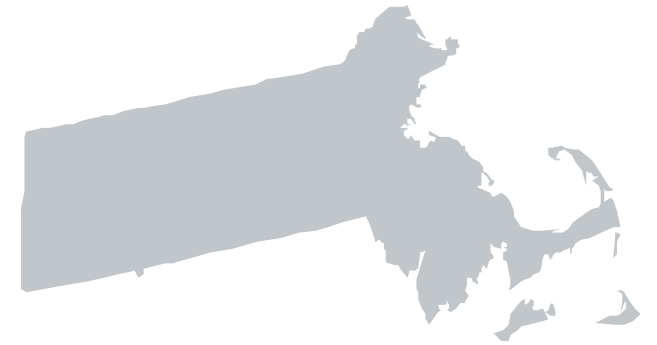




OPEN MINDS

Massachusetts Health & Human Services Market Profile



Health & Human Services Market Profile Overview

A. [Executive Summary](#)

1. Health Care Coverage by Payer
2. Medicaid Care Coordination Initiatives
3. Behavioral Health Safety-Net System Overview

B. [Health Financing System Overview](#)

1. Population Demographics
2. Population Centers
3. Population Distribution By Payer
4. Largest Health Plans
5. Health Insurance Marketplace
6. Accountable Care Organizations (ACOs)

C. [Medicaid Administration, Governance & Operations](#)

1. Medicaid Governance
2. Medicaid Program Spending
3. Medicaid Expansion Status
4. Medicaid Program Benefits

D. [Medicaid Financing & Service Delivery System](#)

1. Medicaid Financing & Service Delivery System
2. Medicaid FFS Program
3. Medicaid Managed Care Program
4. Medicaid Program: Care Coordination Initiatives
5. Medicaid Program Waivers
6. Medicaid Program: New Initiatives

E. [Dual Eligible Financing & Service Delivery System](#)

1. Dual Eligible Medicaid Financing & Service Delivery System
2. Largest Dual Eligible Plans By Estimated SMI Enrollment
3. Dual Eligible Medicaid Financing & Delivery System: Overview
4. Dual Eligible Medicaid Financing & Delivery System: New Initiatives

F. [Long-Term Services & Supports Financing & Service Delivery System](#)

1. LTSS Financing & Service Delivery System
2. LTSS Medicaid Financing & Delivery System: Overview
3. Medicaid LTSS Program: Health Plan Characteristics
4. Medicaid LTSS Program: Health Benefits
5. LTSS Medicaid Financing & Delivery System: New Initiatives

G. [State Behavioral Health Administration & Finance System](#)

1. Public Behavioral Health System Governance
2. Public Behavioral Health System Spending
3. State Psychiatric Institutions
4. Behavioral Health Safety-Net Delivery System

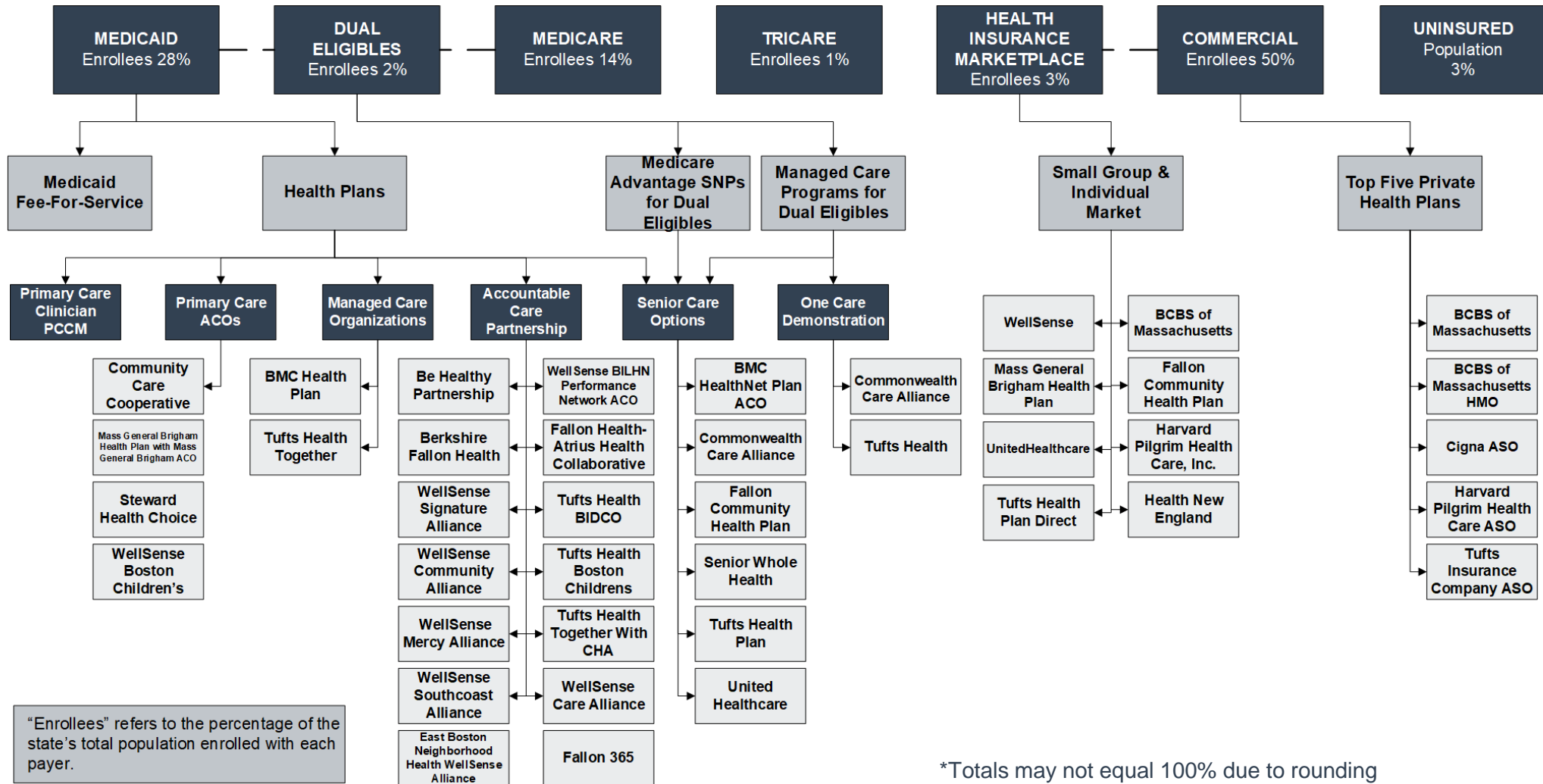
H. [Appendices](#)

