicaid home and community-based services (HCBS) aimed at rebalancing long-term services and supports (LTSS) and behavioral health services toward community settings, enabling individuals to be served in the most appropriate and least restrictive settings. Collaboration between the disability, behavioral health, aging and housing services networks is a key component of the Massachusetts HCBS structure. Massachusetts remains committed to improving how HCBS are accessed and delivered throughout the state and will continue to work to ensure that member's services are well coordinated and integrated.

Massachusetts' proposed spending plan outlines a strong framework for significant investment that enhances, strengthens, and expands HCBS across MassHealth populations both immediately and in the long term. Use of enhanced federal funding through Section 9817 of the American Rescue Plan Act (ARPA) will reinforce the Commonwealth's commitment to improve equity and access to HCBS for those with physical disabilities, intellectual and developmental disabilities, and behavioral health needs.

To achieve these goals, the Commonwealth of Massachusetts will implement initiatives supporting three key structural pillars:

1. **HCBS Workforce**, *retaining and building a high-quality network;*
2. **Access to and Promotion of HCBS Services and Supports**, *including navigation, transitions, family supports, diversion and enhanced care models; and*
3. **HCBS Technology and Infrastructure**, *to enable more effective care coordination, access, and delivery.*

The implementation of supports for these three structural pillars will augment on-going state initiatives aimed at enhancing the Massachusetts LTSS and behavioral health delivery system to better support individuals living in the community, as well as to ensure that the Massachusetts workforce has the training and support necessary to provide the highest level of service to those they support.

This spending plan is submitted on behalf of Massachusetts EOHHS' Office of Medicaid (MassHealth) and represents efforts across multiple health and human services state agencies, including:

- Executive Office of Elder Affairs (EOEA)
- Department of Developmental Services (DDS)
- Massachusetts Rehabilitation Commission (MRC)
- Department of Mental Health (DMH)
- Department of Youth Services (DYS)
- Department of Children and Families (DCF)

The plan outlines the staged approach EOHHS will take in finalizing the scope of HCBS initiatives over three time periods or "rounds" using an anticipated \$500M in enhanced funding:

- “Round 1” will invest approximately \$100M of the enhanced federal funding in immediate, time-limited, across-the-board payment enhancements over July – December 2021 to strengthen and stabilize the HCBS workforce. Providers will be required to use 90% of funds received on direct care staff in the form of financial incentives to expand the number, retention rates and expertise/skills of their direct care workforce.
- “Rounds 2 and 3” will invest the remaining anticipated \$400M of enhanced federal funding through March 2024.

All three rounds of initiatives will tie to the three structural pillars highlighted below. Greater detail is provided later in this document on key initiatives that support each pillar:

- **HCBS Workforce** development and expansion, including programs to support training, recruitment and retention
- **Access to and Promotion of HCBS Services** that further rebalances toward community-based services with focus on HCBS navigation, transitions to HCBS and diversion from facility-based settings, and services that enhance HCBS capacity and care models (e.g., family caregiver support, home modification programs, PASRR enhancements, embedded options counselors in inpatient settings)
- **Technology and infrastructure investments** to strengthen HCBS (e.g., home monitoring devices, data sharing, caregiver directories, electronic and interoperation platforms for uniform assessments and case management, enhanced communication tools for families, consumers, and caregivers etc.)

Through the summer and fall of 2021, the Commonwealth will refine the scope of each initiative with input from the broader HCBS stakeholder community. Future quarterly spending plans will detail each initiative and highlight how the one-time and time-limited investments will have long-term, structural impacts.

## B. Overview of Enhanced Medicaid HCBS Federal Funding Authorized by the American Rescue Plan Act (ARPA)

On March 11, 2021, President Biden signed the American Rescue Plan Act (ARPA) into law, enacting a \$1.9 trillion COVID-19 relief package. The legislation includes a number of provisions that impact state and federal health care policies and programs, including the availability of enhanced federal funding for state Medicaid spending on HCBS. These services help older adults, people with disabilities and people with behavioral health needs live independently in the community by providing a variety of supports.

In particular, Section 9817 of the American Rescue Plan provides states with a one-year, 10 percentage point increase in their federal medical assistance percentage (FMAP)—the share of state Medicaid spending paid for by the federal government—for certain Medicaid HCBS expenditures. This 10-percentage point increase will apply only to HCBS expenditures provided between April 1, 2021 and March 31, 2022. States must use the federal funds attributable to the one-year increased FMAP by March 31, 2024 and funding must supplement, not supplant, existing state funds expended for Medicaid HCBS in effect as of April 1, 2021. In addition, states must use 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 one-year increase in federal matching funds will result in new, time-limited dollars that can be invested in HCBS services through March 2024. This extended time period will provide states with time to design, gather input and implement short-term activities to strengthen the HCBS system in response to the COVID-19 Public Health Emergency (PHE), as well as longer term strategies that enhance and expand the HCBS system and sustain effective programs and services.

Examples of activities that states can initiate as part of this opportunity include, but are not limited to:

- Payment rates
- HCBS workforce recruitment or training, expanding provider capacity
- Assistive technology, including access to additional equipment or devices
- Community transition and coordination costs
- Expanding HCBS capacity
- Diversion from facility-based care
- Enhancing care coordination
- Support for individuals with HCBS needs and their caregivers
- Strengthening assessment and person-centered planning practices
- Employing cross-system data integration efforts
- Expanding use of technology and telehealth
- Addressing social determinants of health (SDOH) and health disparities
- Testing alternative payment methodologies or the delivery of new services that are designed to address SDOH that may include housing-related supports such as one-time transition costs, employment supports, and community integration, among others

In April 2021, Massachusetts EOHHS issued a Request for Information (RFI) to collect written feedback from organizations, individuals and the broader community on strategic areas where the enhanced funding available through ARPA Section 9817 could be focused. In response, 95 individuals and organizations submitted a total of 203 proposals across four defined focus areas:

- Focus Area 1: Access to HCBS services and supports, 69 responses
- Focus Area 2: Technology and infrastructure investments to strengthen HCBS, 41 responses
- Focus Area 3: Initiatives that provide opportunities to promote HCBS and emphasize high-quality, person-centered care, 26 responses
- Focus Area 4: HCBS workforce development, including recruitment and retention strategies, 67 responses

EOHHS used the feedback and proposals collected through the RFI process to inform this initial spending plan and will use this feedback, along with additional input EOHHS will solicit to shape future quarterly spending plans. The Massachusetts spending plan appropriately weighs [CMS guidance](#) regarding allowable uses and limitations of the enhanced HCBS funding, as well as the time-limited nature of the funding.

## C. Home and Community-Based Services in Massachusetts

HCBS are a diverse set of services that assist people with disabilities (including, for example, people with chronic illness or, behavioral health disabilities) and older adults with their activities of daily living—such as preparing meals, transportation, and personal care—allowing them to live independently and safely in their homes and communities. Some HCBS also meet an individual’s medical needs, such as home health services. Medicaid is the primary payer for most HCBS. States have been spending an increasing proportion of overall funds on HCBS for decades, reflecting an emphasis on providing services in the least restrictive and least intensive care settings. HCBS are an essential component of the care continuum, as evidenced during the COVID-19 pandemic.

Massachusetts has a long-standing commitment to ensuring that older adults and people with disabilities have access to community-living opportunities and supports that address each individual’s diverse needs, abilities, and backgrounds. Over 320,000 individuals receive HCBS and over 77% of all MassHealth LTSS expenditures go toward HCBS. In 2008, the Commonwealth honored the commitment to delivering services in the home and community with the establishment of the [Community First Olmstead Plan](#). Ten years later, the Commonwealth issued the [2018 Massachusetts Olmstead Plan](#). The updated plan tracked the progress the Commonwealth made in achieving its’ original goals and set forth the Commonwealth’s plan for continuing upon that progress.

### Massachusetts HCBS Delivery Landscape

Across the Commonwealth of Massachusetts, many state agencies provide necessary services and supports that are funded through state and federal programs that enable older adults and individuals with disabilities to live independently. The Massachusetts EOHHS, which is also the single state agency for the Medicaid program, is the cabinet level agency that oversees multiple human services agencies and offices, including agencies serving individuals with disabilities and older adults. Within EOHHS, the Office of Medicaid oversees MassHealth, the state’s Medicaid and Children’s Health Insurance Program. MassHealth covers a wide range of HCBS, including optional Medicaid services, within the Medicaid State Plan, as well as integrated health plans and 1915(c) HCBS Waivers.

MassHealth administers all Medicaid LTSS, including three integrated programs for adults with MassHealth and Medicare coverage called One Care, the Program for All-Inclusive Care for the Elderly (PACE) and Senior Care Options (SCO), as well as administers ten HCBS 1915(c) waivers. MassHealth also directly covers HCBS rehabilitative services and targeted case management to address members’ behavioral health needs. MassHealth offers state plan rehabilitation services and targeted case management for chronically mentally ill members in the community through the Department of Mental Health (DMH), and targeted case management for members with intellectual disability through the Department of Developmental Services (DDS) and the Massachusetts Rehabilitation Commission (MRC). Rehabilitative and targeted case management services are also provided through the Children’s Behavioral Health Initiative

(CBHI) funded through the MassHealth program. CBHI provides a robust array of intensive HCBS to youth. The Systems of Care (SOC) philosophy guides the work of CBHI. The SOC framework fosters collaboration across agencies, families, and youths through the core SOC values of:

- **Youth Guided and Family Driven:** Services are driven by the needs and preferences of the child and family, developed in partnership with families, and accountable to families.
- **Strengths-Based:** Services are built on the strengths of the family and their community.
- **Collaborative and Integrated:** Services are coordinated and integrated across child-serving agencies and program.
- **Culturally Responsive:** Services are responsive to the family’s values, beliefs, norms, and to the socio-economic and cultural context.
- **Continuously Improving:** Service improvements reflect a culture of continuous learning, informed by data, family feedback, evidence, and best practice

The Commonwealth offers a wide array of HCBS 1915(c) waivers to many populations that would otherwise require facility-based services. Since 2008, Massachusetts has expanded the number of HCBS 1915(c) waivers from four waivers serving approximately 20,000 individuals to ten waivers serving approximately 33,000 individuals. Waiver programs serve frail older adults, adults with intellectual disabilities, individuals with traumatic and acquired brain injuries, children with Autism Spectrum Disorders, and individuals transitioning from facilities. Three EOHHS agencies operationalize the state’s HCBS 1915(c) waivers on behalf of MassHealth including the Executive Office of Elder Affairs (EOEA), Department of Developmental Services (DDS), and Massachusetts Rehabilitation Commission (MRC).

### Massachusetts Efforts to Innovate and Transform the HCBS Landscape

Starting in 2011, the Money Follows the Person (MFP) Demonstration Rebalancing Grant worked to advance the state’s “Community First” commitment to ensuring that older adults and people with disabilities have access to the supports and services needed to live with dignity and independence in the community. Over 2,151 individuals were transitioned from nursing facilities and long-stay hospitals to community-settings through the Massachusetts MFP Demonstration.

The Commonwealth has continued to support transitioning individuals to the community following the conclusion of the MFP Demonstration Rebalancing Grant through two 1915(c) waivers called the Moving Forward Plan Residential Supports Waiver, for people at facility-level of care who need supervision and staffing 24 hours a day, seven days a week in a provider-operated residence, and the Moving Forward Plan Community Living Waiver for people who can move to their own home or apartment or to the home of someone else and receive services in the community.

