

November 29, 2023

Chiquita Brooks-LaSure, Administrator  
Centers for Medicare and Medicaid Services  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W., Room 3140  
Washington, D.C. 20201

RE: MassHealth 1115 Demonstration Amendment Request: Letter in support of temporary housing assistance for pregnant members and families

Dear Administrator Brooks-LaSure:

On behalf of the 111 undersigned organizations, we thank you for the opportunity to submit comments on MassHealth's Section 1115 Demonstration waiver amendment, submitted to CMS on October 16, 2023. While some of the undersigned organizations have submitted or endorsed comments addressing one or more of MassHealth's other proposed demonstration waiver amendments, these comments address part of just one amendment request: MassHealth's request for expenditure authority for temporary housing assistance and related supports for pregnant members and families. We strongly support this request, and urge you to approve it.

**Massachusetts' Emergency Assistance shelter program, and eligible members' health related social needs and risk factors**

Massachusetts has sheltered eligible pregnant individuals and families with children experiencing homelessness for 40 years through a unique statewide shelter benefit: Massachusetts' Emergency Assistance family shelter program (EA shelter). The benefit was first administered along with cash and food benefits through our Department of Transitional Assistance, then, in 2009 our Department of Housing and Community Development (now known as the Executive Office of Housing and Livable Communities (EOHLC)) took over administration of the benefit. Since a change in budget language 20 years ago, any pregnant individual and family with children appearing to meet the eligibility criteria for shelter with nowhere safe to stay has been eligible for immediate shelter placement so the children in the family would be safe. Several weeks ago, that changed. Now pregnant individuals and families staying at the airport, in MBTA stations, and outside in freezing weather are subject to placement on a waitlist instead of placement in a shelter. There is an urgent need to provide housing

assistance to those eligible for shelter, so that their health related social needs (HRSN) can be met.

While Massachusetts is frequently referred to as our country's only "right-to-shelter" state – and it is true that our system is the only statewide guarantee of shelter for families who are eligible – only about 25-35% of families who apply are placed in EA shelter. Prior to EA shelter placement, families must first show they: have a child under 21 and parents or guardians, or have a pregnant person in the household; live or intend to live in the state of Massachusetts; have presence in the US with the knowledge of the Federal government; have income below 115% of the federal poverty level; have assets of less than \$5,000; and, most importantly, that they have absolutely nowhere else they can stay.

This also means that the EA system shelters some of our Commonwealth's most vulnerable people. The most recent data available about entries to EA shelter are for the second quarter of the 2023 fiscal budget year (months of October, November, and December 2022). During those three months the shelter system saw 2,452 requests for EA shelter, with 900 families entering shelter. Of those, 387 families identified as Black or African American and 324 families identified as Hispanic or Latino. Approximately 100 of those families entering shelter were homeless due to experiencing domestic violence, but there are many more families in shelter that have experienced domestic violence. Approximately 600 of the families placed in EA shelter that quarter were found eligible due to a documented health and safety risk involved in where they were staying, whether it be host families who were hostile or unsafe, or because the family was staying in places not meant for human habitation. The remaining 200 families were eligible because they had been displaced for reasons such as fire or natural disaster, condemnation, and no-fault evictions.<sup>1</sup>

While there are not easily accessible statistics regarding how many of the families entering shelter are newly arrived immigrants fleeing violence, natural disaster, war, and economic devastation, the parole status given to many Haitian families entering the US allows them eligibility for cash, food, and shelter benefits in Massachusetts, as well as full MassHealth. As of November 27, the Commonwealth was sheltering 7,489 families through an EA benefit, about half having recently arrived.

Massachusetts' EA shelter system is focused on children needing shelter, and to qualify families must have no resources and nowhere to go. In December 2022, 6,812 children were being sheltered in the EA shelter system. Forty-one percent of those children – or approximately 2,800 – were aged four or younger. At that time, not quite one year ago, the EA system sheltered 3,618 families.<sup>2</sup> The number of families sheltered today is 7,505, and because each of those families

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<sup>1</sup> "Emergency Assistance Fiscal Year 2023: Second Quarterly Report" published by the Massachusetts Department of Housing and Community Development, available at <https://www.mass.gov/doc/fy2023-q2-ea-report-0/download>.

