



April 2, 2021

Assistant Secretary Dan Tsai  
Gary Sing, Director, Delivery System Investment and Social Services Integration  
Stephanie Buckler, Deputy Director of Social Services Integration  
MassHealth  
*Via email*

**Re: Recommendations for 1115 Waiver Renewal to Strengthen Infrastructure and Maximize Impact on Health-Related Social Needs**

Dear Assistant Secretary Tsai, Mr. Sing, and Ms. Buckler:

Food is Medicine Massachusetts (FIMMA) is a multi-sector coalition comprised of over 80 organizations representing nutrition programs, patient and advocacy groups, health care providers, health insurers, academics, and professional associations. FIMMA's overall mission is to build a health care system that reliably identifies people who have food insecurity and health-related nutrition needs, connects them to appropriate nutrition interventions, and supports those interventions via sustainable funding streams.

On behalf of FIMMA we are grateful for the multiple opportunities MassHealth has provided to share comments, concerns, and ideas regarding the 1115 Demonstration Waiver renewal proposal. We are also proud of our health care system in Massachusetts. We thank MassHealth for being a leader; for valuing collaboration and community engagement; and for persistently striving to create a more equitable, accessible, and innovative Medicaid program.

The introduction of the Flexible Services Program (FSP) in the most recent 1115 Waiver renewal was a ground-breaking initiative that we believe is a critical first step towards fully integrating health-related social needs (HRSNs) services into our health care system. After nearly a two-year delay coupled with the unexpected challenges of the onset of the novel coronavirus (COVID-19), we were excited to see multiple programs launch last spring.

Many FIMMA members representing accountable care organizations (ACOs) and nutrition-related social services organizations (SSOs) have played a direct role in implementing and managing flexible services programs. Coalition and task force meetings have become places for these organizations to ask questions, share lessons learned, and develop recommendations to improve the system. The FIMMA Research Task Force facilitated conversations with ACOs and nutrition service SSOs to discuss evaluation approaches; topics including ACO/SSO partnerships, evaluation coordination, differing evaluation metrics and tools. FIMMA also led an effort to interview ACOs and nutrition service SSOs participating in the FSP to gain a deeper understanding of best practices and challenges related to FSP participation.

We have been pleased to see MassHealth's continued thoughtfulness surrounding HRSNs within the proposed concept for waiver renewal that was shared with the Delivery System Reform Implementation Council (DSRIC) and Section 1115 Demonstration Renewal Work Groups. FIMMA shares MassHealth's long-term vision of robust structural integration between Massachusetts'

health care system and the social services sector. While we are broadly supportive of the proposed framework for the renewal as it relates to HRSNs, we urge MassHealth to continue to refine its approach to maximize the impact of these efforts.

To assist in the process, FIMMA offers the following recommendations that have been informed by data collection efforts, coalition discussions, health policy expertise, and ACO/nutrition service SSO experiences:

**A. Ensure Adequate and Sustainable Funding to Support Nutrition and Housing Services**

The FSP has proven to be an incredible opportunity to increase access to nutrition and housing supports for MassHealth members who need them most. We are excited that MassHealth is interested in continuing this vital program in the next waiver, and recognize that ensuring sufficient funding is critical to its success. Additionally, in order to achieve the long-term goal of robust structural integration of social services, we encourage MassHealth to begin to identify specific pathways to sustain funding over time to help inform mid and long-term decision making, especially for ACOs and SSOs across our state.

**Recommendation 1: Maximize set aside funds to support the Flexible Services Program throughout the next 1115 waiver.** We encourage MassHealth to extend dedicated financial support beyond funding that may be rolled over from the current waiver. We recommend that MassHealth dedicate 12% of infrastructure and supplemental funds available through the waiver to the FSP, a fifty percent increase from the 8% of funding that supports the FSP in the current waiver period. Short-term benefits of increasing dedicated health care funding include increasing the number of SSOs that can participate, the number of programs ACOs may offer patients, and the sheer number of MassHealth members who may access services. Expanded funding will also ensure that SSOs can continue to improve their capacity, scope of services, and sophistication in partnering with the health care system. Maximizing support for the FSP now therefore also better prepares our state for smooth, effective, and robust integration in the long-term.

**Recommendation 2: Develop pathways to sustainably support flexible services beyond the upcoming 1115 waiver.** To support long-term sustainability, we also encourage MassHealth to begin to develop pathways to support flexible services beyond the next waiver cycle. States such as New York and California are taking innovative steps to utilize ‘in lieu of’ services authority to cover HRSN interventions. Similarly, Oregon has incorporated payment for HRSN interventions into the capitation rates for its Coordinated Care Organizations based on regulations governing “activities that improve health care quality.” These approaches could serve as models for MassHealth as it develops sustainable pathways for flexible services.