One Care, the state’s demonstration to integrate care for dual eligible individuals, is a comprehensive health program designed to fully integrate MassHealth and Medicare benefits for dual eligible members who are between the ages of 21-64 at the time of enrollment. One Care began in 2013. The goal of One Care is to offer a better, simpler way for people with disabilities

to get all their medical, behavioral health and long-term services and supports through one integrated person-centered plan. One Care covers all the services dually eligible beneficiaries have now, plus certain additional and expanded behavioral health and community-based services. Through enrollment in a One Care plan, individuals have access to many services including home care services, home modifications, peer support, non-medical transportation, and personal care services, including cueing and supervision. As part of the assessment and person-centered planning process, enrollees may benefit from the support of a Long-Term Services and Supports Coordinator.

Under the MassHealth Demonstration Project (a/k/ the Waiver), MassHealth offers an expanded array of HCBS behavioral health services and has implemented the statewide Accountable Care Organization (ACO) program in 2018, which aims to improve integration of care, coordination among providers and the member experience of care. All MassHealth ACOs are required to form linkages to state-designated Community Partners of behavioral health and LTSS. These Community Partners support ACOs with care coordination and management for members with complex behavioral health and LTSS needs and are integral parts of a more integrated, member-centered Medicaid delivery system. Under the MassHealth Waiver, ACOs are also able to invest in certain approved community services that address health-related social needs and are not otherwise covered under Massachusetts' Medicaid benefit.

The MassHealth Waiver also allows MassHealth to provide an expanded array of diversionary behavioral health services and substance use disorder services to members. The diversionary behavioral health services in the MassHealth Waiver are home and community-based mental health and substance use disorder services furnished as clinically appropriate alternatives to and diversions from inpatient mental health and substance use disorder services in more community-based, less structured environments. Diversionary services are also provided to support an individual's return to the community following a 24-hour acute placement; or to provide intensive support to maintain functioning in the community. Diversionary services are offered to provide interventions and stabilization to persons experiencing mental health or substance addiction crises in order to divert from acute inpatient hospitalization or to stabilize after discharge. Any MassHealth member under the demonstration who is enrolled in managed care may be eligible to receive diversionary services. Additionally, under the MassHealth Waiver, MassHealth also covers a broad array of SUD services, following the American Society of Addiction Medicine (ASAM) principles. These SUD services are aimed at reducing use of the emergency department and unnecessary hospitalizations.

The MFP Demonstration, One Care and the MassHealth Waiver build upon Massachusetts' commitment to improve consumer choice and care coordination and increase the availability of home and community-based services that are person-centered and high in quality.

In early 2021, EOHHS released the Roadmap for [Behavioral Health Reform](#), a multi-year blueprint, based on listening sessions and feedback from nearly 700 individuals, families, providers and other stakeholders who identified the need for expanded access to treatment, more effective treatment, and improved health equity. A critical piece of the Roadmap is to create a “front door” to treatment—a new, centralized service for people or their loved ones to call or text to get connected to mental health and addiction treatment. For the first time, this front door will

allow individuals and families to fully access the range of comprehensive services offered in the Commonwealth through a single navigation resource. In addition to this front door, the Roadmap proposes reforms to make outpatient assessment and treatment more readily available through a number of changes including:

- Expanded access to treatment, including nights and weekends for a subset of behavioral health providers;
- More behavioral health treatment—mental health and addiction services—at primary care offices; and
- Better, more convenient community-based alternatives to the emergency department for crisis intervention services.
- Access to culturally relevant care in the person’s preferred language, because we will invest in workforce competency.

The funding authorized through ARPA will further these goals and will additionally help given that the COVID-19 pandemic intensified people’s preference for receiving HCBS and reinforced the need for a robust and stable HCBS system to provide high-quality, person-centered care to Medicaid populations. The increased funding provided through ARPA will help provide states with resources needed to continue efforts to expand and strengthen HCBS.

## D. Spending Plan Projection

Massachusetts estimates receiving an additional 10% FMAP equaling approximately \$500M. This will allow Massachusetts to continue its successful rebalancing efforts to-date including, but not limited to, the following: transitioning and diverting individuals with disabilities and/or older adults from facility based to community based settings; increasing community-based opportunities for individuals with behavioral health needs and intellectual or developmental disabilities; and expanding opportunities that address the needs which are critical for youth, older adults, people with disabilities and their families to remain living in community-settings, especially individuals with behavioral health support needs.

<b>Service<sup>1</sup></b>	<b>Est. annual spend (\$M)</b>
Home Health Services	366
1915(c) HCBS Waiver Services	1,820
PACE	201
Personal Care Services	1,661
Targeted Case Management	109
Rehabilitative Services	702
Private Duty Nursing	104
<b>Total annual spend based on historical</b>	<b>4,963</b>
Round 1 investment (before March 2022)	280
<b>Total w/ Round 1 investment</b>	<b>5,243</b>
<i>Value of 10% FMAP bump</i>	<i>524</i>

<sup>1</sup> As defined in Appendix B of SMD 21-003 issued by CMS on May 13, 2021

## E. Spending Plan Narrative

The enhanced federal funding affords Massachusetts with an opportunity to make substantial investments in services and supports for those with physical disabilities, intellectual and developmental disabilities, and/or behavioral health needs.

Investments authorized through ARPA will supplement efforts already underway aimed at bringing the Massachusetts' system of HCBS closer to the “ideal”, where:

*Individuals with chronic health conditions, functional impairments and [behavioral health needs] would have access to a readily-available network of affordable options that provides high- quality care and supports, allowing these individuals to live well and safely in their homes and communities. The needs, values, and preferences of these individuals and their family caregivers would be regularly honored by the providers, organizations and delivery systems that serve them. Health care providers would be knowledgeable about long-term services and supports (LTSS), connecting people with available options to help them live functional lives in the setting of their choice. An array of community service providers would exist to help individuals navigate options for care and provide the tangible services. Community service providers, acting as the eyes and ears for health care professionals, would link accurate and timely information back to health care providers to enable individuals to use all services in the most appropriate and cost-effective manner. All providers would focus on making and maintaining key integrated connections between the main service platforms – primary, acute, behavioral, and rehabilitative care with LTSS – and place the individual in the center of the care experience. Overall, the right providers would engage with individuals at the right time and right place, involving family as appropriate and creating a rational plan of care that puts the person’s preferences, values, and desires first [with an understanding of the person’s social determinants of health].<sup>2</sup>*

This document serves as Massachusetts’ proposed HCBS Spending Plan, including high-impact initiatives that can be sustained primarily through one-time investments, totaling approximately \$500M in enhanced federal match. This funding will bolster the following three pillars:

1. **HCBS Workforce**, retaining and building a high-quality network;
2. **Access to and Promotion of HCBS Services and Supports**, including navigation, transitions, family care givers diversion and enhanced care models; and
3. **HCBS Technology and Infrastructure**, to enable more effect care coordination, access, and delivery

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<sup>2</sup> Source: The SCAN Foundation (2012). *Bridging Medical Care and Long-Term Services and Supports: Model Successes and Opportunities for Risk-Bearing Entities*. Available at: <http://www.thescanfoundation.org/bridging-medical-care-and-long-term-services-and-supports-model-successes-and-opportunities-risk>

## Overview of Round 1, 2 and 3 Investment Approach

### Round 1 Investments

Round 1 investments are focused on the HCBS workforce and are designed to provide immediate short-term funding to support provider workforce development initiatives that will address HCBS workforce shortages stemming from the COVID-19 pandemic. EOHHS anticipates commencement of this funding beginning on dates of service on or after July 1, 2021 and continuing through December 31, 2021.

### Round 2 and 3 Investments

Round 2 and Round 3 investments will focus on one-time or time-limited funding that support initiatives with long term, structural impact. These investments require additional development and discussions with the Massachusetts stakeholder community. Massachusetts aims to finalize Round 2 investments in the submission of first quarterly spending plan to CMS on July 15, 2021 and finalize Round 3 investments in the submission of the second quarterly spending plan on October 15, 2021. Each round will include initiatives that strengthen the three HCBS pillars: workforce, access and promotion, and technology and infrastructure.

## Pillar 1 | HCBS Workforce: Retaining and building a high-quality network

A strong direct care and support workforce is essential to any effort to strengthen, enhance, and expand home and community-based services. The state values the workforce's cultural and linguistic capabilities. The HCBS efforts and services outlined in this plan will not be possible without an immediate investment in the state's workforce to build and strengthen in response to the COVID-19 public health emergency, as well as longer term strategic and structural investments.

High turnover among the workforce further challenges the HCBS network and can hamper the formation of reliable connections and results in service inconsistency for members. To improve consumer experience and outcomes, targeted investments are needed to recruit, educate, and maintain a robust, skilled and culturally competent network of direct care workers.

Through investments in provider workforce development, Massachusetts seeks to increase the number of clinical and non-clinical workers across programs and services, including navigation and service support workers, case managers, homeless service workers, group home workers, shared living caregivers and in-home and community-based direct care workers.

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. The pandemic has exacerbated these long-standing supply and demand issues. Direct care workers are difficult to recruit and retain because of the difficulty in maintaining competitive wages relative to the high demands of the work. Given this, many elected to leave the workforce during the COVID-19 pandemic. Rebuilding the direct care workforce is critical for enhancing, expanding and strengthening HCBS.

A first action Massachusetts will take using ARPA enhanced funding is to invest approximately \$100M of state funds to provide immediate funding between July – December 2021. Funding will support time-limited rate enhancements aimed at strengthening and stabilizing the HCBS workforce. Providers and provider agencies will be required to use at least 90% of these funds for financial compensation for their direct care workforce, including among other things, hiring and retention bonuses. MassHealth will submit 1135 Disaster SPAs and 1915(c) HCBS Appendix K waiver amendments to implement these rate enhancements, as applicable.

Additionally, in Massachusetts, certain HCBS services are performed by Medicaid-enrolled providers but delivered 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 – with the requirement that 90% of the rate enhancement support financial compensation for its direct care workforce – to Medicaid-enrolled provider's provision of these state funded HCBS services regardless of whether the recipient receiving the service was enrolled in Medicaid (either in Traditional Title XIX or a MassHealth coverage type authorized under the 1115 Demonstration (e.g. CommonHealth or Family Assistance)) or not. Through this

approach, Massachusetts will best be able to strengthen its Medicaid HCBS system and expand the number and retention rates of its Medicaid HCBS direct care and support workforce. As is current practice, Massachusetts will not claim Medicaid FFP on services provided by MassHealth providers to non-MassHealth members.

**Table 1. Workforce Investments, Round 1**

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**Non-Federal Share: \$100M | Projected total with enhanced federal funding: \$300M**

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Category	Preliminary List of Initiative(s)
<i>Hiring and retention bonuses for direct care and support workers</i>	<ul style="list-style-type: none"> <li>• Immediate time-limited rate enhancements aimed at strengthening and stabilizing the HCBS by funding hiring and retention bonuses to jumpstart the rebuilding of the HCBS workforce in response to the COVID-19 public health emergency</li> <li>• Services include:                             <ul style="list-style-type: none"> <li>○ Home Health Services</li> <li>○ Durable Medical Equipment</li> <li>○ Continuous Skilled Nursing</li> <li>○ Personal Care Services</li> <li>○ Adult Foster Care/Group Adult Foster Care</li> <li>○ PACE</li> <li>○ HCBS Waiver Services</li> <li>○ Targeted Case Management (state agency and CBHI)</li> <li>○ Day Habilitation Services</li> <li>○ Rehabilitative Services (state agency and CBHI)</li> <li>○ Additional services, as permitted by CMS<sup>3</sup></li> </ul> </li> </ul>

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The following initiatives serve as preliminary examples to demonstrate potential initiatives to support on-going workforce development through training, assuring a trained, linguistically and culturally sensitive staff, as well as a career ladder that allows the direct care workforce to advance their skills and training.