<sup>2</sup> Id.

must have a child or pregnant person in the household it is reasonable to believe that the number of homeless children in the EA system is at least double what it was a year ago.

While EOHLC does not keep statistics about the number of people in EA shelter who receive MassHealth, it is our experience that a vast majority of families found eligible for shelter are either already on MassHealth or are connected to MassHealth shortly after entering shelter. This includes those with lawful immigration statuses, such as Cuban/Haitian entrants, refugees, asylum seekers, and individuals granted parole into the U.S. for at least a year.

The vast majority of the children in EA shelter – and a high percentage of adults – have adverse childhood experiences that are statistically proven to affect their health outcomes, including putting them higher risk for chronic health problems, mental illness, suicide, and substance use disorder in adulthood. Those risk factors include families experiencing high levels of parental or economic stress; parental depression; food insecurity; losing a parent through divorce, abandonment, or death; and experiencing or witnessing domestic violence. There is not a child in the shelter system that has not experienced housing insecurity, parental stress, and economic stress; most have certainly experienced food insecurity and family separation; and very high numbers of these families experience domestic violence, to the extent that approximately 15% of the families in shelter are homeless due to domestic violence. Additionally, a large percentage of families in the shelter system have someone in the household with a disability.

While EA shelter is not always an ideal environment, it is vastly preferable to the alternative these children would otherwise be living in or were living in prior to shelter. Because shelter placement comes with housing and shelter resources, it is also able to connect these families – sometimes for the first time – with preventive medical care; preschool, school, and childcare for young children; caring adults; financial and educational resources for their parents; community; and, for many families, long-term or permanent housing. In the second quarter of fiscal year 2023, approximately 270 families exited shelter into either private housing with transitional housing funds or into subsidized housing.<sup>3</sup>

In addition to being homeless or at risk of homelessness, pregnant individuals and families eligible for EA shelter face just the clinical and social risk factors that housing assistance would effectively address. As explained below, MassHealth’s request falls within CMS’ Health Related Social Needs framework, and would improve access to care and health outcomes for these families, and reduce downstream medical costs.

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<sup>3</sup> Id.

**Funding temporary shelter is in keeping with CMS guidance on Health Related Social Needs; CMS has already approved even broader coverage of temporary housing in other states.**

MassHealth's proposed waiver amendment to provide six months of temporary housing assistance for pregnant members and families eligible for the state's EA shelter program as an allowable HRSN builds on the foundation of MassHealth's HRSN work,<sup>4</sup> responds to current and emerging needs of MassHealth members, and aligns with CMS' HRSN guidance. It also falls within CMS' updated framework on HRSNs, and is more narrow than similar waiver authority that CMS has already approved in other states.

We applaud the Department of Health and Human Services and CMS for its commitment to supporting innovative programs that help address individuals' HRSNs that result from underlying systemic and community level social determinants of health (SDOH). The State Health Official letter released in June 2021 provides state Medicaid agencies with helpful guidance for addressing HRSNs for beneficiaries, most prominently focused on housing and food insecurity.<sup>5</sup> CMS has already approved waivers to provide housing supports (e.g., housing navigation and benefits assistance), including in Massachusetts, and recently expanded upon the scope of its approvals by authorizing some states to pay for temporary housing as a HRSN.

