

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 Section 1115 Demonstration Waiver Amendment Request (11-W-00030/1)

Dear Administrator Brooks-LaSure,

On behalf of the undersigned Massachusetts organizations, thank you for the opportunity to submit comments on MassHealth's proposed Section 1115 Demonstration Waiver Amendment ("waiver amendment," "proposal," "request"). We strongly support the waiver amendment, which will promote health equity, improve continuity of care, increase investments in health-related social needs (HRSNs), such as housing, and expand MassHealth and ConnectorCare coverage to previously excluded populations. We also appreciate MassHealth's responsiveness during the state-level comment period, including addressing feedback presented by many of the undersigned organizations. We ask the Centers for Medicare and Medicaid Services (CMS) to expeditiously approve MassHealth's waiver amendment proposal.

This is an especially fragile moment for health care coverage and equity in our country and here in Massachusetts, with resuming Medicaid redeterminations reshaping the coverage landscape, and individuals and families struggling with high costs across the board from recent inflation. The proposals in this amendment represent critical and time-sensitive steps that respond to the moment and chart a path forward to preserve coverage, reduce disruption, enhance equity, and improve access and outcomes in our health care system.

The following are key proposals in the amendment that our organizations strongly support.

1. Preserve CommonHealth Members' Ability to Enroll in One Care Plans

We strongly support MassHealth's proposal to continue to allow CommonHealth members to have the opportunity to enroll into a One Care plan, including those who are enrolled in the program upon turning 65, and to re-enroll into a plan after a break in coverage. The One Care program is crucial to many adults with disabilities who are eligible for both MassHealth and Medicare. The integrated care model that the One Care health plans adhere to encourages individuals to be in the driver's seat when it comes to their care decisions. This person-centered care model has benefited thousands of dual eligible enrollees over the past 10 years. MassHealth's request pertaining to One Care enrollment will ensure that CommonHealth members continue to have access to this innovative integrated care model after One Care transitions from a Duals Demonstration plan to a Medicare Advantage Fully Integrated Dual Eligible Special Needs Plan.

2. Expand Health Connector Subsidies to Additional Individuals

We strongly support the request for additional expenditure authority to support the pilot expansion of ConnectorCare, the state's subsidized program for uninsured individuals without access to affordable employer-sponsored insurance. ConnectorCare is one of the key reasons that Massachusetts has the lowest uninsurance rate in the nation. Despite these high levels of coverage in Massachusetts, [41%](#) of residents struggle to afford health care. Black and Hispanic/Latinx individuals are more likely to face challenges affording care, and the disparities are [most acute](#) for

those with incomes over the 300% of the federal poverty level (FPL), which, until recently was the income threshold for ConnectorCare eligibility. Many of our organizations hear regularly from consumers with incomes just above 300% FPL who have only had health coverage options with high deductibles and co-pays in addition to expensive premiums. These health care costs have far too often put care out of reach. This issue is more important than ever. As MassHealth, along with all state Medicaid programs, resumes the eligibility redeterminations process, individuals and families no longer eligible for MassHealth will need affordable health coverage options. Some people might now have incomes over 300% FPL and would face a steep coverage cliff.

Especially with the high cost of living in Massachusetts, juggling health insurance costs with other necessities is a significant challenge for many families. The two-year pilot program expanding ConnectorCare to individuals and families with incomes between 300% to 500% FPL, recently signed into law through the [FY2024 state budget](#), will bring immense relief to an estimated 50,000 residents. The innovative program will help maintain and may even strengthen the state's insurance coverage rate. Massachusetts already has expenditure authority for the ConnectorCare program with an income threshold of 300% FPL. The request for a federal match for the expanded program is essential to the state's ability to provide more affordable health coverage options, ensure continuous coverage for those transitioning from other programs (e.g., MassHealth), and reduce barriers to care.

3. Increase the Income Limit for Medicare Savings Program (MSP) Benefits for MassHealth Standard and CommonHealth Members on the State Statutory Limit

We strongly support the expansion of the three Medicare Savings Programs (MSPs), as required under the state's [FY2023 budget](#). MSPs are vital health coverage cost assistance programs for seniors and people with disabilities enrolled in Medicare. Often having limited incomes and assets, older adults and people with disabilities disproportionately face challenges with the rising costs of living, and unaffordable health care only adds to this burden. Allowing members who qualify for MassHealth Standard and CommonHealth at higher income levels, if their income falls below the updated income limits for the MSPs, to benefit from both coverage and cost assistance will make health care more affordable for thousands of Massachusetts seniors and people with disabilities, helping them get the care they need. Increasing the income limit for MSPs benefits for MassHealth Standard and CommonHealth members through this 1115 waiver amendment, combined with the removal of the asset test for MassHealth Standard members through a subsequent State Plan Amendment, will allow the Commonwealth to provide much needed relief to thousands of residents who often face undue barriers to care and struggle to make ends meet.