**Table 2. Workforce Investments, Rounds 2 and 3**

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**Non-federal share: \$100M**

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<sup>3</sup> Massachusetts has requested clarification from CMS regarding the inclusion of additional services under Section 9817 of ARPA. If approved by CMS, Massachusetts would include the following preliminary services: Adult Day Health, Applied Behavior Analyst Services, Outpatient behavioral health services provided by Mental Health Centers and SUD Clinics, Early Intervention, Psychiatric Day Treatment, Emergency Services Program, Behavioral Health services provided through School Based Medicaid, and MassHealth Waiver Diversionary and SUD services.

<b>Category</b>	<b>Preliminary List of Initiative(s)</b>
<b><i>Pipeline Programs</i></b>	<ul style="list-style-type: none"> <li>• Increase internship opportunities at earlier stages of curricula for those studying to become direct service professionals of various types in trade schools or higher educational institutions with additional consideration for “in-home” internship opportunities.</li> <li>• Create an educational training curriculum for a group of home health or in-home nurse preceptors.</li> <li>• Develop a model curriculum for home health or in-home nursing certification, with a separate module for complex pediatric care in the home.</li> <li>• Establish programs that pay new graduate stipends for the period they spend studying for a competence certification in home health care (3–6 months).</li> <li>• Increase internship and supervision support for CBHI workforce including targeted relationships with institutions of higher education.</li> <li>• Enhance existing pathways to licensure for CBHI clinicians.</li> </ul>
<b><i>Training Programs</i></b>	<ul style="list-style-type: none"> <li>• Programs to promote and incentivize language classes</li> <li>• Promote career pathways in CBHI through enhanced training opportunities</li> </ul>
<b><i>Supports</i></b>	<ul style="list-style-type: none"> <li>• Build career pathways by establishing differential pay structures tied with specialized service delivery</li> <li>• Establish programs or supports for direct care and support workers requiring child care or transportation</li> <li>• Provide loan repayment incentives for workers with special focus on workers with diverse cultural, racial, ethnic, and linguistic backgrounds and competence</li> <li>• Shared Living caregiver stipends</li> </ul>
<b><i>Employer-Workforce Partnerships</i></b>	<ul style="list-style-type: none"> <li>• Establish broader set of direct care staff and support directories, and referral networks for direct care providers</li> <li>• Incorporate HCBS organizations with preceptors and program funds into the state's Centralized Clinical Placement Program to allow nursing students to complete clinical placements in an in-home setting.</li> </ul>

## Pillar 2 | Access to and Promotion of HCBS

Coming closer to the ideal HCBS system described earlier in this document and further rebalancing toward HCBS relies on four essential opportunities for consumers:

1. The understanding of the choices available to them and how to act upon those choices at any given point in their lives when they need long term services and supports;
2. The availability of those choices in the area and setting in which they choose to live;
3. The ability to access and start those services on a timeline that meets their needs, and
4. The assurance that all services and supports delivered are of the highest quality possible.

Promotion and awareness of HCBS services will be an important component of the initiatives funded using the enhanced federal match. Special attention will focus on ways to promote an understanding about HCBS further upstream to allow for planning and navigation of the system before individuals experience acute or emergency situations. Initiatives and funding will also focus on navigation where the Commonwealth will strive to enhance and connect a range of statewide HCBS navigation systems, including screening and assessment tools, referral and navigation systems, service coordination, and communication campaigns, in order to increase access to HCBS.

Individuals transitioning from a facility-based setting or other provider-operated congregate living arrangement (such as a homeless shelter) to a variety of community-based, independent living arrangements are aided by HCBS transition initiatives, which will enhance community transition programs. Examples of potential areas for investment which will be further refined and examined with additional input from stakeholders will focus on areas such as diverting long-term care facility placements or inpatient hospitalizations to HCBS settings, supporting long-term housing placements for individuals with intellectual or developmental disabilities, and programs that support individuals at risk of unstable housing.

**Table 3. HCBS Access and Promotion, Rounds 2 and 3**

<b>Projected non-federal share: \$200M</b>	
<b>Category</b>	<b>Preliminary List of Initiative(s)</b>
<i><b>HCBS Promotion and Navigation</b></i>	<ul style="list-style-type: none"> <li>• Provide centralized front door to treatment, including behavioral health services</li> <li>• Establish HCBS training programs for inpatient providers</li> <li>• Embed navigation supporter and options counselors at emergency departments and inpatient settings to improve connections with community-based organizations and services as quickly as possible</li> <li>• Invest in residential care coordinators across congregate living settings including senior or family housing.</li> </ul>
<i><b>Transitions to HCBS</b></i>	<ul style="list-style-type: none"> <li>• Community-based supports focused on regularly transitioning individuals out of facility-based settings (e.g., community-based coordinators /</li> </ul>

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	<p>options counselors providing peer support, program visits, and direct experiences with community living arrangements)</p> <ul style="list-style-type: none"><li>• Transition supports aimed at locating housing, coaching to maintain housing and moving cost assistance</li></ul>
<i><b>Diversion from Facility-Based Care</b></i>	<ul style="list-style-type: none"><li>• Development of Community Behavioral Health Centers (CBHCs) providing assessment and connection to behavioral health treatment and offering behavioral health urgent care and a broad range of ongoing treatment</li><li>• Develop family caregiver resources that connect individuals to respite care and mental health services and other needed supports</li></ul>
<i><b>Enhancing Services and Care Models</b></i>	<ul style="list-style-type: none"><li>• Establish mobile wheelchair repair provider type and clinics for routine maintenance and servicing</li><li>• Expand hospital at home model and establish rehab at home model</li><li>• Expanding resources to preserve tenancy and reduce homelessness</li><li>• Expand home modification programs</li><li>• Enhance Pre-admission Screening and Resident Review (PASRR) to ensure services provided in the least restrictive setting</li><li>• Expand family caregiver supports including access to respite care and training and strengthening self-identification as a caregiver.</li></ul>

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### Pillar 3 | HCBS Technology and Infrastructure

The following examples of infrastructure investments will enable the expansion of HCBS services, allowing existing HCBS programs to better serve their current clients while also expanding to serve more people who fulfill eligibility criteria. The preliminary list of initiatives will be further refined and examined with additional input from stakeholders

**Table 4. HCBS Technology and Infrastructure, Rounds 2 and 3**

<b>Projected non-federal share: \$100M</b>	
<b>Category</b>	<b>Preliminary List of Initiative(s)</b>
<b><i>Connection</i></b>	<ul style="list-style-type: none"> <li>• Comprehensive HCBS webpage with searchable database containing information across agencies that allows consumers to understand variety of services, pre-screen for possible eligibility, and connect with possible providers</li> <li>• Enhance existing provider directories and expand to new populations (e.g., CSN and independent nurses)</li> <li>• Develop electronic uniform core assessment to identify eligible services and inform consumer choice</li> <li>• Expand programs providing internet connection, devices, and training to support consumers with assistive technology, remote patient monitoring devices, access to health records and virtual visits.</li> <li>• Provide supports to help consumers understand/navigate their technology options.</li> </ul>
<b><i>Coordination</i></b>	<ul style="list-style-type: none"> <li>• Data exchange infrastructure efforts to improve data sharing capabilities and coordination between EOHHS sister agencies who serve several of the same individuals</li> <li>• Support community-based organizations in accessing admission and discharge data of consumers they serve to facilitate timely and smooth transitions</li> <li>• Improve ability to communicate and collaborate across community-based organizations, providers, and unpaid family caregivers.</li> </ul>
<b><i>Outcomes</i></b>	<ul style="list-style-type: none"> <li>• Establish public LTSS dashboard linked with facility based and HCBS LTSS data, and other quality and demographic data that is publicly available</li> </ul>



# Massachusetts Home and Community-Based Services (HCBS) Spending Plan Narrative

**AMERICAN RESCUE PLAN ACT (ARPA) ENHANCED  
FEDERAL FUNDING**

EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES (EOHHS)

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July 16, 2021

Daniel Tsai  
Deputy Administrator and Director  
Center for Medicaid & CHIP Services (CMCS)  
7500 Security Blvd  
Baltimore, MD 21244

Dear Deputy Administrator and Director Tsai,

The Commonwealth of Massachusetts is pleased to submit the enclosed Quarterly Spending Plan and Narrative, which builds upon the Initial Spending Plan submitted on July 17<sup>th</sup>, 2021. This Quarterly Spending Plan furthers the Commonwealth's commitment to enhance, expand, and strengthen home and community-based services (HCBS) under the Medicaid program using an estimated \$500 million in federal financial participation (FFP) pursuant to Section 9817 of the American Rescue Plan Act of 2021 (ARPA).

As outlined in the Initial Spending Plan, use of enhanced federal funding will reinforce the Commonwealth's commitment to improve equity and access to HCBS for those with physical disabilities, intellectual and developmental disabilities, and behavioral health needs. To achieve these goals, the Commonwealth of Massachusetts will implement investments supporting three key structural pillars:

4. **HCBS Workforce**, *retaining and building a high-quality network;*
5. **Access to and Promotion of HCBS Services and Supports**, *including navigation, transitions, family supports, diversion and enhanced care models;* and
6. **HCBS Technology and Infrastructure**, *to enable more effective care coordination, access, and delivery.*

Massachusetts's will announce investments in three rounds that support each of the three structural pillars. Within this Quarterly Spending Plan and Narrative, you will find an update on Round 1 investments along with refined spending details. Included is also an overview of investments for Round 2 investments. Round 2 investments, totaling approximately \$44M of the

enhanced federal funds, will complement other ongoing initiatives in Massachusetts aimed at supporting Massachusetts' long-standing commitment to rebalancing long-term services and supports and behavioral health services towards community living.

Details outlining Round 3 investments will be included in the October Quarterly Spending Plan. Round 3 will invest the remaining funds to support strategic and structural investments, aimed at enhancing the Massachusetts long-term services and supports (LTSS) and behavioral health delivery system to better support individuals living in the community, their families and their caregivers in addition to ensuring that the Massachusetts workforce has the training and support necessary to provide the highest level of service to those they support. In the weeks ahead, EOHHS will work closely with community partners and stakeholders to detail additional investments that support these goals.

Massachusetts has a strong history and commitment to providing a robust set of HCBS aimed at rebalancing long-term services and supports (LTSS) and behavioral health services toward community settings, allowing individuals to be served in the most appropriate and least restrictive settings. To ensure that funds continue to support the coordination and integration between disability, behavioral health and aging networks, Massachusetts awaits confirmation that certain behavioral health services authorized under Massachusetts' State Plan and 1115 waiver are eligible for increased federal medical assistance percentage (FMAP). These services are critical to supporting members living in the community and therefore if approved, will become a central component of investments made in Round 3 to further strengthen and enhance delivery. Confirmation of the availability of enhanced FMAP for these services in the near term is crucial to inform policy development, planning and stakeholder engagement in the coming weeks.