1. *OPEN MINDS* Estimates For The Share Of SMI Consumers By Payer/Plan
2. Glossary Of Terms
3. Sources

A. Executive Summary

A.1. Massachusetts Physical Health Care Coverage by Payer

Total Massachusetts Population (6,984,723) Estimated SMI Population (481,917)



A.2. Health & Human Services Care Coordination Initiatives

Care Coordination Entities For Chronic Care Populations (Including SMI)		
Care Coordination Entity	Active Program	Description
Managed Care Health Plan	✓	Health plans are responsible for care coordination.
Primary Care Case Management (PCCM)	✓	Massachusetts operates both a traditional PCCM and an ACO-based PCCM program.
Accountable Care Organization (ACO) Program	✓	The state launched its statewide ACO managed care program in March 2018.
Affordable Care Act (ACA) Model Health Home		None.
Patient-Centered Medical Home (PCMH)	✓	The state has a PCMH certification program for primary care practices that demonstrate integrated behavioral health capabilities.
Dual Eligible Demonstration	✓	The state launched the Senior Care Options dual eligible demonstration in 2004 and the One Care demonstration in 2013.
Managed Long-Term Services and Supports (MLTSS)	✓	Massachusetts currently operates an LTSS program
Certified Community Behavioral Health Clinics (CCBHC) Grant	✓	The state was awarded a CCBHC planning grant but was not selected for the CCBHC test program. The state currently operates 12 CCBHCs under federal funding.
Other Care Coordination Initiative		None.

A.3. Health Care Safety-Net Delivery System

State Agencies Responsible For Uninsured Citizens & Delivery System Model

Physical Health Services

- The Health Safety Net (HSN) office within the Executive Office of Health and Human Services provides funding for acute care hospitals and community health centers for health care services provided to uninsured Massachusetts residents.

Mental Health Services

- The Department of Mental Health (DMH) is responsible for mental health services for the safety-net population. It funds a community-based system through contracted service provider organizations. Mental health services are also funded through the HSN program.

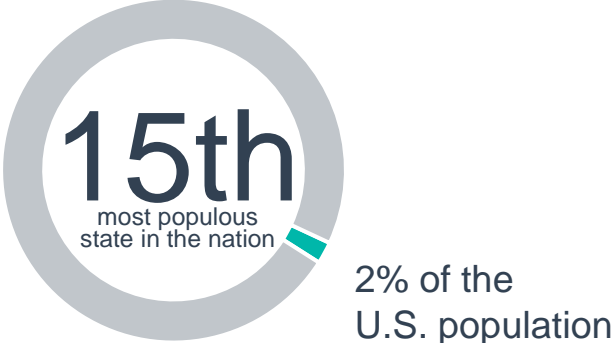
Addiction Treatment Services

- The Bureau of Substance Abuse Services within the Massachusetts Department of Public Health is responsible for addiction treatment services for the safety-net population. Addiction treatment services are also funded through the HSN program.

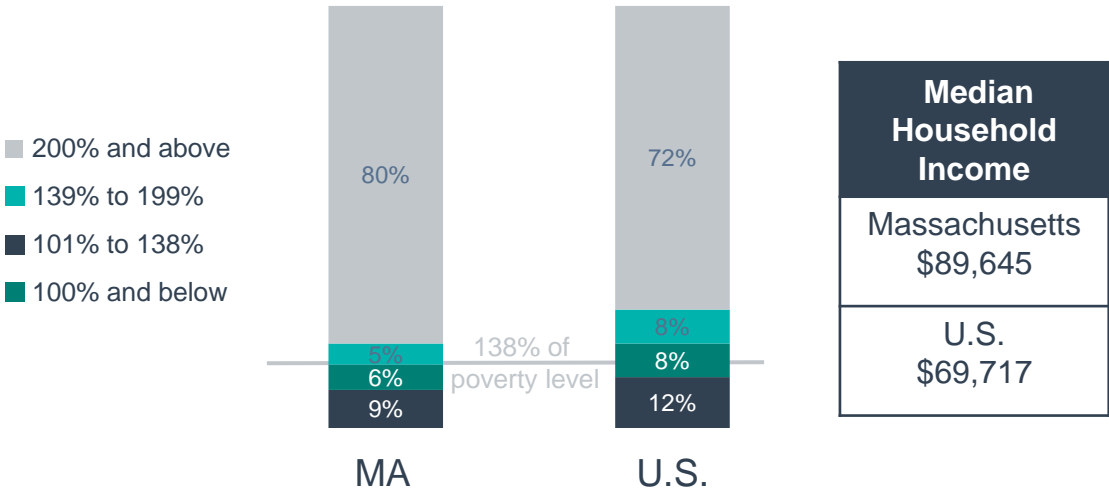
B. Massachusetts Health Financing System Overview