**B. Strategically Expand Eligibility for the Flexible Services Program and Maintain Scope of Allowable Services**

Provider discretion, ACO flexibility, and SSO program variety should be key tenets of the Flexible Services Program. We applaud MassHealth for establishing initial criteria based on these principles. Now that many programs are crossing their one-year mark, there are lessons learned that can inform strategic adjustments to improve the reach and effectiveness of the FSP.

**Recommendation 3: Adjust in-person requirements for ACOs to account for telehealth screening and referrals.** ACOs will continue to provide telehealth services beyond the immediate COVID-19 crisis, especially for at-risk and homebound individuals. Currently, ACOs

are required to conduct at least one meeting of either FSP screening or planning process in-person with the member. This requirement was suspended during the COVID-19 crisis. In recognition of the benefits of remote access to health care and the continued use telehealth in response to COVID-19, MassHealth should discontinue the requirement for ACOs to conduct at least one meeting in-person.

**Recommendation 4: Amend eligibility requirements to appropriately include rising risk ACO members and children without a medical diagnosis.** The current Health Needs-Based Criteria have made it difficult for rising risk and pediatric populations to qualify for flexible services. This is exacerbated when adult and pediatric population members are shifting from payer to payer and there is not a MassHealth claims history to support the increased risk of the member. These restrictions limit the ability of ACOs and SSOs to take preventive action to improve patient health before individuals require more intensive and costly interventions. To address these limitations, MassHealth should strategically expand the Health Needs-Based Criteria to address these populations, including removing the health needs criteria requirement for children given the substantial body of evidence regarding the impacts of poverty and of food and housing insecurity on child health and wellbeing.

**Recommendation 5: Uphold the scope of allowable services within the FSP.** The current scope of allowable services is effective, practical, and allows health care providers to meet individual need. We therefore support maintaining the current scope of services, including nutrition sustaining support services such as transportation and flexible person-centered benefits such as food vouchers or grocery gift cards that have been critical in the wake of COVID-19. Lessening the scope of allowable services would dramatically reduce access to key supports, alter established understanding of the program, and disrupt continuous evaluation between the current and upcoming waiver.

**Recommendation 6: Allow for the provision of nutrition services at the household-level.** Food resources provided to one target patient through the FSP will likely be shared with the entire household. This pattern can undermine the effectiveness of nutrition services for the target patient and skew the results of the demonstration. We therefore recommend that MassHealth allow nutrition services to be provided at the household-level. Most nutrition services providers in the state already offer services at the household-level and are therefore well-equipped to make this change. We understand that the Centers for Medicare and Medicaid Services (CMS) have historically taken a rigid stance on this issue. However, given its importance to the health of MassHealth enrollees and to the success of the FSP, we urge MassHealth to continue to pursue greater flexibility through the waiver renewal process.

### **C. Enhance Evaluation of the FSP**

The FSP presents an extremely valuable opportunity to test the efficacy of novel interventions to address HRSN. Due to the delay in launching the FSP, MassHealth will be receiving less data than anticipated under the current waiver. Continuing the program in the next waiver will allow additional time for data collection. The waiver renewal proposal also offers an important opportunity for MassHealth to build on lessons learned to strengthen FSP evaluation strategies and supports.

**Recommendation 7: Improve evaluation coordination between MassHealth, ACOs, and SSOs to ensure that consistent and complementary data is being collected from the different stakeholders engaged in flexible services.** Rigorous evaluation of the impact of the

FSP is of the utmost importance as the findings will shape opportunities for future integration of HRSNs services both in MassHealth and across the nation. Though MassHealth has outlined categories of mandatory reporting metrics and timelines to organize evaluation efforts, ACOs and SSOs participating in the FSP have expressed a desire for enhanced guidance and coordination. For example, in our FIMMA Research Task Force evaluation discussion, we learned that organizations measuring the impact of programs on mental health often used different screeners, making data comparison across groups difficult. Similarly, diabetes control may be evaluated based on the percent reduction in HbA1c, HbA1c <9%, or the number of members with HbA1c >9%. MassHealth should offer specifications for outcomes of interest so that data can be compared across partnerships. By providing such guidance, MassHealth can better ensure that the FSP achieves its fundamental goal of establishing a robust set of data to guide future decision-making.