4. Remove the Waiver of Three Months Retroactive Eligibility

We strongly support MassHealth's proposal to provide all eligible members with three months of retroactive coverage, in line with the federal Medicaid statute. This provision builds on the recently approved 1115 waiver renewal authority to reinstate three months of retroactive coverage for children under 19 and pregnant individuals, and the longstanding practice for MassHealth members ages 65 and older. Retroactive coverage can help prevent medical debt for low-income individuals and families. The [2021 Massachusetts Health Insurance Survey](#) shows that 15% of families income eligible for MassHealth reported problems paying medical bills and 38% having been contacted by collection agencies about unpaid medical bills. Medical debt can affect people's credit, add challenges to meeting basic needs, and cause people to delay or avoid needed care. Inadequate retroactive coverage has also required health care providers to absorb financial losses. Removing the waiver of three months of retroactive coverage will help mitigate enrollee medical debt, promote continuity of care, and increase alignment with federal Medicaid law.

5. Provide 12 Months Continuous Eligibility for Adults and 24 Months Continuous Eligibility for Members Experiencing Homelessness Who Are 65 and Over

This waiver amendment builds on recent implementation of 12 months of postpartum coverage, as well as 12 months of continuous eligibility for individuals (including youth) transitioning from correctional facilities and 24 months of continuous eligibility for individuals experiencing homelessness as recently approved through the state’s 1115 waiver renewal. We applaud the Department of Health and Human Services for its leadership in ensuring that all states [implement 12 months of continuous eligibility for children](#) as codified by the [Consolidated Appropriations Act of 2023](#). Until this requirement, Massachusetts was not among the [23 states](#) had already implemented this option for Medicaid and 24 for CHIP.

In line with these policies, we strongly support MassHealth’s work to identify and address additional populations who may be at risk of coverage gaps, including the provision in this waiver amendment to expand of 12 months of continuous eligibility to adults and equitably apply MassHealth’s new policy to provide 24 months of continuous eligibility for members experiencing homelessness to members 65 and older. These provisions will help to address coverage gaps many of the most underserved individuals and families in the Commonwealth face. Recently released [data](#) show that over 25% of MassHealth members lost coverage at any point during 2018. Churn creates burdens on individuals and families that hinders access to care, while serving as a poor and unnecessary use of resources in our system. Continuous coverage policies reduce churn for members who lose and gain eligibility over a short period of time due to administrative challenges or income volatility, promote continuity of coverage and access to care, and provide a stable foundation for MassHealth’s delivery system reforms.

6. Include Short-Term Post Hospitalization Housing and Temporary Housing Assistance for Pregnant Members and Families as allowable Health-Related Social Needs Services

We strongly support the two housing-related provisions in MassHealth’s proposed waiver amendment – providing Short-Term Post-Hospitalization Housing (STPHH, also known as medical respite) and emergency housing assistance for pregnant members and families as an allowable HRSN service. Supportive housing for those experiencing homelessness provides a safe and stable place for members to continue their recuperation after discharge from hospital and inpatient treatment settings. With integrated housing and clinical services, medical respite has been shown to reduce lengths of hospital stays and improve clinical outcomes. It also has the potential to reduce health disparities, and to improve hospital wait times by providing an appropriate and supportive setting for those who no longer need an inpatient level of care. Similar proposals have been submitted to CMS by [California](#) (approved by CMS), [New Mexico](#) (pending) and [Rhode Island](#) (pending).

We also strongly support the provision for MassHealth to receive expenditure authority to provide temporary housing assistance and supportive services for pregnant people and families who are MassHealth members, including eligible immigrants. It is an unprecedented time for the Massachusetts [Emergency Assistance](#) (EA) Family Shelter program. Currently, the level of need far exceeds the program’s capacity. Providing expenditure authority for shelter costs and HRSN supports, including housing search, case management, referrals to health care, social, educational, and vocational services, and assistance completing state and federal benefit applications (e.g., SNAP, WIC, and work authorization applications) will help drive better access to care and outcomes for families in both the short and long term, especially for children. There is [well-documented](#)

[evidence](#) demonstrating the relationship between housing security and health, and the long-term detrimental impacts of housing insecurity for children.

MassHealth's requests have similarities to HRSN programs in other states. For example, [Oregon](#) received authority to provide rental assistance or temporary housing for up to six months for individuals experiencing transitions from other settings (e.g., inpatient care, carceral settings, child welfare), as well as for those who are homeless or at risk of homelessness. The [corresponding clinical requirements](#) include individuals who are pregnant or within 12 months postpartum, under age 6, have experienced interpersonal violence, have had repeated emergency department use, have an elevated service need, and others. [California](#) recently submitted a similar 1115 waiver amendment request. The [North Carolina Healthy Opportunities](#) program allows not only beneficiaries who are homeless or housing insecure to receive HRSN services, but also delineates eligibility by age range, and includes such factors as adverse childhood experiences (ACEs). We urge MassHealth and CMS to ensure eligibility is sufficiently broad to have the most effective impact, particularly for families eligible for EA shelter, who have experienced trauma (e.g., interpersonal violence, displacement), and likely have significant unmet physical, behavioral health and social needs.