Through the investments proposed within this Quarterly Spending Plan and Narrative, the Commonwealth 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.

EOHHS will also serve as the Operating Agency for ARPA investments through the MassHealth program, the Commonwealth's Medicaid program. Whitney Moyer, Chief of the Office of MassHealth Long Term Service 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 [REDACTED].

Sincerely,

Amanda Cassel-Kraft

Acting Medicaid Director

Cc: Marylou Sudders, Secretary of the Executive Office of Health and Human Services  
Mike Levine, Acting Deputy Medicaid Director and MassHealth Chief Financial Officer  
Whitney Moyer, MassHealth Chief of Office of Long-Term Services and Supports

## A. 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 the Commonwealth's commitment to improve access, family support, person-centeredness, choice and equity to HCBS for those with physical disabilities, intellectual and developmental disabilities, and behavioral health needs.

To achieve these goals, the Commonwealth of Massachusetts will use a staged approach to finalize the scope of HCBS investments over three time periods or "rounds" using an anticipated \$500 million (M) in enhanced ARPA funding across the three rounds.

The initial spending plan described the Round 1 plan to invest at least \$100M of the enhanced federal funding in immediate, time-limited, across-the-board payment enhancements over July – December 2021 to strengthen and stabilize the HCBS workforce especially in response to the COVID-19 pandemic. Rounds 2 and 3 will invest the remaining anticipated \$400M of enhanced federal funding through March 2024 by focusing primarily on one-time or time-limited funding that support investments with long term, structural impact.

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

- **HCBS Workforce** development and expansion, including programs to support training, recruitment and retention
- **Access to and Promotion of HCBS Services** that further rebalances toward community-based services with focus on HCBS navigation, transitions to HCBS and diversion from facility-based settings, and services that enhance HCBS capacity and care models (e.g., family caregiver supports, support and streamline transitions between settings, PASRR enhancements, embedded options counselors in inpatient and facility-based settings)
- **Technology and infrastructure investments** to strengthen HCBS (e.g., data sharing, caregiver directories, electronic and interoperable platforms for uniform assessments and case management, enhanced communication tools for families, consumers, and caregivers etc.)

The quarterly update below serves as a progress report on the Commonwealth's activities since the initial spending plan.

## B. Quarterly Update

### Round 1 Update | Focus on HCBS Workforce Retention and Quality

#### Overview:

As outlined in the Initial Spending Plan, Massachusetts will provide an upfront investment of state funds to support time-limited rate enhancements aimed at strengthening and stabilizing the HCBS workforce. Upon further analysis of eligible services, Round 1 investment is estimated to total approximately \$130M, an increase above the previously stated total of \$100M. Additional details can be found in the Appendix.

Funding will support time-limited rate enhancements from July – December 2021 aimed at strengthening and stabilizing the HCBS workforce especially in response to the COVID-19 pandemic. Provider agencies are required to use at least 90% of the enhanced funds to compensate their direct care and support workforce, which could include, among other things, hiring and retention bonuses. MassHealth will submit 1135 Disaster SPAs and 1915(c) HCBS Appendix K waiver amendments to implement these rate enhancements, as applicable.

Additionally, in Massachusetts, certain HCBS services are performed by Medicaid-enrolled providers but delivered 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 – with the requirement that 90% of the rate enhancement support compensation for its direct care and support workforce – to Medicaid-enrolled provider’s provision of these state funded HCBS services regardless of whether the recipient receiving the service was enrolled in Medicaid (either in Traditional Title XIX or a MassHealth coverage type authorized under the 1115 Demonstration (e.g. CommonHealth or Family Assistance)) or not. 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 direct care and support workforce. As is current practice, Massachusetts will not claim Medicaid FFP on services provided by MassHealth providers to non-MassHealth members.

#### Implementation update:

EOHHS will issue guidance to providers communicating compliance criteria for distribution of the immediate funding, which will include 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 and supports 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 recruitment bonuses, overtime, shift differentials, hourly wage increases and other wraparound benefits.

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

Round 2 will complement ongoing initiatives supporting community living where implementation can begin more quickly. 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. Additional investments supporting transitions and diversion will be included as part of Round 3 investments and detailed in the next Quarterly Spending Plan.

#### 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

**Estimated Implementation Start Date:** January 2022

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 live in 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.

## Community Hospital Diversion Programming for Youth

**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

**Estimated Implementation Start Date:** October 2021

The Community Hospital Diversion program would provide specialized, and more intensive in-home therapy (IHT) services with a specific focus on children in crisis and their families. MassHealth currently provides in-home therapy as part of of Massachusetts' Children's Behavioral Health Initiative (CBHI), and the Community Hospital Diversion Program would build upon these existing wraparound services, to help reduce or eliminate the need for psychiatric hospitalization (and, for some youth, the need to wait for placement in a psychiatric hospital in an emergency department) by providing an intensive, short-term intervention (6 weeks or less) to help support a family in maintaining a child with acute emotional and behavioral needs at home.

As part of the Community Hospital Diversion Program and as an alternative to psychiatric hospitalization, an enhanced team of IHT providers, including master's-level clinicians and mentors/peers trained in Wraparound practice and trauma-informed care, would provide intensive individual and family therapy in order to stabilize the child and family and facilitate a transition to other CBHI services or other behavioral health services in community mental health centers, Community Behavioral Health Centers (starting in 2022), or other community-based settings. Teams may visit children and families anywhere from 3-7 times per week (in person, or a mixture of in-person and through telehealth), depending on the needs and availability of the family.

## 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

**Estimated Implementation Start Date:** October 2021

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 approximately 13 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

**Estimated Implementation Start Date:** January 2022

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.

### Intensive Hospital Discharge Planning for Members without Homes or with Unstable Housing

**Pillar:** Access to and Promotion of HCBS Services

**Goal(s):** Diversion from Facility Based Care; Enhance Care Models

**Estimated Investment:** \$1.45M (pilot)

***Estimated Implementation Start Date:*** October 2021

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 develop a grant program for interested acute inpatient and psychiatric hospitals to apply and implement the program, with the grant funding supported with ARPA funds. Following the pilot, EOHHS will assess the results and determine if the program should be expanded into additional emergency departments and other inpatient and facility settings.

HCBS Promotion and Communications Strategy

***Pillar:*** Access to and Promotion of HCBS Services

***Goal:*** HCBS Promotion and Navigation

***Estimated Investment:*** \$0.5M

***Estimated Implementation Start Date:*** January 2022

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.

Power Wheelchair Repair Loaner program

***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

***Estimated Implementation Start Date:*** January 2022

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.

### 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

**Estimated Implementation Start Date:** January 2022

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 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.

### Round 3 Plan

The investments that Massachusetts anticipates submitting in the next Quarterly Spending Plan (“Round 3”) will be centered around larger-scale system enhancements that strengthen the Commonwealth’s ability to serve individuals in-home and community-based settings, and in ways that improve access, family supports, person-centeredness, choice and equity.

Between now and the October 15 quarterly spending plan update, Massachusetts will continue to work across its secretariats and with its stakeholder community to finalize, and scope out investments that supplement our existing service array and align with the goals outlined in the initial spending plan. The public RFI responses will continue to serve as a central component of policy planning and development.

## Appendix

### July 2021 Quarterly Spending Plan

<b>BASELINE EXPENDITURES THAT QUALIFY FOR 10% HCBS FMAP - (Annual spend based on historical)</b>					
<b>Federal Fiscal Year</b>	<b>FFY 21</b>	<b>FFY 21</b>	<b>FFY 22</b>	<b>FFY 22</b>	
<b>Quarter</b>	<b>Q3: Apr to Jun</b>	<b>Q4: Jul - Sep</b>	<b>Q1: Oct to Dec</b>	<b>Q2: Jan to Mar</b>	<b>Total</b>
Estimated Baseline Expenditures	\$ 1,240,750,000	\$ 1,240,750,000	\$ 1,240,750,000	\$ 1,240,750,000	\$ 4,963,000,000
Actual Baseline Expenditures					
<b>ADDED FUNDING FOR HCBS REINVESTMENT (Additional investment before March 2022)</b>					
<b>Year of Reinvestment</b>	<b>FFY 21</b>	<b>FFY 21</b>	<b>FFY 22</b>	<b>FFY 22</b>	
<b>Quarter</b>	<b>Q3: Apr to Jun</b>	<b>Q4: Jul - Sep</b>	<b>Q1: Oct to Dec</b>	<b>Q2: Jan to Mar</b>	<b>Total</b>
Estimated Round 1 Workforce investment (Gross)	\$ -	\$ 169,000,000	\$ 169,000,000	\$ -	\$ 338,000,000
Estimated Round 1 Workforce investment (Net)	\$ -	\$ 66,500,000	\$ 66,500,000	\$ -	\$ 133,000,000
<i>Total Funds Attributable to 10% HCBS FMAP Increase (Bump)</i>					<b>\$ 5,301,000,000</b>
<b>Estimated ARPA Funds Available for Investment (10%)</b>					<b>\$ 530,100,000</b>

Massachusetts ARPA HCBS Round 3 Spending Plan – July 2021

ANTICIPATED/ACTUAL EXPENDITURES TO ENHANCE, EXPAND, STRENGTHEN HCBS (FFY 2021-FFY2022: From April 1, 2021 - September 30, 2022)							
Federal Fiscal Year	FFY 21	FFY 21	FFY 22	FFY 22	FFY 22	FFY 22	
Quarter	Q3: Apr to Jun	Q4: Jul - Sep	Q1: Oct to Dec	Q2: Jan to Mar	Q3: Apr to Jun	Q4: Jul - Sep	Total
<b>Anticipated</b>							
Round 1 Initiative Funding (Gross)		\$ 169,000,000	\$ 169,000,000				\$ 338,000,000
Round 1 Initiative Funding (Net)		\$ 66,500,000	\$ 66,500,000				\$ 133,000,000
Round 2 Initiative Funding (Gross)	\$ -	\$ -	\$ 1,450,000	\$ 9,487,500	\$ 4,237,500	\$ 4,237,500	\$ 19,412,500
Round 2 Initiative Funding (Net)	\$ -	\$ -	\$ 631,250	\$ 4,650,000	\$ 2,025,000	\$ 2,025,000	\$ 9,331,250
Round 3 Initiative Funding (Gross)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Round 3 Initiative Funding (Net)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total (Gross)</b>	<b>\$ -</b>	<b>\$ 169,000,000</b>	<b>\$ 170,450,000</b>	<b>\$ 9,487,500</b>	<b>\$ 4,237,500</b>	<b>\$ 4,237,500</b>	<b>\$ 357,412,500</b>
Total (Net)	\$ -	\$ 66,500,000	\$ 67,131,250	\$ 4,650,000	\$ 2,025,000	\$ 2,025,000	\$ 142,331,250
<b>Actual</b>							
<b>Round 1 Investments</b>							
Actual Expenditure (Gross)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Actual Expenditure (Net)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Round 2 Investments</b>							
Actual Expenditure (Gross)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Actual Expenditure (Net)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Round 3 Investments</b>							
Actual Expenditure (Gross)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Actual Expenditure (Net)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total Investments</b>							
Actual Expenditure (Gross)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Actual Expenditure (Net)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Massachusetts ARPA HCBS Round 3 Spending Plan – July 2021