B.1. Population Demographics

Total Massachusetts Population- 6,984,723
 Estimated SMI Population- 481,917



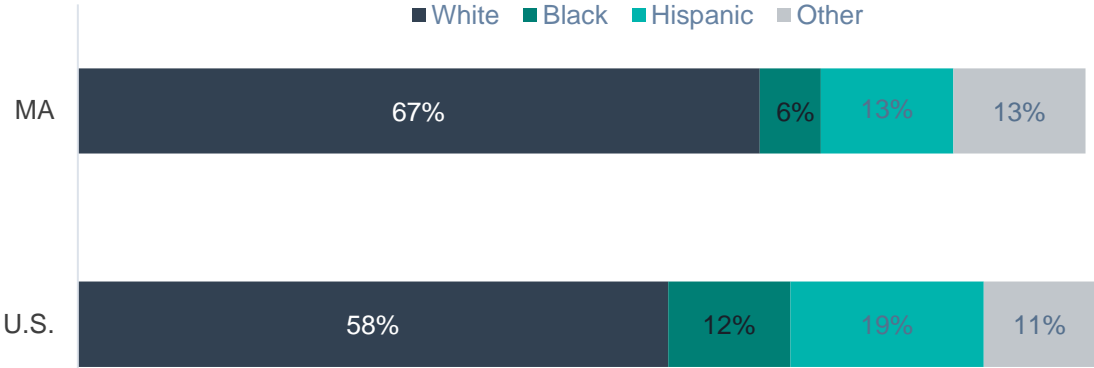
Population Distribution By Income To Poverty Threshold Ratio