In fact, the most recent CMS informational bulletin and framework<sup>6</sup>, released on November 16th, state that short-term post-transition housing with room and board, following "allowable transitions," and limited to a clinically appropriate amount of time are coverable under 1115 demonstrations for up to 6 months. Massachusetts' waiver request falls well within this framework. "Allowable transitions" are defined in a footnote as "out of institutional care; out of congregate residential settings such as large group homes; *individuals who are homeless, at risk of homelessness, or transitioning out of an emergency shelter as defined by 24 CFR 91.5*; out of carceral settings; and individuals transitioning out of the child welfare setting including foster care." According to 24 CFR § 91.5, emergency shelter is defined as: "Any facility, the primary purpose of which is to provide a temporary shelter for the homeless in general or for specific populations of the homeless, and which does not require occupants to sign leases or occupancy agreements." While we strongly support MassHealth's waiver request, it is notable that

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<sup>4</sup> MassHealth's waiver request builds on the work the state has done in partnership with CMS to offer housing supports and services, beginning with its 2017 waiver and implementation of the Flexible Services Program enabled through the Delivery System Incentive Program.

<sup>5</sup> State Health Official Letter, # 21-001, Re: Opportunities in Medicaid and CHIP to Address Social Determinants of Health, January 7, 2021, available at:

[https://www.medicaid.gov/sites/default/files/2022-01/sho21001\\_0.pdf](https://www.medicaid.gov/sites/default/files/2022-01/sho21001_0.pdf)

<sup>6</sup> CMCS Informational Bulletin re: Coverage of Services and Supports to Address Health-Related Social Needs in Medicaid and the Children's Health Insurance Program, November 16, 2023, available at:

<https://www.medicaid.gov/sites/default/files/2023-11/cib11162023.pdf>; and framework available at:

<https://www.medicaid.gov/sites/default/files/2023-11/hrsn-coverage-table.pdf>

MassHealth's request is even more limited than what this framework allows - and what CMS has approved in other states. It asks for temporary housing assistance just for pregnant individuals and families who are eligible for Massachusetts' EA shelter program. That leaves out many people - many of them with heightened clinical and social risk factors - including those leaving carceral settings, childless adults experiencing homelessness or fleeing domestic violence, and older adults.

Even pre-dating this new guidance, there is a precedent for CMS authorizing states to go beyond housing support services by allowing states to provide time-limited payments for housing. Another provision in MassHealth's waiver amendment requests short-term (up to six months) post-hospitalization housing and supportive services, as approved or pending in other states, including California<sup>7</sup> (approved by CMS), New Mexico<sup>8</sup> (pending) and Rhode Island<sup>9</sup> (pending). States like Oregon<sup>10</sup> and Arizona<sup>11</sup> have gone even further, providing payment for up to six months of housing for individuals transitioning from other settings (e.g., inpatient care, carceral settings, child welfare), as well as those who are homeless or at risk of homelessness. Oregon is negotiating the corresponding clinical requirements<sup>12</sup> to broadly include those with diagnosed or undiagnosed behavioral health needs, individuals who are pregnant or 12 months postpartum, children under 6, adults 65 or over, and more. California<sup>13</sup> recently submitted a similar 1115 waiver amendment request. The North Carolina Healthy Opportunities<sup>14</sup> program provides payment for housing to children, adults, and pregnant individuals who are food-, housing-, or transportation-insecure or at risk of interpersonal violence, with such broad clinical criteria as having chronic conditions or adverse childhood experiences.

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<sup>7</sup> Medi-Cal Community Supports, or In Lieu of Services, Policy Guide, July 2023, available at: <https://www.dhcs.ca.gov/Documents/MCOMD/DHCS-Community-Supports-Policy-Guide.pdf>

<sup>8</sup> New Mexico Section 1115 Waiver Renewal Request, December 9, 2022, available at: <https://www.hsd.state.nm.us/wp-content/uploads/New-Mexico-Turquoise-Care-1115-Waiver-Renewal-Application.pdf>

<sup>9</sup> Rhode Island Amendment to Medicaid 1115 Waiver Extension Request, September 12, 2023, available at: <https://eohhs.ri.gov/reference-center/medicaid-state-plan-and-1115-waiver/waiver-extension>

<sup>10</sup> CMS' approval of Oregon's 1115 demonstration, September 28, 2022, available at: <https://www.oregon.gov/oha/HSD/Medicaid-Policy/Documents/2022-2027-1115-Demonstration-Approval.pdf>