<b>ANTICIPATED/ACTUAL EXPENDITURES TO ENHANCE, EXPAND, STRENGTHEN HCBS</b>					
<b>(FFY 2023: From October 1, 2022 - September 30, 2023)</b>					
<b>Federal Fiscal Year</b>	<b>FFY 23</b>	<b>FFY 23</b>	<b>FFY 23</b>	<b>FFY 23</b>	
<b>Quarter</b>	<b>Q1: Oct to Dec</b>	<b>Q2: Jan to Mar</b>	<b>Q3: Apr to Jun</b>	<b>Q4: Jul - Sep</b>	<b>Total</b>
<b><u>Anticipated</u></b>					
Round 1 Initiative Funding (Gross)					
Round 1 Initiative Funding (Net)					
Round 2 Initiative Funding (Gross)	\$ 4,087,500	\$ 3,600,000	\$ 4,300,000	\$ 4,300,000	\$ 16,287,500
Round 2 Initiative Funding (Net)	\$ 1,950,000	\$ 1,706,250	\$ 2,056,250	\$ 2,056,250	\$ 7,768,750
Round 3 Initiative Funding (Gross)	\$ -	\$ -	\$ -	\$ -	\$ -
Round 3 Initiative Funding (Net)	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total (Gross)</b>	<b>\$ 4,087,500</b>	<b>\$ 3,600,000</b>	<b>\$ 4,300,000</b>	<b>\$ 4,300,000</b>	<b>\$ 16,287,500</b>
Total (Net)	\$ 1,950,000	\$ 1,706,250	\$ 2,056,250	\$ 2,056,250	\$ 7,768,750
<b><u>Actual</u></b>					
<b><u>Round 1 Investments</u></b>					
Actual Expenditure (Gross)	\$ -	\$ -	\$ -	\$ -	
Actual Expenditure (Net)	\$ -	\$ -	\$ -	\$ -	
<b><u>Round 2 Investments</u></b>					
Actual Expenditure (Gross)	\$ -	\$ -	\$ -	\$ -	
Actual Expenditure (Net)	\$ -	\$ -	\$ -	\$ -	
<b><u>Round 3 Investments</u></b>					
Actual Expenditure (Gross)	\$ -	\$ -	\$ -	\$ -	
Actual Expenditure (Net)	\$ -	\$ -	\$ -	\$ -	
<b><u>Total Investments</u></b>					
Actual Expenditure (Gross)	\$ -	\$ -	\$ -	\$ -	
Actual Expenditure (Net)	\$ -	\$ -	\$ -	\$ -	

<b>ANTICIPATED/ACTUAL EXPENDITURES TO ENHANCE, EXPAND, STRENGTHEN HCBS</b>			
<b>(FFY 2024: From October 1, 2023 - March 31, 2024)</b>			
<b>Federal Fiscal Year</b>	<b>FFY 24</b>	<b>FFY 24</b>	
<b>Quarter</b>	<b>Q1: Oct to Dec</b>	<b>Q2: Jan to Mar</b>	<b>Total</b>
<b><u>Anticipated</u></b>			
Round 1 Initiative Funding (Gross)			
Round 1 Initiative Funding (Net)			
Round 2 Initiative Funding (Gross)	\$ 4,300,000	\$ 4,300,000	\$ 8,600,000
Round 2 Initiative Funding (Net)	\$ 2,056,250	\$ 2,056,250	\$ 4,112,500
Round 3 Initiative Funding (Gross)	\$ -	\$ -	\$ -
Round 3 Initiative Funding (Net)	\$ -	\$ -	\$ -
<b>Total (Gross)</b>	<b>\$ 4,300,000</b>	<b>\$ 4,300,000</b>	<b>\$ 8,600,000</b>
<b>Total (Net)</b>	<b>\$ 2,056,250</b>	<b>\$ 2,056,250</b>	<b>\$ 4,112,500</b>
<b><u>Actual</u></b>			
<b><u>Round 1 Investments</u></b>			
Actual Expenditure (Gross)	\$ -	\$ -	
Actual Expenditure (Net)	\$ -	\$ -	
<b><u>Round 2 Investments</u></b>			
Actual Expenditure (Gross)	\$ -	\$ -	
Actual Expenditure (Net)	\$ -	\$ -	
<b><u>Round 3 Investments</u></b>			
Actual Expenditure (Gross)	\$ -	\$ -	
Actual Expenditure (Net)	\$ -	\$ -	
<b><u>Total Investments</u></b>			
Actual Expenditure (Gross)	\$ -	\$ -	
Actual Expenditure (Net)	\$ -	\$ -	



# Massachusetts Home and Community-Based Services (HCBS) Quarterly Spending Plan Narrative

**American Rescue Plan Act (ARPA) Enhanced Federal  
Funding October 2021**

Executive Office of Health and Human Services (EOHHS)

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The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
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October 15, 2021

Daniel Tsai  
Deputy Administrator and Director  
Center for Medicaid & CHIP Services (CMCS)  
7500 Security Blvd  
Baltimore, MD 21244

Dear Deputy Administrator and Director Tsai:

The Commonwealth of Massachusetts is pleased to submit the enclosed Quarterly Spending Plan and Narrative, which builds upon the Initial Spending Plan submitted on June 17<sup>th</sup>, 2021 and the July Quarterly Spending Plan submitted on July 15<sup>th</sup>, 2021. This Quarterly Spending Plan furthers the Commonwealth's commitment to enhance, expand, and strengthen home and community-based services (HCBS) under the Medicaid program using an estimated \$526 million (M) in federal financial participation (FFP) pursuant to Section 9817 of the American Rescue Plan Act of 2021 (ARPA).

As outlined in the Initial Spending Plan, use of enhanced federal funding will 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. To achieve these goals, the Commonwealth of Massachusetts will implement investments supporting three key structural pillars:

7. **HCBS Workforce**, *retaining and building a high-quality provider network;*
8. **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
9. **HCBS Technology and Infrastructure**, *to augment the HCBS workforce and enable more effective care coordination, efficient communication, as well as service access and delivery.*

Massachusetts will make investments in three rounds that support each of the three structural pillars. Within this Quarterly Spending Plan and Narrative, you will find an update on Round 1 and 2 investments along with additional details as requested. Included is also an overview of investments for Round 3. Round 1, 2 and 3 investments total approximately \$966M gross (\$526M net) and will be used to minimize pain points members, families natural supports experience by strategically focusing dollars on growing the HCBS workforce and supporting caregivers, augmenting the workforce by leveraging technology that empowers members and promotes provider efficiency, as well as simplifying and extending community supports across the Massachusetts long-term services and supports (LTSS) and

behavioral health delivery system. Of the \$966M total gross investments across Rounds 1, 2 and 3, \$526M will be funded using the enhanced ARPA HCBS dollars, and the remainder will be funded through traditional Medicaid dollars. Throughout this spending plan, the portion of total spend that is funded using enhanced ARPA HCBS dollars will be referred to as “net” cost.

Massachusetts has a strong history and commitment to providing a robust set of HCBS aimed at rebalancing LTSS and behavioral health services toward community settings, allowing individuals to be served in the most appropriate and least restrictive settings. To ensure that funds continue to support the coordination and integration between disability, behavioral health and aging networks, Massachusetts awaits confirmation that certain behavioral health services authorized under Massachusetts' 1115 waiver are eligible for the increased federal medical assistance percentage (FMAP) under the American Rescue Plan Act (ARPA). These services are critical to supporting members living in the community and therefore, if approved, the funding generated will become a central component of investments made in Round 3 to further strengthen and enhance delivery. Massachusetts looks forward to continuing to work with CMS to confirm the availability of enhanced FMAP for these services in the near term to inform policy development, planning, and stakeholder engagement.

Through the investments proposed within this Quarterly Spending Plan and Narrative, the Commonwealth 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.

EOHHS will also serve as the Operating Agency for ARPA investments through the MassHealth program, the Commonwealth's Medicaid program. Whitney Moyer, Chief of the Office of MassHealth Long Term Service 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 [REDACTED].

Sincerely,

Amanda Cassel-Kraft

Acting Assistant Secretary and Medicaid Director

Cc: Marylou Sudders, Secretary of the Executive Office of Health and Human Services

Mike Levine, Acting Deputy Medicaid Director

Whitney Moyer, MassHealth Chief of the Office of Long-Term Services and Supports

## 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 the Commonwealth's commitment to improve access, family and natural supports, person-centeredness, choice, and equity to HCBS for those with physical disabilities, intellectual and developmental disabilities, behavioral health needs and 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 \$526 million (M) in enhanced ARPA funding across the three rounds.

The initial spending plan described the Round 1 plan to invest \$133M of state dollars to fund immediate, time-limited, across-the-board payment enhancements over July – December 2021 to strengthen and stabilize the HCBS workforce especially in response to the COVID-19 pandemic. Round 2 invests a total of \$44M 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.

Updates included in this October Quarterly Update will describe how the Commonwealth plans to invest the remaining anticipated enhanced federal funding through March 2024 by focusing primarily on one-time or time-limited funding that supports investments with long term, structural impact, with a focus on strengthening the workforce, enhancing the HCBS system, equitable balancing towards community living and providing supports to members, families, and their natural supports.

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

- **HCBS Workforce** development and expansion, including programs to train, ~~and~~ retain and 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.)

The quarterly update below serves as a progress report on the Commonwealth's activities since the initial spending plan (Round 1) and the July Quarterly Spending Plan (Round 2) and outlines new targeted investments (Round 3) for a total investment of \$966M (gross) toward HCBS. Of the \$966M total (gross) investments across Rounds 1, 2 and 3, \$526M will be funded using the enhanced ARPA HCBS dollars, and the remainder will be funded through traditional Medicaid dollars. Throughout this spending plan, the portion of total spend that is funded using the enhanced ARPA HCBS dollars will be referred to as "net" cost.

## 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 Updates

*Immediate initiatives supporting and enhancing transitions and diversion from facility-based settings*

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

As outlined in the July 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. Additional details on progress can be found below.

### 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)

**Estimated Implementation Start Date:** January 2022

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.

**Implementation update:** EOHHS is on target to add an additional 50 waiver slots to the MFP-CL waiver, beginning in January of 2022.

### 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)

**Estimated Implementation Start Date:** October 2021

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.

**Implementation update:** EOHHS is in the process of amending contracts with managed care entities, adding requirements as it relates to this program. To further development, EOHHS is actively engaging with stakeholders to inform the clinical and delivery model of the program, inclusive of medical necessity requirements.

## 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)

**Estimated Implementation Start Date:** October 2021

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.

**Implementation update:** Expansion and improvement of the PASRR program as described above is on target to commence in October of 2021.

## PACE Modernization and Expansion

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**Pillar:** Access to and Promotion of HCBS Services

**Goal:** Enhancing Services and Care Models

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

**Estimated Implementation Start Date:** January 2022

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.

**Implementation update:** EOHHS will implement a short term 5% payment enhancement for the first quarter of CY 2022, to support infrastructure and capital enhancements that promote the sustainable expansion of the PACE covered service areas to unserved and under-served areas of the Commonwealth.

## Intensive Hospital Discharge Planning for Members without Homes or with Unstable Housing

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**Pillar:** Access to and Promotion of HCBS Services

**Goal(s):** Diversion from Facility Based Care; Enhance Care Models

**Estimated Investment:** \$1.45M (gross); \$0.73M (net)

**Estimated Implementation Start Date:** October 2021

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.