Population Distribution By Age

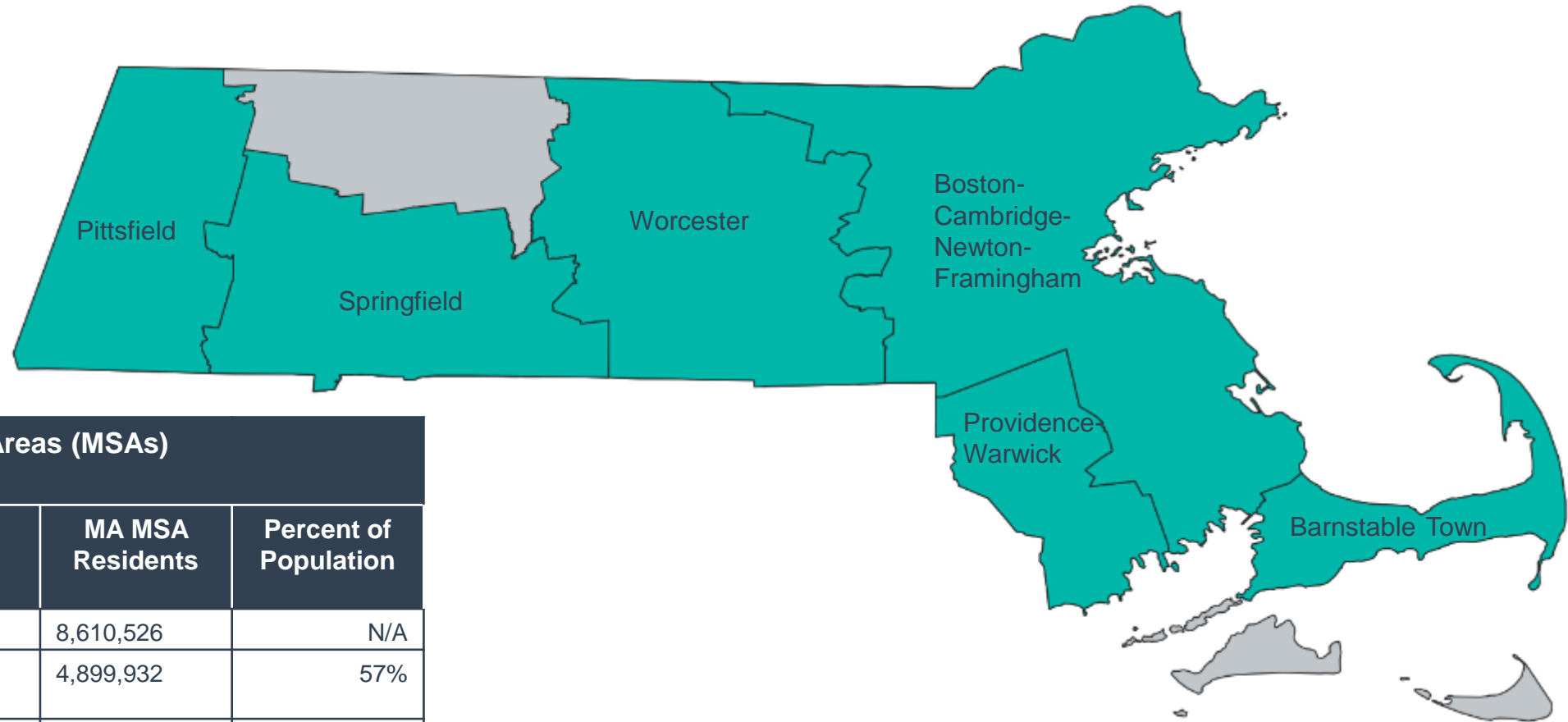


Massachusetts & U.S. Racial Composition



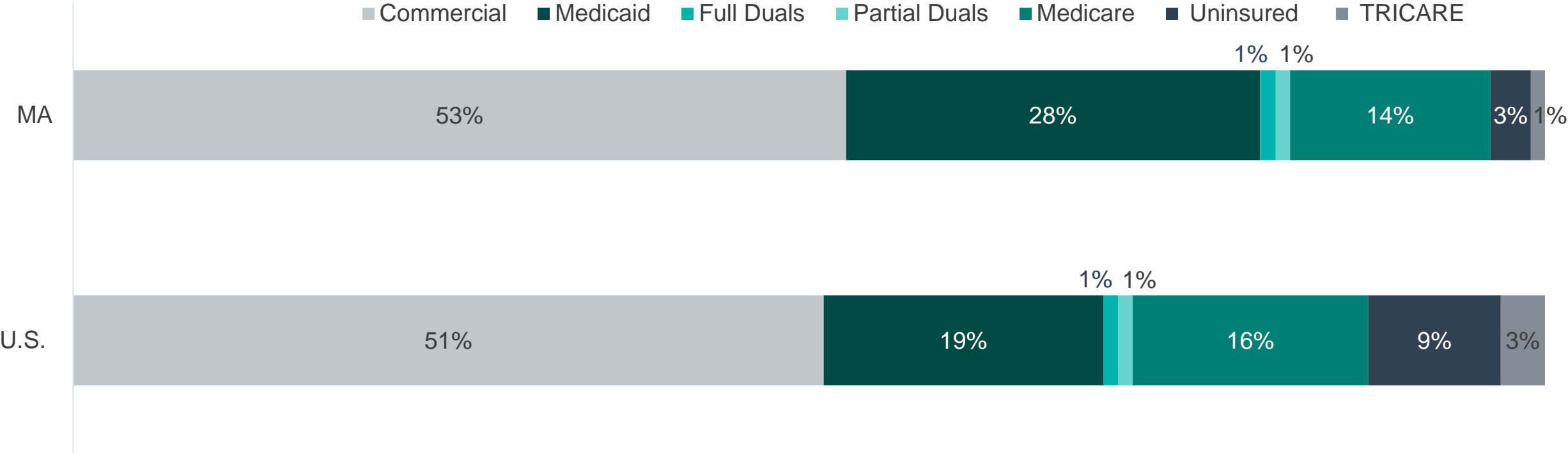
*Totals may not equal 100% due to rounding

B.2. Population Centers



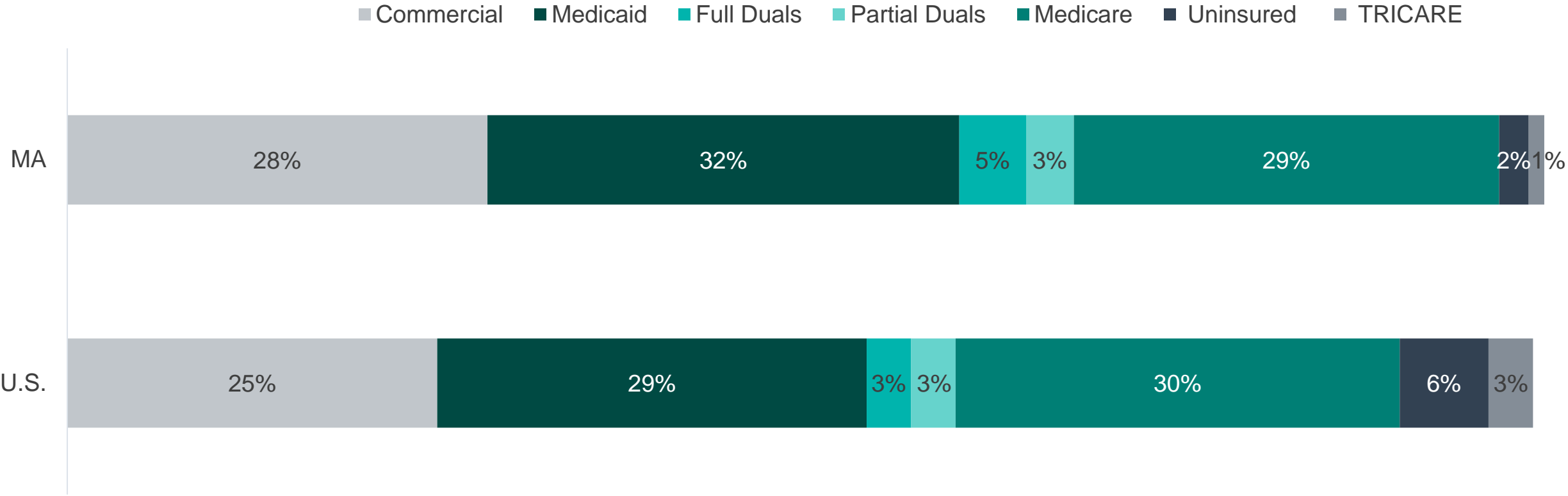
Metropolitan Statistical Areas (MSAs)		
MSA	MA MSA Residents	Percent of Population
Total MSA Population	8,610,526	N/A
Boston-Cambridge-Newton-Framingham, MA-NH	4,899,932	57%
Providence-Warwick, RI-MA	1,675,774	20%
Worcester, MA-CT	978,447	11%
Springfield, MA	695,305	8%
Barnstable Town, MA	232,411	3%
Pittsfield, MA	128,657	1%