<sup>11</sup> CMS' approval of Arizona's 1115 demonstration, October 11, 2023, available at: <https://www.medicaid.gov/sites/default/files/2023-10/az-hccc-ca-10112023.pdf>

<sup>12</sup> Oregon Draft submission to CMS re: HRSN infrastructure and services protocol, available at: <https://www.oregon.gov/oha/HSD/Medicaid-Policy/Documents/2022-2027-Attachment-J-DRAFT.pdf>

<sup>13</sup> California Advancing and Innovating Medi-Cal (CALAIM) Section 1115 Demonstration Amendment Request for Transitional Rent Services, October 20, 2023, available at: <https://www.dhcs.ca.gov/provgovpart/Documents/CalAIM-Rent-Cover-Letter-Application-for-CMS-Submission.pdf>

<sup>14</sup> CMS approval of North Carolina's 1115 demonstration, October 20, 2023, available at: <https://www.medicaid.gov/sites/default/files/2023-10/nc-medicaid-reform-demo-attach-g-hop-eligibility-services-appvl-10202023.pdf>

While the specifics of the EA shelter system are unique to Massachusetts, MassHealth's request to cover short-term housing costs and supportive services is within the scope of- and in fact is more narrow than- HRSN programs that CMS has approved in other states. As stated in MassHealth's request, the state will work with CMS to identify the needs-based criteria and risk factors for this population. We urge MassHealth and CMS to keep eligibility criteria broad, particularly as all the pregnant individuals and families eligible for EA shelter are necessarily housing insecure, have experienced some level of trauma, and have other unmet medical, behavioral health, and/or social needs, as detailed above.

We strongly support MassHealth's waiver request related to paying for short-term housing costs, and we urge CMS to approve it. While we support MassHealth's waiver request and recognize the urgent nature of the request, we also look forward to working with CMS and MassHealth to continue to expand upon MassHealth's HRSN framework in the future. We believe that MassHealth's coverage of temporary housing costs could extend beyond people eligible for EA shelter, including populations like those approved in Oregon, Arizona, and North Carolina. That would include any clinically eligible individuals experiencing homelessness or at risk of homelessness- not just families and pregnant individuals, but also adults without children including older adults. It would also include those transitioning from carceral and other institutional settings. In particular, providing housing assistance to those transitioning from incarceration would complement MassHealth's recent expansion of services for justice-involved members in its 1115 waiver renewal, as well as the authority requested in this waiver amendment request to provide pre-release MassHealth services.

**Temporary housing assistance will improve health access and health outcomes, and reduce overall health costs.**

MassHealth's request for expenditure authority for temporary housing assistance for pregnant individuals and families eligible for Massachusetts' emergency assistance shelter program would both improve health outcomes and reduce health costs. Studies report that in comparison to the general U.S. population, people experiencing homelessness are hospitalized at a rate 4 times higher, are 3-6 times more likely to become ill, and are 3-4 times more likely to die at a younger age.<sup>15</sup> The health impacts of homelessness are particularly stark for children. Infants born into homelessness are 9 times more likely to die in the first 12 months of life. Children experiencing homelessness have increased risks of chronic illnesses and emotional and behavioral struggles.<sup>16</sup>

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<sup>15</sup>See: Lin WC, Bharel M, Zhang J, O'Connell E, Clark RE. Frequent Emergency Department Visits and Hospitalizations Among Homeless People With Medicaid: Implications for Medicaid Expansion. *Am J Public Health*. 2015 Nov;105 Suppl 5(Suppl 5); available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4627525/>; And Maness, DL, Khan, M. Care of the Homeless: An Overview, *American Family Physician*, April 15, 2014, available at: <https://www.aafp.org/pubs/afp/issues/2014/0415/p634.html>

<sup>16</sup> Id.

The health risks of homelessness are clear, and access to health care coverage is not enough. While expanding health coverage will increase care utilization, studies show that expanding health care coverage without also improving access to housing will have relatively little impact on the health of individuals experiencing homelessness.<sup>17</sup> Further, addressing homelessness has a significant impact on overall health costs. Studies show that with affordable housing, individuals' healthcare expenditures decreased by 12% within one year, with a 15% increase in primary care visits and an 18% decrease in trips to the emergency room.<sup>18</sup>

The following experiences of Massachusetts families clearly illustrate the direct health benefits of access to emergency shelter, as well as health systems savings.