**Implementation update:** MassHealth is moving forward with issuing a procurement in January of 2022 to solicit hospitals, both acute inpatient and psychiatric hospitals, interested in embedding both options counselors and MassHealth eligibility specialists, in their discharge planning departments, to provide homeless and housing unstable individuals with intensive discharge planning.

## HCBS Self-Service Application Strategy

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**Pillar:** Access to and Promotion of HCBS Services

**Goal:** HCBS Promotion and Navigation

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

**Estimated Implementation Start Date:** January 2022

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.

**Implementation update:** EOHHS is on target to release a procurement in January 2022, to support the development of the self-application and recommend a strategy for promotion.

## Repairs to Replace Power Wheelchairs and Wheelchair Loaner program

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**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)

**Estimated Implementation Start Date:** January 2022

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.

**Implementation update:** EOHHS has made progress towards implementing the initiative outlined in the July Spending Plan by convening a cross-agency workgroup to ensure alignment across the secretariat in the provision of loaner wheelchairs and establishing partnerships with the mobility provider network to determine the appropriate makes and models of wheelchairs to include in the expanded the loaner fleet. In addition, EOHHS is working to determine the management, storage, and oversight of the loaner program, and has drafted the policy parameters to provide limited repairs to replaced power wheelchairs.

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

### Continuous Skilled Nursing (CSN) Provider Directory

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

**Goal:** Connection; HCBS Promotion and Navigation

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

**Estimated Implementation Start Date:** January 2022

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.

**Implementation update:** Development will begin in November 2021 and will take approximately three months to complete. Full implementation is likely to occur in February of 2022, a slight extension of the previously identified start date.

## 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:

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

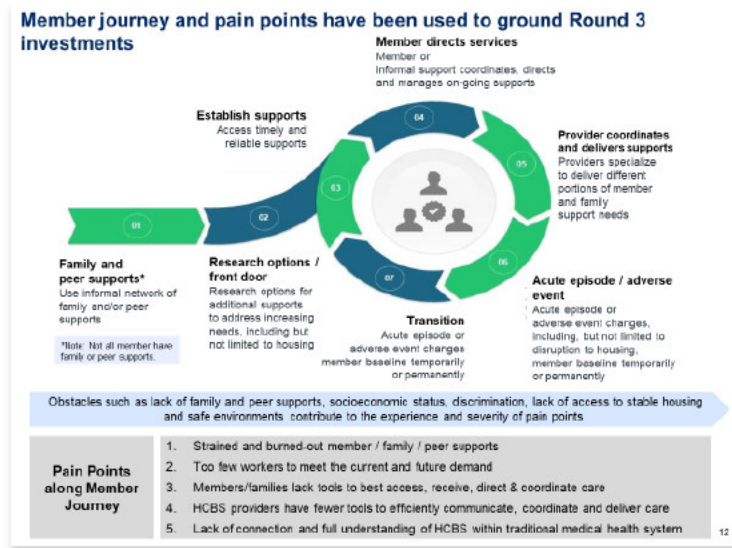


Figure 1: member journey and pain points

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

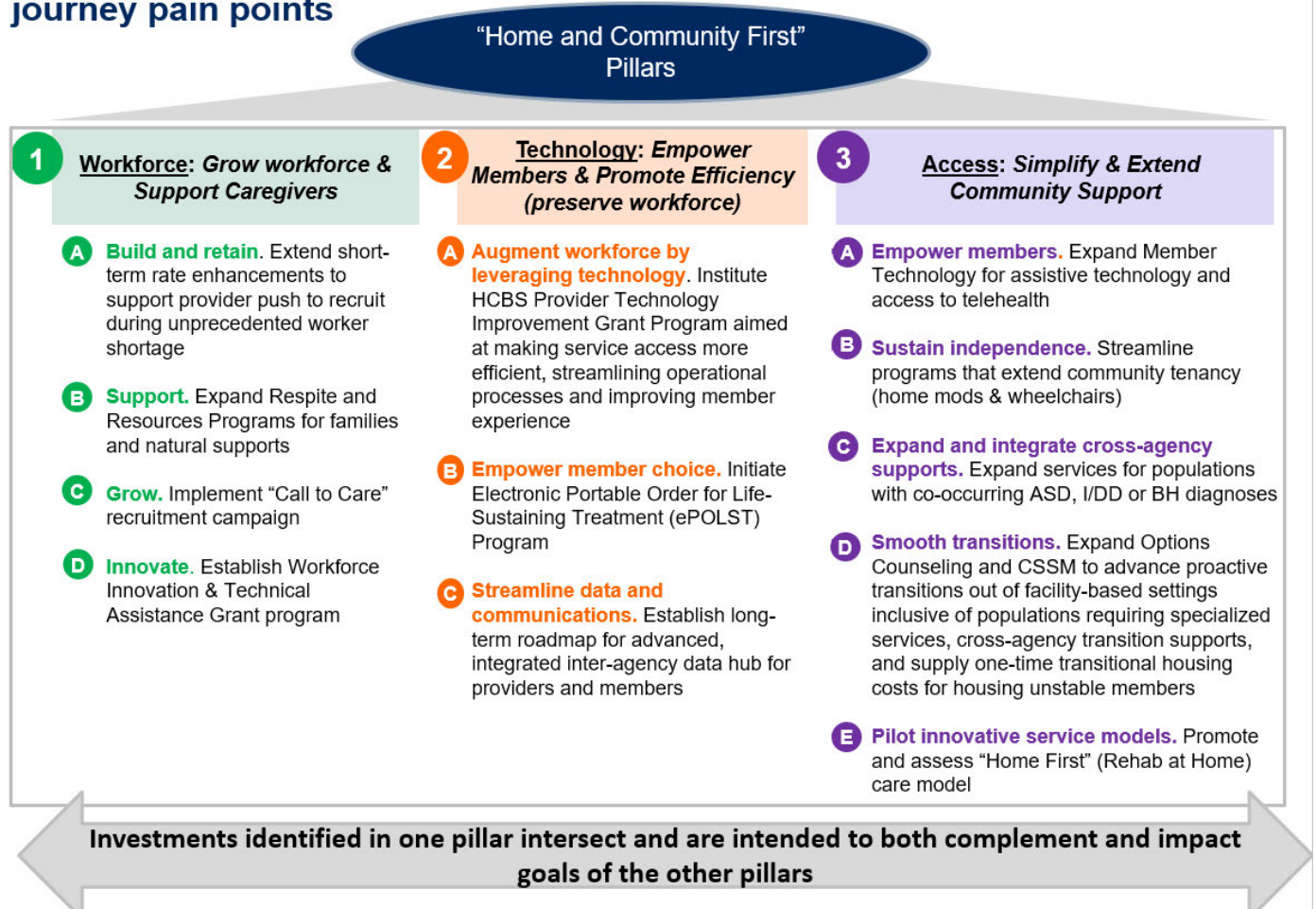


Figure 2: Investments across “Home and Community First” Pillars minimize member journey pain points

## 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

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**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)

**Estimated Implementation Start Date:** January 2022

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.

### Respite and Resources for Families and Natural Supports

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**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)

**Estimated Implementation Start Date:** January 2022

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.

### HCBS “Call to Care” Recruitment Campaign

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***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)

***Estimated Implementation Start Date:*** January 2022

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.

### Workforce Innovation & Technical Assistance Grant Program

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***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)

***Estimated Implementation Start Date:*** July 2022

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.

## 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

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**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)

**Estimated Implementation Start Date:** January 2022, Grants distributed 2023

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.

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

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***Pillar:*** Technology & Infrastructure

***Goal(s):*** Empower Member Choice.

***Agencies Impacted:*** EOE, DPH, EOHHS

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

***Estimated Implementation Start Date:*** January 2022

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.

### ***Data Hub Roadmap***

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***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)

***Estimated Implementation Start Date:*** January 2022

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

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**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)

**Estimated Implementation Start Date:** January 2022

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

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**Pillar:** Access and Promotion of HCBS Services

**Goal(s):** Empower members

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

**Estimated Investment:** \$40,000,000 (gross); \$32,000,000 (net)

**Estimated Implementation Start Date:** Q2 of 2022

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.

### Improving Access to Home Modification Programs

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**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)

**Estimated Implementation Start Date:** December 2022

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

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**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)

**Estimated Implementation Start Date:** Q1 2022

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.

#### Autism Waiver Expansion

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**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)

**Estimated Implementation Start Date:** Q1 2022

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

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**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)

**Estimated Implementation Start Date:** Q3 2022

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.

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

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**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)

**Estimated Implementation Start Date:** Q3 2022

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.

### Expansion of Options Counseling and CSSM programs

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**Pillar:** Access to and Promotion of HCBS Services

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

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

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

**Estimated Implementation Start Date:** Q1 2022

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

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**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)

**Estimated Implementation Start Date:** Q1 2022

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.

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

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**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)

**Estimated Implementation Start Date:** Q1 2022

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.

### “Home First” Care Delivery Model Efficacy

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**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)

**Estimated Implementation Start Date:** Q1 2022

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

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**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)

**Estimated Implementation Start Date:** July 2023

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.

## 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)

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**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)

**Estimated Implementation Start Date:** March 2022

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

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**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)

**Estimated Implementation Start Date:** February 2022

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

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**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)

**Estimated Implementation Start Date:** July 2022

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

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**Pillar:** Technology and Infrastructure

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

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

**Estimated Implementation Start Date:** April 2022

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

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**Pillar:** Technology and Infrastructure

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

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

**Estimated Implementation Start Date:** March 2022

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

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**Pillar:** Access and Promotion

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

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

**Estimated Implementation Start Date:** March 2022

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

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**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)

**Estimated Implementation Start Date:** March 2022

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

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**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)

**Estimated Implementation Start Date:** March 2022

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

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**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)

**Estimated Implementation Start Date:** April 2022

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

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**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)

**Estimated Implementation Start Date:** April 2022

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

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**Pillar:** Technology and infrastructure investments

**Goal(s):** HCBS Promotion and Navigation

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

**Estimated Implementation Start Date:** July 2023

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

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**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)

**Estimated Implementation Start Date:** January 2022

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

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**Pillar:** Workforce

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

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

**Estimated Implementation Start Date:** January 2022

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

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**Pillar:** Access to and Promotion of HCBS Services

**Goal(s):** Enhancing Services and Care Models

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

**Estimated Implementation Start Date:** January 2022

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.

### OneMRC – Consumer and Provider/Vendor Portal

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**Pillar:** Technology and infrastructure investments

**Goal(s):** Connection; Coordination

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

**Estimated Implementation Start Date:** July 2022

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

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**Pillar:** Technology and infrastructure investments

**Goal(s):** Connection

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

**Estimated Implementation Start Date:** April 2022

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

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**Pillar:** Technology and infrastructure investments

**Goal(s):** Connection

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

**Estimated Implementation Start Date:** March 2022

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

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**Pillar:** Technology and infrastructure investments

**Goal(s):** Connection; Coordination

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

**Estimated Implementation Start Date:** May 2022

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

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**Pillar:** Technology and infrastructure investments

**Goal(s):** Coordination

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

**Estimated Implementation Start Date:** March 2022

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

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**Pillar:** Technology and infrastructure investments

**Goal(s):** Access

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

**Estimated Implementation Start Date:** January 2022

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

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**Pillar:** Workforce

**Goal(s):** Build

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

**Estimated Implementation Start Date:** January 2022

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

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**Pillar:** Access and Promotion

**Goal(s):**

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

**Estimated Implementation Start Date:** January 2022

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

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**Pillar:** Technology and Infrastructure

**Goal(s):**

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

**Estimated Implementation Start Date:** January 2022

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

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**Pillar:** Workforce

**Goal(s):** Build

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

**Estimated Implementation Start Date:** January 2022

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.