Both of MassHealth's housing requests also align with the letter and the intent of CMS guidance around HRSN services, including the 2021 [State Health Official Letter](#) and the recently released [informational bulletin](#) and [HRSN framework](#). The new HRSN framework permits use of Medicaid funds for short-term post-transition housing with room and board for up to six months, following "allowable transitions," including "out of institutional care (Nursing Facilities, Institutes of Mental Disease, Intermediate Care Facilities,, acute care hospital); 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." We appreciate CMS' leadership and commitment to advancing health equity and whole-person wellbeing by promoting the use of innovative HRSN interventions.

7. Increase the Expenditure Authority for the Social Service Organization Integration Fund

We strongly support increased expenditure authority for the Social Service Organization (SSO) Integration fund. MassHealth's HRSN programs, particularly the current Flexible Services Program which connects certain members to housing and nutrition related supports, has been a crucial forward-thinking feature of the state's 1115 waiver. The new HRSN Program structure under development will solidify, expand, and integrate these supports into overall MassHealth programming. Doing so will require SSOs that partner with Accountable Care Organizations (ACOs) to provide HRSN supports to evolve and enhance some of their capabilities. In particular, the updated HRSN program will likely require new referral platforms and billing mechanisms. This technical infrastructure may be challenging for SSOs, many of which already face resource and capacity constraints. It would be a loss for MassHealth members, the state and for SSOs that provide culturally competent and locally rooted supports if they were unable to participate in the program because of these constraints. The increased expenditure authority for the SSO Integration Fund would address this challenge by ensuring that SSOs have the financial resources they need to upgrade their infrastructure and capacity to meaningfully participate in the HRSN program. The proposed fund is essential to maintaining and expanding the incredible partnerships between community based SSOs and ACOs in a way that will sustain and grow the HRSN supports MassHealth members need.

8. Provide Pre-Release MassHealth Services to Individuals in Certain Public Institutions

We strongly support MassHealth’s amended proposal to provide pre-release services to MassHealth eligible individuals in carceral settings. This proposal makes a powerful case for the value of pre-release services to strengthen access to community resources that address the health care and HRSNs of this population, improve health outcomes, address racial health inequities, and reduce emergency department visits and inpatient hospital admissions for returning individuals. We appreciate that MassHealth is committed to extending services as broadly as possible in light of CMS’ [April 2023 guidance](#) and the 1115 waivers CMS has already approved for [California](#) and [Washington](#). We appreciate MassHealth’s responsiveness to our comments during the state-level public process requesting that MassHealth expand the Interagency Coordinating Council which broader group of stakeholders and bring community voices into the planning process. MassHealth expressed the intent to engage with a broader group of stakeholders, including those with lived experience, in the implementation of these provisions. Including people from impacted communities will strengthen the design and implementation of this program, helping to ensure that it is responsive to the needs of justice-involved individuals.

We appreciate the opportunity to provide feedback on MassHealth’s 1115 waiver amendment. This proposal, like the recently approved 1115 waiver renewal, are vital to addressing members’ needs and to advancing the main pillars of [CMS’ goals](#), including health equity, access, stakeholder engagement and innovation. Please approve the MassHealth 1115 waiver amendment. Our organizations look forward to partnering with CMS and MassHealth to build an even stronger MassHealth program. Thank you.

Sincerely,

1199SEIU-Massachusetts
Association for Behavioral Healthcare
Boston Center for Independent Living
Boston Medical Center
The Brookline Center for Community Mental Health
bryt, a program of The Brookline Center of Community Mental Health
Cambridge Health Alliance
Center for Health Law and Policy Innovation
Child and Adolescent Health Initiative
Community Legal Aid
Community Resource Initiative (CRI)
Conference of Boston Teaching Hospitals
Disability Law Center
Disability Policy Consortium
Easterseals Massachusetts
The Federation for Children with Special Needs
The Greater Boston Food Bank
Greater Boston Legal Services
Greater Boston Reentry Taskforce
Health Care For All
Health Law Advocates
Health Resources in Action
Joint Committee for Children’s Health Care in Everett
Justice Center of Southeast Massachusetts, LLC
Lynn Health Taskforce

Massachusetts Association for Mental Health
Massachusetts Association of Community Health Workers
Massachusetts Chapter of the American Academy of Pediatrics
Massachusetts Health & Hospital Association
Massachusetts Law Reform Institute
Metrowest Legal Services
Massachusetts League of Community Health Centers
Massachusetts Medical Society
Massachusetts Public Health Association
Massachusetts Senior Action Council
Metrowest Legal Services
MLPB
Northeast Independent Living Program, Inc.
Parent/Professional Advocacy League
Personal Disability Consulting, Inc.
Prophetic Resistance Boston
Public Health Institute of Western MA
Responsibleparty Consulting, LLC
South Coastal Counties Legal Services
Stavros Center for Independent Living, Inc.
Vinfen

Cc: Daniel Tsai, Deputy Administrator and Director of Center for Medicaid and CHIP services
Kate Walsh, Secretary, Massachusetts Executive Office of Health and Human Services
Mike Levine, Assistant Secretary for MassHealth