- While living in her car, a young pregnant woman frequently presented to the hospital ED for illness, infections, and discomforts exacerbated by sleeping in a car, and in the cold. Since entering EA shelter after the birth of her baby, she has been able to establish primary care and has decreased her emergency visits to the hospital.
- A mobile care team met a mother and her newborn at a CVS parking lot. Because the mother and baby do not have stable housing, it has been difficult to coordinate care and follow up appointments for them. The uncertainty of where they are going to stay next is an overwhelming stressor for the mother. This type of stressful life circumstance is a significant risk factor for postpartum mood disorders which, if left untreated, can have significant health impacts on the mother and her baby. This family is in urgent need of housing assistance, so that they can stabilize their access to health care.
- A pregnant woman with diabetes from Haiti was living on the streets in Florida. She was unable to access insulin while unsheltered. As a result, her glucose was extremely high, a potentially fatal condition for her and her fetus. Placement in Massachusetts' emergency assistance shelter system gave her the stability she needed to access prenatal care and reestablish and maintain her insulin treatment.
- A Haitian pregnant woman was placed in EA shelter at 8 months pregnant. Once sheltered, she was connected with Health Care For All's HelpLine, which got her enrolled in MassHealth. Prior to placement in shelter, she had not received any prenatal care. Getting into shelter connected her to resources to get coverage and find the medical care that she and her baby desperately needed.

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<sup>17</sup> Id.

<sup>18</sup> Hedgecock, S., To Lower Medicaid Costs, State with Affordable Housing. Forbes, March 2016, available at:

<https://www.forbes.com/sites/sarahhedgecock/2016/03/01/to-lower-medicaid-costs-start-with-affordable-housing/?sh=274577973b70>

- A Haitian mom with two children experienced notable trauma before arriving in the U.S. The younger child, 11 years old, was not speaking and was thought to be on the autism spectrum but did not yet have a diagnosis. After moving from an unsafe and abusive home into Massachusetts' emergency shelter program, the family was able to stabilize and address their needs. Once safely sheltered, the younger child was diagnosed with a rare genetic disorder that causes developmental delays. The younger child is now thriving in an appropriate academic environment, and receiving the medical care that she needs; she is now able to express herself, and her love of school. Since stabilizing her family and getting her daughter's diagnosis, the mother's somatic reaction to her extreme stress, anxiety and depression has improved and for the first time in a long time she feels optimistic that her family will be okay.

We appreciate CMS' commitment to allowing states the flexibility to address HRSNs, thereby improving Medicaid members' access to care and health outcomes, and reducing downstream health costs. We also strongly support MassHealth's thoughtful approach to addressing the unmet HRSNs of pregnant individuals and families eligible for EA shelter, by requesting expenditure authority to provide them with housing assistance. This waiver request is well within CMS' HRSN framework and recent precedent, and is even more narrow than authority CMS has granted to some states. We urge CMS to approve it, and hope to continue working with MassHealth and CMS to expand coverage of temporary housing costs from the narrow category of those eligible for EA shelter, to include broader populations like waivers approved in Oregon, Arizona, and North Carolina.

Thank you for your consideration of these comments. Our organizations look forward to partnering with CMS and MassHealth to expand upon Massachusetts' HRSN framework. If you have any questions, please contact Kate Symmonds at [ksymmonds@mlri.org](mailto:ksymmonds@mlri.org) or Elizabeth Alfred at [ealfred@gbls.org](mailto:ealfred@gbls.org).