### Continuous Skilled Nursing (CSN) and Independent Nurse Training Program

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**Pillar:** Workforce

**Goal(s):** Build

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

**Estimated Implementation Start Date:** January 2022

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.

Massachusetts ARPA HCBS Round 3 Spending Plan – October 2021

Appendix

October 2021 Quarterly Spending Plan

BASELINE EXPENDITURES THAT QUALIFY FOR 10% HCBS FMAP - (Annual spend based on historical)					
Federal Fiscal Year	FFY 21	FFY 21	FFY 22	FFY 22	
Quarter	Q3: Apr to Jun	Q4: Jul - Sep	Q1: Oct to Dec	Q2: Jan to Mar	Total
Estimated Baseline Expenditures	\$ 1,240,750,000	\$ 1,240,750,000	\$ 1,240,750,000	\$ 1,240,750,000	\$ 4,963,000,000
Actual Baseline Expenditures					
ADDED FUNDING FOR HCBS REINVESTMENT (Additional investment before March 2022)					
Year of Reinvestment	FFY 21	FFY 21	FFY 22	FFY 22	
Quarter	Q3: Apr to Jun	Q4: Jul - Sep	Q1: Oct to Dec	Q2: Jan to Mar	Total
Estimated Round 1 Workforce investment (Gross)	\$ -	\$ 169,000,000	\$ 169,000,000	\$ -	\$ 338,000,000
Estimated Round 1 Workforce investment (Net)	\$ -	\$ 66,500,000	\$ 66,500,000	\$ -	\$ 133,000,000
Estimated Round 3 Workforce investment (Gross)	\$ -			\$ 169,000,000	\$ 169,000,000
Estimated Round 3 Workforce investment (Net)				\$ 84,000,000	\$ 84,000,000
<i>Total Funds Attributable to 10% HCBS FMAP Increase (Bump)</i>					\$ 5,470,000,000
<b>Estimated ARPA Funds Available for Investment (10%) before Adjustment</b>					\$ 547,000,000
<b>Adjustment for expenditures not eligible for 10% HCBS FMAP</b>					\$ (21,000,000)
<b>Estimated ARPA Funds Available for Investment (10%)</b>					\$ 526,000,000

ANTICIPATED/ACTUAL EXPENDITURES TO ENHANCE, EXPAND, STRENGTHEN HCBS (From April 1, 2021 - September 31, 2022)							
Federal Fiscal Year	FFY 21	FFY 21	FFY 22	FFY 22	FFY 22	FFY 22	
Quarter	Q3: Apr to Jun	Q4: Jul - Sep	Q1: Oct to Dec	Q2: Jan to Mar	Q3: Apr to Jun	Q4: Jul - Sep	Subtotal
<b>Anticipated</b>							
Round 1 Initiative Funding (Gross)		\$ 169,000,000	\$ 169,000,000				\$ 338,000,000
Round 1 Initiative Funding (Net)		\$ 66,500,000	\$ 66,500,000				\$ 133,000,000
Round 2 Initiative Funding (Gross)	\$ -	\$ -	\$ 1,450,000	\$ 9,487,500	\$ 4,237,500	\$ 4,237,500	\$ 19,412,500
Round 2 Initiative Funding (Net)	\$ -	\$ -	\$ 631,250	\$ 4,650,000	\$ 2,025,000	\$ 2,025,000	\$ 9,331,250
Round 3 Initiative Funding (Gross)	\$ -	\$ -	\$ 522,982	\$ 188,786,599	\$ 193,427,425	\$ 36,571,722	\$ 419,308,729
Round 3 Initiative Funding (Net)	\$ -	\$ -	\$ 444,848	\$ 100,354,255	\$ 104,452,165	\$ 30,440,660	\$ 235,691,928
<b>Total (Gross)</b>	\$ -	\$ 169,000,000	\$ 170,972,982	\$ 198,274,099	\$ 197,664,925	\$ 40,809,222	\$ 776,721,229
Total (Net)	\$ -	\$ 66,500,000	\$ 67,576,098	\$ 105,004,255	\$ 106,477,165	\$ 32,465,660	\$ 378,023,178
<b>Actual</b>							
<b>Round 1 Investments</b>							
Actual Expenditure (Gross)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Actual Expenditure (Net)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Round 2 Investments</b>							
Actual Expenditure (Gross)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Actual Expenditure (Net)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Round 3 Investments</b>							
Actual Expenditure (Gross)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Actual Expenditure (Net)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total Investments</b>							
Actual Expenditure (Gross)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Actual Expenditure (Net)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Massachusetts ARPA HCBS Round 3 Spending Plan – October 2021

ANTICIPATED/ACTUAL EXPENDITURES TO ENHANCE, EXPAND, STRENGTHEN HCBS (From October 1, 2022 - September 31, 2023)					
Federal Fiscal Year	FFY 23	FFY 23	FFY 23	FFY 23	
Quarter	Q1: Oct to Dec	Q2: Jan to Mar	Q3: Apr to Jun	Q4: Jul - Sep	Subtotal
<b>Anticipated</b>					
Round 1 Initiative Funding (Gross)					
Round 1 Initiative Funding (Net)					
Round 2 Initiative Funding (Gross)	\$ 4,087,500	\$ 3,600,000	\$ 4,300,000	\$ 4,300,000	\$ 16,287,500
Round 2 Initiative Funding (Net)	\$ 1,950,000	\$ 1,706,250	\$ 2,056,250	\$ 2,056,250	\$ 7,768,750
Round 3 Initiative Funding (Gross)	\$ 27,308,251	\$ 37,449,667	\$ 27,262,167	\$ 29,954,167	\$ 121,974,253
Round 3 Initiative Funding (Net)	\$ 22,856,967	\$ 31,333,383	\$ 22,739,873	\$ 24,522,696	\$ 101,452,919
<b>Total (Gross)</b>	<b>\$ 31,395,751</b>	<b>\$ 41,049,667</b>	<b>\$ 31,562,167</b>	<b>\$ 34,254,167</b>	<b>\$ 138,261,753</b>
Total (Net)	\$ 24,806,967	\$ 33,039,633	\$ 24,796,123	\$ 26,578,946	\$ 109,221,669
<b>Actual</b>					
<b>Round 1 Investments</b>					
Actual Expenditure (Gross)	\$ -	\$ -	\$ -	\$ -	\$ -
Actual Expenditure (Net)	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Round 2 Investments</b>					
Actual Expenditure (Gross)	\$ -	\$ -	\$ -	\$ -	\$ -
Actual Expenditure (Net)	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Round 3 Investments</b>					
Actual Expenditure (Gross)	\$ -	\$ -	\$ -	\$ -	\$ -
Actual Expenditure (Net)	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total Investments</b>					
Actual Expenditure (Gross)	\$ -	\$ -	\$ -	\$ -	\$ -
Actual Expenditure (Net)	\$ -	\$ -	\$ -	\$ -	\$ -

Massachusetts ARPA HCBS Round 3 Spending Plan – October 2021

<b>ANTICIPATED/ACTUAL EXPENDITURES TO ENHANCE, EXPAND, STRENGTHEN HCBS (From October 1, 2023 - March 31, 2024)</b>				
<b>Federal Fiscal Year</b>	<b>FFY 24</b>	<b>FFY 24</b>		<b>Total</b>
<b>Quarter</b>	<b>Q1: Oct to Dec</b>	<b>Q2: Jan to Mar</b>	<b>Subtotal</b>	<b>All Quarters</b>
<b>Anticipated</b>				
Round 1 Initiative Funding (Gross)				\$ 338,000,000
Round 1 Initiative Funding (Net)				\$ 133,000,000
Round 2 Initiative Funding (Gross)	\$ 4,300,000	\$ 4,300,000	\$ 8,600,000	\$ 44,300,000
Round 2 Initiative Funding (Net)	\$ 2,056,250	\$ 2,056,250	\$ 4,112,500	\$ 21,212,500
Round 3 Initiative Funding (Gross)	\$ 21,969,534	\$ 20,637,294	\$ 42,606,829	\$ 583,889,811
Round 3 Initiative Funding (Net)	\$ 18,082,834	\$ 17,212,049	\$ 35,294,883	\$ 372,439,730
<b>Total (Gross)</b>	<b>\$ 26,269,534</b>	<b>\$ 24,937,294</b>	<b>\$ 51,206,829</b>	<b>\$ 966,189,811</b>
<b>Total (Net)</b>	<b>\$ 20,139,084</b>	<b>\$ 19,268,299</b>	<b>\$ 39,407,383</b>	<b>\$ 526,652,230</b>
<b>Actual</b>				
<b>Round 1 Investments</b>				\$ -
Actual Expenditure (Gross)	\$ -	\$ -	\$ -	\$ -
Actual Expenditure (Net)	\$ -	\$ -	\$ -	\$ -
<b>Round 2 Investments</b>				\$ -
Actual Expenditure (Gross)	\$ -	\$ -	\$ -	\$ -
Actual Expenditure (Net)	\$ -	\$ -	\$ -	\$ -
<b>Round 3 Investments</b>				\$ -
Actual Expenditure (Gross)	\$ -	\$ -	\$ -	\$ -
Actual Expenditure (Net)	\$ -	\$ -	\$ -	\$ -
<b>Total Investments</b>				\$ -
Actual Expenditure (Gross)	\$ -	\$ -	\$ -	\$ -
Actual Expenditure (Net)	\$ -	\$ -	\$ -	\$ -



# Quarterly Report: Massachusetts Home and Community-Based Services (HCBS) Spending Narrative for Implementation of American Rescue Plan Act (ARPA), Section 9817

February 2022

Executive Office of Health and Human Services (EOHHS)



The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Office of Medicaid  
One Ashburton Place, Room 1109  
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February 22nd, 2022

Daniel Tsai  
Deputy Administrator and Director  
Center for Medicaid & CHIP Services (CMCS)  
7500 Security Blvd  
Baltimore, MD 21244

Dear Deputy Administrator and Director Tsai:

The Commonwealth of Massachusetts is pleased to submit the enclosed amended Quarterly Spending Plan and Narrative, modified from the Quarterly Report submitted on February 1<sup>st</sup>, 2022 in response to CMS' request for additional information on identified activities.

This Quarterly Report builds upon the Initial Spending Plan submitted on June 17<sup>th</sup>, 2021, the July Quarterly Spending Plan submitted on July 15<sup>th</sup>, 2021 and the October Quarterly Spending Plan submitted October 15th. This Quarterly Spending Plan provides an implementation update on activities as they relate to Massachusetts's proposed plan to enhance, expand, and strengthen home and community-based services (HCBS) under the Medicaid program using an estimated \$526 million (M) in federal financial participation (FFP) pursuant to Section 9817 of the American Rescue Plan Act of 2021 (ARPA) and response to CMS' requests for additional information.