B.3. Population Distribution By Payer: National vs. State



*Totals may not equal 100% due to rounding

B.3. SMI Population Distribution By Payer: National vs. State



*Totals may not equal 100% due to rounding

B.4. Largest Massachusetts Health Plans By Enrollment

Plan Name	Plan Type	Enrollment*
Blue Cross Blue Shield of Massachusetts	Commercial Administrative Services Organization (ASO)	2,194,907
Blue Cross Blue Shield of Massachusetts HMO	Commercial	637,574
Harvard Pilgrim Health Care	Commercial	369,426
Harvard Pilgrim Health Care, Inc ASO	Commercial ASO	364,404
Tufts Insurance Company ASO	Commercial ASO	355,336
Harvard Pilgrim Health Care Insurance Company	Commercial	331,145
Cigna ASO	Commercial ASO	275,016
AllWays Health Partners	Commercial	207,447
AllWays Health Partners	Medicaid managed care	207,301
Tufts Health Public Plans	Commercial	168,876

* Medicaid enrollment as of January 2023; TRICARE as of January 2023; Commercial as of January 2023; Medicare enrollment as of January 2023

B.4. Largest Massachusetts Health Plans By Estimated SMI Enrollment

Plan Name	Plan Type	Enrollment*	Estimated SMI Enrollment
Blue Cross Blue Shield of Massachusetts	Commercial ASO	2,184,907	89,581
Tufts Senior Care Options	Medicare Advantage	112,325	35,944
Blue Cross Blue Shield of Massachusetts HMO Blue	Commercial	637,574	26,141
Blue Cross Blue Shield of Massachusetts PPO Blue	Medicare Advantage	56,062	17,940
AllWays Health Partners	Medicaid managed care	207,301	17,828
Harvard Pilgrim Health Care	Commercial	369,425	15,146
Harvard Pilgrim Health Care ASO	Commercial ASO	364,404	14,941
Tufts Insurance Company ASO	Commercial ASO	355,336	14,569
Harvard Pilgrim Health Care Insurance Company	Commercial	331,145	13,577
Cigna ASO	Commercial ASO	275,016	11,276

* Medicaid enrollment as of January 2023; TRICARE as of January 2023; Commercial as of January 2023; Medicare enrollment as of January 2023

B.5. Health Insurance Marketplace

Health Insurance Marketplace	
Health plan Marketplace Percentage	3%
Type of Marketplace	State-based
Individual Enrollment Contact	https://betterhealthconnector.com/
	1-877-623-6765
Small Business Enrollment Contact	https://www.mahealthconnector.org/business/employers
	1-877-623-6765

2023 Individual Market Health Plans
1. Mass General Brigham Health Plan (formerly AllWays Health Partners)
2. WellSense (formerly BMC)
3. Blue Cross Blue Shield of Massachusetts
4. Fallon Community Health Plan
5. Harvard Pilgrim Health Care
6. Health New England
7. Tufts Health Plan Direct
8. UnitedHealthcare

2023 Small Group Market Health Plans
Massachusetts merged their Small Group and Individual Marketplaces.

B.6. Accountable Care Organizations

Medicare Shared Savings ACOs

1. Beth Israel Deaconess Physician Organization
2. BHS Accountable Care, LLC
3. BMC Integrated Care Services
4. Caravan Health ACO 13, LLC
5. Caravan Health ACO 17, LLC
6. CareConnectMD ACO, Inc
7. Circle Health Alliance
8. Coastal Medical, Inc
9. Connected Care of Southeastern Massachusetts
10. Integra Community Care Network, LLC
11. Lahey Clinical Performance Accountable Care Organization
12. Lifespan Health Alliance, LLC
13. Mount Auburn Cambridge Independent Practice Association
14. Partners HealthCare Accountable Care Organization
15. Physicians Accountable Care Solutions, LLC
16. SolutionHealth ACO LLC
17. Southcoast Accountable Care Organization
18. Steward National Care Network
19. Trinity Health of New England ACO LLC
20. UMass Memorial Accountable Care Organization

Medicare Next Generation ACOs

1. Atrius Health, Inc
2. NEQCA Accountable Care
3. Pioneer Valley Accountable Care
4. Reliant Medical Group, Inc

Medicare End-Stage Renal Disease ACOs

1. Fresenius Seamless Care of Massachusetts

Note: For a listing of Medicaid ACOs see [section D.3.](#)