**Recommendation 8: Broaden core evaluation metrics to include food security indicators that are more sensitive to change over time.** Measurement of food insecurity is similarly uncoordinated across ACOs and SSOs participating in the FSP. Validated tools to measure change in food security over the time period of the flexible services interventions should be utilized. Short-term (1-3 years) impacts on cost and health care utilization should not be the only metrics of success for the FSP and the interventions it offers. To better capture the value of flexible services, MassHealth should work with ACOs and SSOs to establish recommended metrics for indicators that may decrease risk factors for disease or those which may affect medium-to-long term (5-20 years) health care costs and utilization. This is especially important for pediatric and rising-risk populations as well as for more preventive nutrition services like produce prescriptions and grocery cards. Additional metrics could include engagement with primary care and behavioral health indicators (where relevant and possible for SSOs to accomplish safely).

#### **D. Strengthen Infrastructure and Operations within the Flexible Services Program**

Many ACOs and SSOs have found the initial processes involved in FSP participation (e.g., partner search, contracting, technology development, HIPAA compliance) difficult to navigate, requiring them to seek one-off assistance or develop individual solutions to what are actually common problems. SSO Prep Fund beneficiaries found Prep Fund meetings to be invaluable community of practice spaces to share experiences, acquire knowledge, and request technical assistance. Unfortunately, not all organizations benefit from that community of practice space. Based upon the experiences of FIMMA members, we believe that a few small changes could dramatically improve the infrastructure available to support ACO and SSO participation in the FSP. While we recognize that some of these changes could be implemented outside of the waiver renewal process, we include them here, given their importance to the overall success of the FSP.

**Recommendation 9: Establish a structured Community of Practice for all ACOs and SSOs participating in the Flexible Services Program.** A structured learning community is an essential component of any novel program with numerous, large organizations participating. Health Resources in Action has created such a space for the SSO Prep Fund beneficiaries, but there is a need for a broader, more structured community of practice. This space will be especially useful for sharing resources, aligning thinking, and offering group-based technical assistance from MassHealth.

**Recommendation 10: Expand technical assistance for ACOs and SSOs.** In addition to establishing a structured community of practice, we encourage MassHealth to expand the range

of technical assistance materials available to ACOs and SSOs. Many participating organizations have expressed a desire for specific guidance documents and templates on topics that are central to successful participation in the FSP such as HIPAA compliance, technological infrastructure, eligibility screening, and program evaluation. Notably, ACOs and SSOs have found assessing ongoing eligibility to be difficult and distinctly different than assessing initial eligibility since the receipt of services may improve certain initial eligibility criteria such as food insecurity. Guidance for assessing ongoing eligibility would be useful. Other technical assistance and guidance topics could include:

- Overcoming contracting and implementation challenges
- Data use agreements, business associate agreements, cyber liability insurance, and vendor security scans
- Best practices surrounding evaluation and the collection of sensitive metrics by SSOs such as those related to behavioral health
- Innovative screening and referral methods
- Enhancing ACO and SSO partnerships
- Reducing health disparities/improving health equity

**Recommendation 11: Continue to provide funding through the SSO Prep Fund and allow for this funding opportunity to prioritize smaller SSOs.** The SSO Prep Fund proved to be an essential doorway to FSP participation for many organizations. The Prep Fund allowed participating organizations to take critical steps, such as building technology platforms and increasing staff to boost organizational capacity. We therefore encourage MassHealth to include continued support for the SSO Prep Fund program in the waiver renewal. To refine the program, we also encourage MassHealth to:

- Provide additional information to applicants regarding the activities that the Prep Fund may be used to support, and
- Remove barriers that limit participation from smaller SSOs such as minimum operating budgets.

By increasing the number of smaller SSOs participating in the FSP, MassHealth could help diversify and expand the number of SSOs in the state that are able to partner with the health care system.

**Recommendation 12: Continue to support the integration of Community Health Workers as key personnel within primary care and behavioral health care teams.** Community health workers (CHWs) often play an essential role in connecting MassHealth enrollees to HRSNs services. Accordingly, CHWs should be adequately compensated, supported, supervised, and engaged in decision-making. We therefore join with other coalitions and organizations across the state in calling for sufficient funding to support the growing role of CHWs (e.g., via an increase to the ACO administrative fee or an adequate primary care sub-capitation payment), and for MassHealth to:

- Implement salary ranges for CHWs based on the recommendation of the Massachusetts Association of Community Health Workers (MACHW); and
- Require the development and implementation of workflow and best practice protocols that clearly describe CHW scope of practice and incorporate CHWs in decision-making processes for patient interventions within primary care and behavioral health.

Finally, while we recognize that efforts to streamline health system technology are likely outside the scope of the 1115 waiver, we also encourage MassHealth to support social needs service entity engagement, data collection efforts, and analysis related to electronic referral and health record systems across the state. Data collection and analysis would help to identify challenges and opportunities for striving towards more universal systems to better support HRSN referral processes and cross-institutional data sharing.