As outlined in the Initial Spending Plan, use of enhanced federal funding will 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. To achieve these goals, the Commonwealth of Massachusetts will implement investments supporting three key structural

pillars:

10. **HCBS Workforce**, *retaining and building a high-quality provider network.*
11. **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
12. **HCBS Technology and Infrastructure**, *to augment the HCBS workforce and enable more effective care coordination, efficient communication, as well as service access and delivery.*

Massachusetts has proposed investments in three rounds that support each of the three structural pillars. Investments total approximately \$966M gross (\$526M net) across Rounds 1, 2 and 3 and will be used to improve member equity and access to HCBS. Of the \$966M total gross, \$526M will be funded using the enhanced federal ARPA HCBS dollars, and the remainder will be funded through traditional Medicaid dollars.

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. Amy Bianco, Director of Health Policy and Strategic Initiatives 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 [REDACTED].

Sincerely,

[REDACTED]  
Amanda Cassel Kraft  
Assistant Secretary and Medicaid Director

Cc: Marylou Sudders, Secretary of the Executive Office of Health and Human Services  
Mike Levine, Deputy Medicaid Director  
Susan Ciccariello, Acting Director of the MassHealth Office of Long-Term Services and Supports

## 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 improve 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 \$526 million (M) in enhanced ARPA funding across the three rounds. Investments across all three rounds total \$966M (gross) toward HCBS. Of the \$966M total (gross) investments across Rounds 1, 2 and 3, \$526M will be funded using the enhanced ARPA HCBS dollars, and the remainder will be funded through traditional Medicaid dollars.

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 30<sup>th</sup>, 2022. Round 2 proposed to invest a total of \$44M (gross) and \$21 (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 updated February quarterly report serves as a progress report on Massachusetts' activities since the initial spending plan and July and October Quarterly spending plans were submitted.

**On February 7<sup>th</sup>, 2022, CMS provided partial approval of the July and October Quarterly Spending Plans (Rounds 2 and 3) and requested certain additional information necessary for it to approve the remainder of the July and October Quarterly Spending Plans. The state's response to CMS' request for additional information is included in this updated February Quarterly report.**

Recognizing the time limited availability of these funds and urgent member and provider need, for the initiatives included in these Rounds, Massachusetts had moved forward with the development of the necessary foundational components for these activities in anticipation of their approval. **Future quarterly reports will include greater detail on implementation and expenditures made to date.**

## Activity Updates and Implementation Progress

### Activity Update: Payment enhancements for Recruitment and Retention

As noted, on July 23, 2021 CMS provided approval of the immediate time-limited across-the-board payment enhancements for the HCBS workforce included in Round 1. To implement these rate enhancements EOHHS promulgated the following rate regulation and has begun paying the enhanced rates to providers: [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.

#### *Sustainability:*

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. To that end, in its October Quarterly Spending Plan, Massachusetts outlined a strategy to build and retain, grow, innovate, and support the direct care workforce moving forward, and which included the time-limited rate enhancements targeted to workforce development noted above.

These time-limited rate enhancements are intended to address workforce challenges during the COVID-19 Public Health Emergency (PHE). Massachusetts does not intend to extend these short-term rate enhancements beyond the current COVID-19 PHE. However, the Massachusetts Executive Office of Health and Human Services reviews the rates for home and community-based services on a biennial basis and updates these rates accordingly to ensure that they remain adequate.

Additional workforce investments beyond the provider rate enhancements, will play a critical role in sustainability moving forward. These include, but are not limited to, the provision of competitive innovation grants for recruitment and retention, and strategies to both sustain family caregivers and natural supports while also stabilizing and expanding the HCBS workforce. Upon evaluation of these

proposals, Massachusetts will assess the impact and outcomes of each proposal and will explore the benefits of continuing these efforts beyond the initial period.

Massachusetts filed a Disaster-SPA (ID: MA-21-0034) and an Appendix K amendment for the above time-limited rate increases that were proposed in our initial spending plan for the July-December 2021 period. We will be filing an additional Disaster SPA and Appendix K amendment for the continuation of these time-limited rate increases as proposed in our October spending plan for the period of January – July of 2022.

### **Overview of Implementation Progress:**

Currently, Massachusetts is heavily engaged in foundational policy development and implementation strategy for the proposed investments, to ensure the successful outcomes and positive long-term impacts for individuals served by HCBS across the state. This includes additional stakeholder engagement, developing implementation plans for proposed activities and drafting spending authorities. The details of this progress by activity are in Appendix A of this document.

In addition, Massachusetts began claiming the additional 10% FFP per Section 9817 on some HCBS Base Waiver spending on the September 2021 CMS 64. This resulted in the state collecting approximately \$96M in additional FFP. Massachusetts will claim additional base spending on the December 2021 CMS 64. These additional dollars will be used to fund the many projects identified in our spending plan.

## **Modifications to Spending Plan Proposals**

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 – UPDATED***

***Pillar:*** Access and Promotion of HCBS Services

***Goal(s):*** Empower members through technology

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

***Estimated Investment:*** \$33,500,000 (net)

***Estimated Implementation Start Date:*** Q2 of 2022

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.

## Massachusetts' Response to CMS' Request for Additional Information

On, February 7<sup>th</sup>, 2022, Massachusetts received a letter from CMS granting Partial Approval for Massachusetts' federal fiscal year 2022 quarter 2 spending plan and narrative. The letter stated that full approval of the spending plan and narrative was conditioned upon providing additional information as described below and upon the state's continued compliance with program requirements as stated in SMDL #21-003. **With this additional information, Massachusetts requests CMS approval as to whether these activities or uses of funds are approvable under ARP section 9817.**

In response, please see below for additional information as requested by CMS.

1. **Clearly indicate whether the following activities are targeted at providers delivering services that are listed in Appendix B of the SMDL or that could be listed in Appendix B (e.g., behavioral health services that are covered under another benefit but could be covered under the rehabilitative services benefit) or focused on services that are listed in Appendix B or that could be listed in Appendix B:**

- a. **Extended Payment Enhancements for Emergency Recruitment and Retention;**

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.

- b. **HCBS “Call to Care” Recruitment Campaign;**

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.

- c. **Workforce Innovation & Technical Assistance Grant Program;**

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.

- d. **Provider Technology Improvement Grant;**

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.

- e. **Electronic Portable Order for Life-Sustaining Treatment (ePOLST): Program Startup;**

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.

- f. **Transitional Residential Services for Persons with ASD and Behavioral Health Diagnoses.**

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.

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

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.

**h. DMH Web-Based Service Application and Client Profile;**

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

**i. Behavioral Health Clinical Fellowships & Training Program Expansion.**

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.

**2. Provide additional information on the services that would be paid for with ARP section 9817 funding under the “Expansion of MFP Community Living Waiver Slots” and “Autism Waiver Expansion” activity and clarify whether the state intends to use ARP section 9817 funding to pay for any services other than those listed in Appendix B or that could be listed in Appendix B for individuals who are Medicaid-eligible prior to HCBS waiver enrollment, or any institutional services for individuals who become newly eligible as a result of the increase in 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.

**3. Clearly indicate that the “Continuous Skilled Nursing (CSN) Provider Directory” and the “Continuous Skilled Nursing (CSN) and Independent Nurse Training Program” activities will be focused on providers delivering services in home and community-based settings.**

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.

**4. Clearly indicate whether your state plans to pay for ongoing internet connectivity costs as part of any of these activities:**

**a. Provider Technology Improvement Grant;**

There are no internet connectivity costs associated with this activity; one-time grants will be issued to providers delivering services listed in Appendix B to invest in technology.

**b. Electronic Portable Order for Life-Sustaining Treatment (ePOLST):**

There are no internet connectivity costs associated with this activity.

**c. Enabling Member Technology;**

Please refer to the “*Modifications to Spending Proposals*” section for details on how this activity supports ongoing internet connectivity costs.

**d. Consumer Video Messaging Software and Video Hardware; and**

There are no internet connectivity costs associated with this activity.

**e. Tablets for ASD Population.**

There are no internet connectivity costs associated with this activity. The tablets will be used for speech generation/communication which is provided through software.

**5. Ongoing internet connectivity costs are permissible uses of funds to enhance, expand, or strengthen HCBS under section 9817 of the ARP. However, states must demonstrate how ongoing internet connectivity costs would enhance, expand, or strengthen HCBS. Further, approval of ongoing internet connectivity costs in ARP section 9817 spending plans and narratives does not authorize such activities for FFP.**

As noted above, the only activity for which ongoing internet connectivity costs will be incurred is the Enabling Member Technology initiative. Please refer to the “*Modifications to Spending Proposals*” section for detail as to how these costs will enhance, expand, and strengthen HCBS. Massachusetts will not claim FFP on this activity.

**6. Clearly indicate whether your state plans to pay for capital investments under the “Improving Mobility Access” activity. Capital investments are permissible uses of funds to expand, enhance, or strengthen HCBS under section 9817 of the ARP. However, states must demonstrate how capital investments would expand, enhance, or strengthen HCBS and ensure that capital investments will result in settings that are fully compliant with the home and community-based settings criteria. Further, approval of capital investments costs in ARP section 9817 spending plans and narratives does not authorize such activities for FFP.**

Massachusetts does not plan to pay for capital investments under the “Improving Mobility Access” activity.

**7. Confirm that the state will not pay for room and board (which CMS would not find to be a permissible use of funds) as part of any of the following activities: “Specialized Transition Support for Adults with Behavioral Health Needs”; “Cover One-Time Transitional Housing Costs for Housing Unstable Members Transitioning back into the Community”; and “Transitional Residential Services for Persons with ASD and Behavioral Health Diagnoses.”**

**a. “Specialized Transition Supports for Adults with Behavioral Health Needs”**

Massachusetts does not plan to pay for room and board under the “Specialized Transition Support for Adults with Behavioral Health Needs” activity.

**b. “Cover One-Time Transitional Housing Costs for Housing Unstable Members Transitioning Back to the Community”**

Massachusetts does not plan to pay for room and board 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](http://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.

**c. “Transitional Residential Services for Persons with ASD and Behavioral Health Diagnoses.”**

Massachusetts does not plan to pay for room and board for this initiative. Per CMS guidance, Massachusetts will not utilize federal funds to cover occupancy costs paid to the provider for the provision of the physical site. The proposal description has been updated to no longer include occupancy costs. Federal funds will support costs associated with the delivery of service and supports by paid staff in the residential setting designed to assist individuals to acquire, maintain or improve the skills necessary to live in a non-institutional setting. This includes daily staff intervention with care, supervision, and skills training in activities of daily living, home management and community integration. This service will include intensive staffing supports to meet the ASD support needs of the participants.

**8. Massachusetts has assured CMS that the state is not imposing stricter eligibility standards, methodologies, or procedures for HCBS programs and services than were in place on April 1, 2021. Please confirm that the state is not imposing stricter eligibility standards, methodologies, or procedures for HCBS programs and services than were in place on April**

**1, 2021 through any of the following activities: “Enhance Pre-admission Screening and Resident Review (PASRR) to Ensure Least Restrictive Setting”; “DMH Web-based Service Application and Client Profile”; “DDS Electronic Intake/Eligibility System”; “OneMRC – Consumer and Provider/Vendor Portal”; and “Upgrade MassHealth Notification of PACE Clinical Eligibility.”**

Massachusetts assures CMS that the state will not impose stricter eligibility standards, methodologies, or procedures for HCBS programs and services than were in place on April 1, 2021 through any of proposed activities including those specifically noted by CMS above.