B.6. Accountable Care Organizations

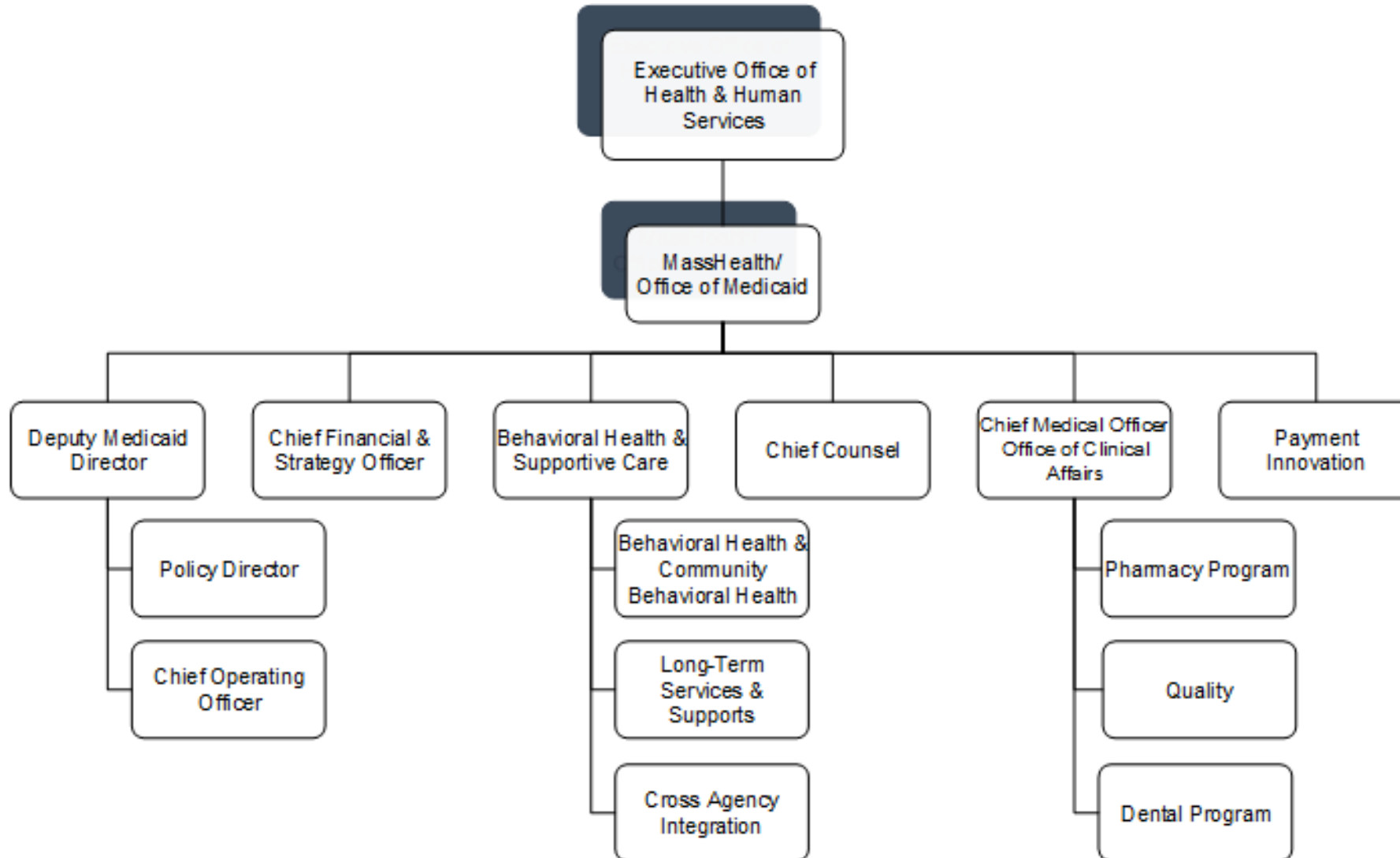
Commercial ACOs	
ACO	Commercial Insurer
Atrius Health, Inc	Blue Cross Blue Shield of Massachusetts, Always Health Partners, Harvard Pilgrim Health Care, Tufts Health Plan
Baycare Health Partners	Blue Cross Blue Shield of Massachusetts, Health New England
Beth Israel Deaconess Care Organization	Blue Cross Blue Shield of Massachusetts, Cigna, Harvard Pilgrim Health Care, Tufts Health Plan, Unicare
Boston Accountable Care Organization, Inc	Blue Cross Blue Shield of Massachusetts, Tufts Health Plan
Children's Hospital Integrated Care Organization	Blue Cross Blue Shield of Massachusetts
Children's Medical Center Corporation	Blue Cross Blue Shield of Massachusetts, Tufts Health Plan
Lahey Clinical Performance Network, LLC	Blue Cross Blue Shield of Massachusetts, Harvard Pilgrim Health Care, Cigna, Tufts Health Plan, Unicare

B.6. Accountable Care Organizations

Commercial ACOs	
ACO	Commercial Insurer
Mount Auburn Cambridge Independence Practice Association, Inc	Blue Cross Blue Shield of Massachusetts, Harvard Pilgrim Health Care, Tufts Health Plan
Partners HealthCare Accountable Care Organization	Blue Cross Blue Shield of Massachusetts, Always Health Partners, Harvard Pilgrim Health Care, Tufts Health Plan, Unicare
Reliant Medical Group, Inc	Blue Cross Blue Shield of Massachusetts, Harvard Pilgrim Health Care, Fallon Community Health Plan, Tufts Health Plan
Riverbend Medical Group	Blue Cross Blue Shield of Massachusetts
Signature Healthcare	Blue Cross Blue Shield of Massachusetts, Tufts Health Plans, BMC HealthNet
Southcoast Health Network, LLC	Blue Cross Blue Shield of Massachusetts, Harvard Pilgrim Health Care, Fallon Community Health Plan, Tufts Health Plan
Steward Health Care Network, Inc	Blue Cross Blue Shield of Massachusetts, BMC HealthNet, Harvard Pilgrim Health Care, Tufts Health Plan, Unicare
Wellforce, Inc	Blue Cross Blue Shield of Massachusetts, Harvard Pilgrim Health Care, Fallon Community Health Plan, Tufts Health Plan, Unicare