#### **E. Advance and Support ACO Care Coordination for High and Rising-Risk Populations**

As emphasized above, FIMMA believes that the maintenance and expansion of the FSP is critical to MassHealth's efforts to address the impact of HRSN within the ACO program. However, FIMMA also recognizes that the FSP may not be able to reach all members experiencing HRSNs. FIMMA therefore also strongly supports MassHealth establishing greater expectations for HRSN care coordination for high and rising-risk members outside the FSP. We feel that strengthening health care's internal workflows and care coordination outside of the FSP is an essential first step to increasing the existence and efficacy of the community-clinical linkages that help address HRSNs. Therefore, we must expand ACO accountability beyond just screening for HRSNs.

**Recommendation 13: "High- and rising-risk" should be clearly defined.** We encourage you to consider the top 25% of members on a cost basis as meeting this threshold. The definition of the rising-risk category should be inclusive not only of traditional risk scores based on utilization and diagnosis, but other factors including clinician judgement and pediatric-appropriate risk factors.

**Recommendation 14: "Greater expectations" should be clearly defined.** ACOs should be held financially accountable for not only screening patients for HRSNs, but providing responsive care coordination within their institutional bounds. The ACO quality measure related to screening for social needs should be expanded to require ACOs to provide patients who screen positive with appropriate care coordination. MassHealth should provide guidance on the use of validated screening tools to facilitate alignment across ACOs. Additionally, Care coordination may be provided by a Community Health Worker, social worker, or similar staff either employed by the ACO or community partner.

**Recommendation 15: The additional cost to ACOs to provide care coordination must be adequately covered.** Care coordination should be a standard service for patients screening positive for HRSNs, therefore financial incentives must be formalized to enhance care coordination efforts within health systems. MassHealth must provide dedicated resources to ACOs for improving and expanding care coordination for HRSNs.

Thank you again for the opportunity to provide feedback on the proposed concept for the 1115 waiver renewal. FIMMA looks forward to deepening our conversations around this work and strengthening our partnership with MassHealth in pursuit of our shared long-term vision.

Sincerely,

#### **Organizations**

---

##### **About Fresh**

Adam Shyevitch, Chief Program Officer

##### **American Heart Association**

Allyson Perron Drag, Government Relations Director

**Boston Children's Hospital**  
Snehal Shah, Associate Medical Director  
for Community Integration, Department of  
Accountable Care and Clinical Integration

**CareQuest Institute for Oral Health**  
Michael Monopoli, Vice President for Grant  
Strategy

**Community Servings**  
Jean Terranova, Director of Food and  
Health Policy

**The Food Bank of Western  
Massachusetts**  
Christina Maxwell, Director of Programs

**Island Grown Initiative**  
Rebecca Haag, Executive Director

**Massachusetts Food System  
Collaborative**  
Winton Pitcoff, Director

**The Open Door**  
Robin Stone, Nutrition Services Manager

**Project Bread**  
Jennifer Obadia, Senior Director of Health  
Care Partnerships

**Sustainable CAPE - Center for  
Agricultural Preservation & Education**  
Francie Randolph, Founding Director

**Boston Public Health Commission**  
Mary Bovenzi, Director, Chronic Disease  
Prevention and Control Division

**Center for Health Law and Policy  
Innovation**  
Katie Garfield, Clinical Instructor

**EatWell Meal Kits**  
Dan Wexler, CEO

**Health Care Without Harm**  
Nancy Kohn, U.S. Eastern Regional  
Director of Innovation and Equity

**Just Roots**  
Jessica O'Neill, Executive Director

**Mill City Grows**  
Jessica Wilson, Executive Director

**Process First**  
Matt Haffenreffer, Principal

**UMass Memorial Medical Center**  
Kimberly Reckert, Community Health  
Manager

**Sustainable CAPE - Center for  
Agricultural Preservation & Education**  
Francie Randolph, Founding Director

## Individuals\*

---

**Alan Balsam PhD, MPH**  
Adjunct Associate Professor  
Tufts Medical School and BU School of  
Public Health

**Kelly Flannery, MPH**  
Community Resource Specialist  
Mass General Hospital for Children

**Kurt Hager, PhD Candidate**  
Tufts University Friedman School

**Eliza Hallett, MS**  
Research and Evaluation Coordinator  
Boston Medical Center

**Lily Hsu, Ed. D.**  
President  
Laboure College of Healthcare

**Barbara Olendzki, RD, MPH, LDN**  
Associate Professor  
UMass Medical School

**Marena Sullivan, MPH**  
Program Manager  
Boston University

*\*Individual title information given for identification purposes only*