Respectfully submitted by the following organizations (listed in alphabetical order):

1199SEIU - Massachusetts  
About Fresh  
Berkshire County Regional Housing Authority  
Boston Area Rape Crisis Center (BARCC)  
Boston Children's Hospital  
Boston Children's Pediatric Physicians' Organization  
Boston Immigrant Justice Accompaniment Network, MIRA  
Boston Medical Center

Boston Missionary Baptist Community Center, Inc.  
Brazilian Women's Group  
Cambridge Economic Opportunity Committee (CEOC)  
Cambridge Health Alliance  
Cape Cod Coalition for Safe Communities  
Cape Cod Safe Communities  
Catholic Charities Boston  
Central West Justice Center  
Children's League of Massachusetts  
Citizens for Public Schools  
Citizens Inn  
Citizens' Housing and Planning Association (CHAPA)  
City of Easthampton  
Coalition for a Healthy Greater Worcester  
Coalition for Social Justice Education Fund  
Cognitive Holistic Healing  
Community Action Agency of Somerville, Inc.  
Community Legal Aid  
Community Resource Initiative (CRI)  
Compassion Works, Inc.  
Conference of Boston Teaching Hospitals  
Congregation Beth El of the Sudbury River Valley  
Congregation Dorshei Tzedek  
Disability Law Center  
Domus Incorporated  
East Boston Social Centers  
Easthampton Congregational Church, UCC  
Economic Mobility Pathways (EMPath)  
Elizabeth Freeman Center, Inc.  
Essex County Community Organization  
Family and Community Resources, Inc.  
Family Promise North Shore Boston  
First Parish Concord Immigration Justice Task Force  
Food Bank of Western Massachusetts  
Franklin Hill Tenant Association  
Friendly House  
Greater Boston Legal Services  
Grow Food Northampton  
Healing & Wellness: Empowering Migrant Minds  
Health Care For All

Health Law Advocates  
Health Leads  
Health Resources in Action  
Housing Families  
Housing Greenfield  
Immigrants' Assistance Center, Inc. (IAC)  
International Institute of New England  
Jewish Alliance for Law and Social Action  
Jewish Community Relations Council of Greater Boston  
Jewish Family & Children's Service  
Jewish Family Service of MetroWest  
Justice and Love in Action team, Edwards Church  
LifePath, Inc  
Lowell Alliance  
Ma'yan Tikvah  
Massachusetts Advocates for Children  
Massachusetts Afghan Alliance  
Massachusetts Association for Mental Health  
Massachusetts Coalition for the Homeless  
Massachusetts Health & Hospital Association (MHA)  
Massachusetts Immigrant and Refugee Advocacy Coalition  
Massachusetts Law Reform Institute  
Massachusetts League of Community Health Centers  
Mayor Katjana Ballantyne, City of Somerville  
MetroWest Food Collaborative  
MetroWest Legal Services  
MLPB  
My Life My Choice  
NAIOP Massachusetts, The Commercial Real Estate Development Association  
Nauset Interfaith Association  
Network for Social Justice  
Northeast Justice Center  
One Family  
Progressive Democrats of Massachusetts (PDM)M)  
Project Bread  
Prophetic Resistance Boston  
REACH Beyond Domestic Violence  
Refugee & Immigrant Assistance Center  
Rescuing Leftover Cuisine  
Responsibleparty Consulting, LLC

SEIU Local 509  
Seven Hills Foundation & Affiliates  
Sharon Interfaith Action  
Sisters of St. Joseph of Boston  
Solidarity Lowell  
Somerville Office of Housing Stability  
St. Clare of Assisi Catholic Community  
St. James's Episcopal Church  
The Gray House, Inc.  
The Justice Center of Southeast Massachusetts, LLC  
Three Sisters Farm  
Town of Bedford  
True Alliance Center, Inc.  
UMass Memorial Health  
Unitarian Universalist Massachusetts Action Network (UU Mass Action)  
Valley Community Development  
Western Massachusetts Network to End Homelessness  
Worcester County Food Bank  
Worcester Public Schools  
YMCA Southcoast  
YWCA Cambridge  
YWCA Central Massachusetts  
Zen Center North Shore

cc: Kate Walsh, Secretary, Massachusetts Executive Office of Health and Human Services  
Mike Levine, Assistant Secretary for MassHealth