C. Medicaid Administration, Governance & Operations

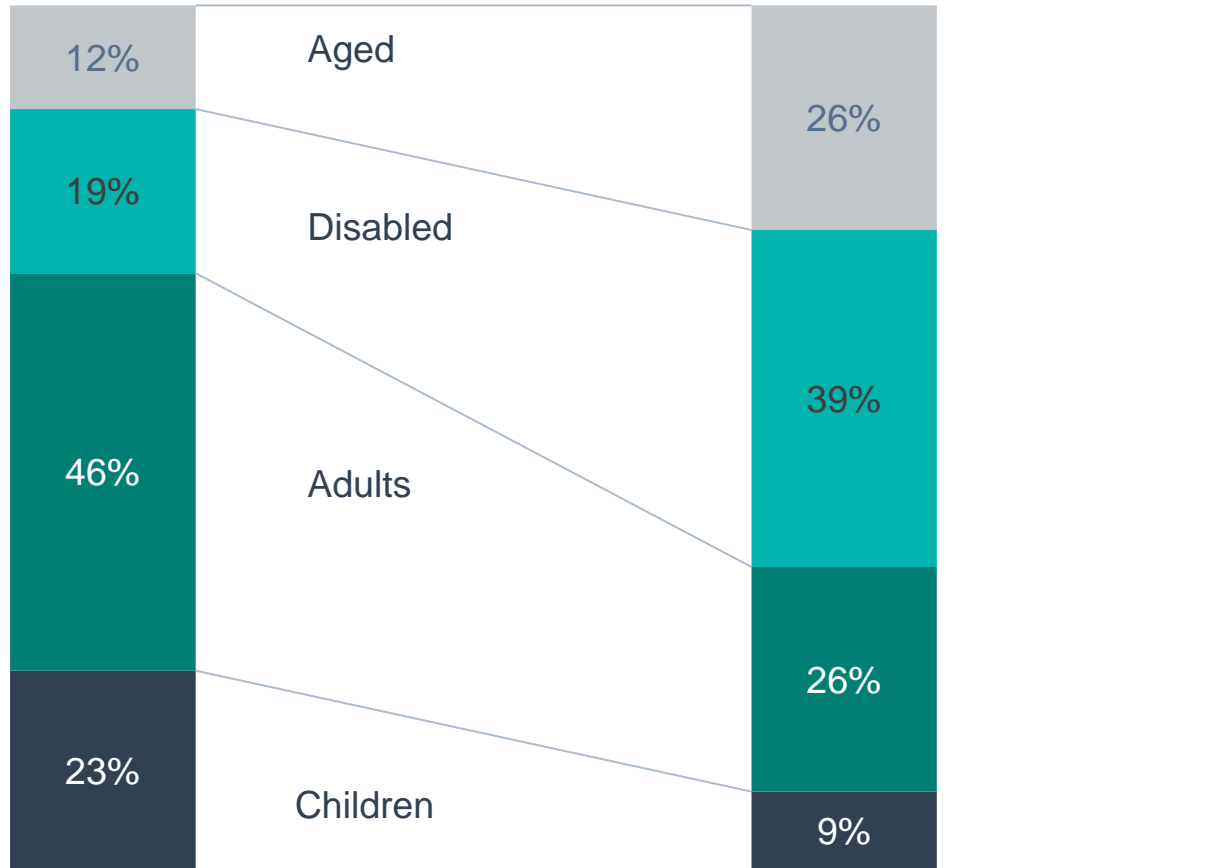
C.1. Medicaid Governance: Organization Chart



C.1. Medicaid Governance: Key Leadership

Name	Position	Department	Email
Kate Walsh	Secretary	Executive Office of Health and Human Services	Kate.walsh@mass.gov
Karen Tseng	Undersecretary	Executive Office of Health and Human Services	Karen.tseng@mass.gov
Michael Levine	Assistant Secretary for MassHealth	Executive Office of Health and Human Services	Michael.levine@mass.gov
Paul Jeffrey	Pharmacy Director	MassHealth/Office of Medicaid	paul.jeffrey@mass.gov

C.2. Medicaid Program Spending By Eligibility Group



Percent of Total Medicaid Population

Percent of Total Medicaid Spending

Medicaid Spending Per Enrollee, FY 2020		
	U.S.	MA
All populations	\$8,718	\$10,077
Children	\$3,495	\$3,991
Adults	\$5,461	\$4,661
Expansion adults	\$7,227	\$7,791
Blind and disabled	\$23,123	\$19,073
Aged	\$18,552	\$20,628

*Totals may not equal 100% due to rounding

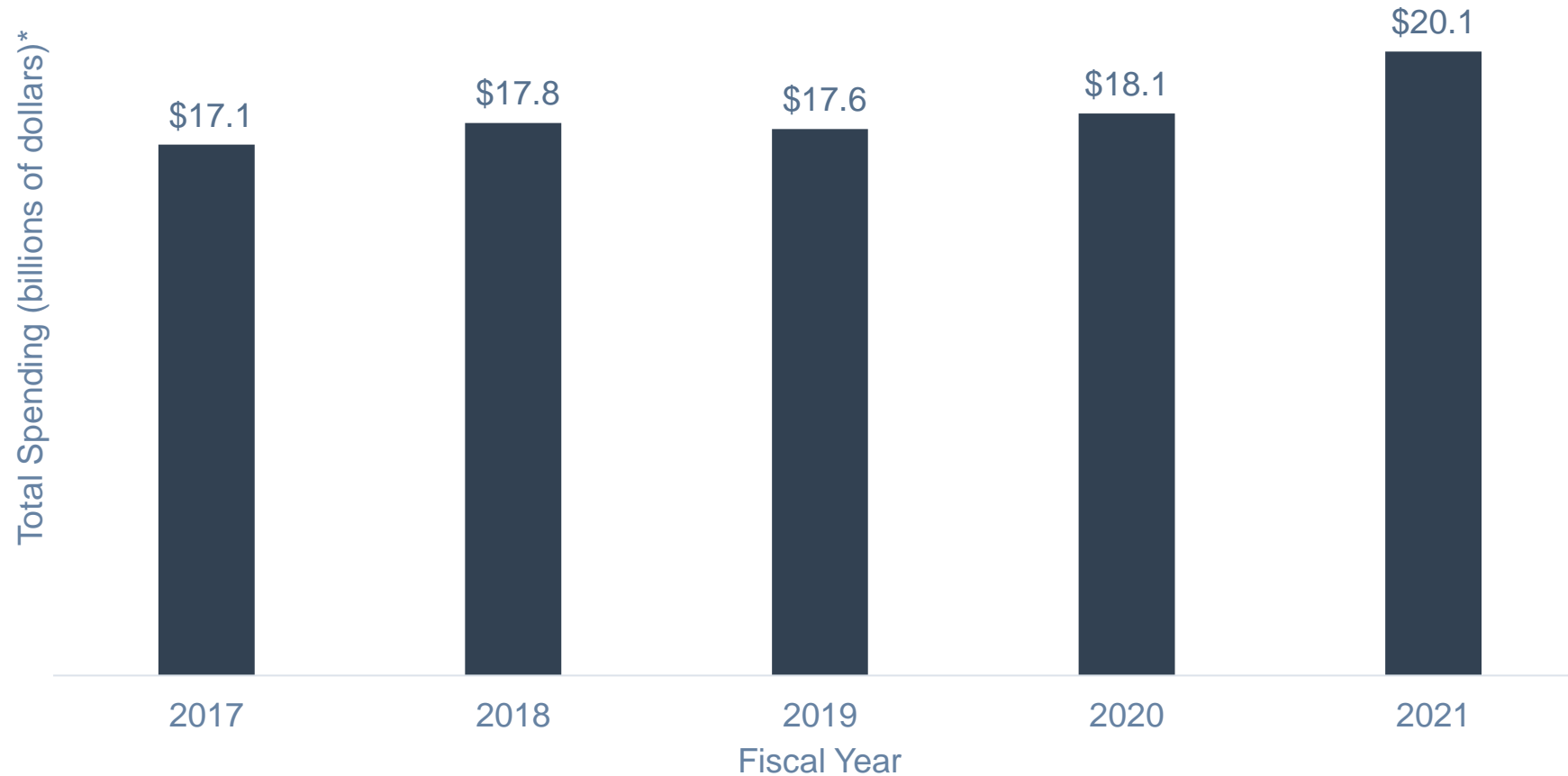
C.2. Medicaid Program Spending: Budget

Budget Item	SFY21 Spending	Percent Of Budget
Managed care and premium assistance	\$8,191,000,000	41%
Home- and community-based LTSS	\$3,957,000,000	20%
Hospital	\$2,595,000,000	13%
Institutional LTSS	\$1,849,000,000	9%
Other acute services	\$1,477,000,000	7%
Medicare premiums and coinsurance	\$648,000,000	3%
Drugs	\$371,000,000	2%
Physician	\$369,000,000	2%
Clinic and other health center	\$300,000,000	1%
Dental	\$279,000,000	1%
Other practitioner	\$47,000,000	<1%
Budget Total: \$20,083,000,000		

Federal & County Financial Participation	
FY 2023 Federal Medical Assistance Percentage (FMAP)	56.2%
CY 2023 Newly Eligible FMAP (expansion population)	88%
Counties contribute to state Medicaid share	No

*Totals may not equal 100% due to rounding

C.2. Medicaid Program Spending: Change Over Time



C.3. Medicaid Expansion Status

Medicaid Expansion	
Participating In Expansion	Yes
Date Of Expansion	<ul style="list-style-type: none"> January 2014. Prior to the implementation of Patient Protection and Affordable Care Act (PPACA) expansion, childless adults with incomes below 130% of the Federal Poverty Level (FPL) were covered through the 1115 demonstration program Commonwealth Care.
Medicaid Eligibility Income Limit For Able-Bodied Adults	<ul style="list-style-type: none"> 130% of FPL ages 21 and over; 150% of FPL for 19- and 20-year-olds. Note: The PPACA requires that 5% of income be disregarded when determining eligibility. Adults with incomes up to 300% of FPL may be eligible for premium assistance if employed by a small business.
Legislation Used To Expand Medicaid	188th General Court Bill G.3452 aligned the Massachusetts Medicaid program with the PPACA.
Number Of Individuals Enrolled In The Expansion Group (October 2022)	441,600
Number Of Enrollees Newly Eligible Due To Expansion	0
Benefits Plan For Expansion Population	<ul style="list-style-type: none"> The alternative benefit plan (ABP) is similar to the state plan. Adult day health services, adult foster care services, and personal care services are not included in the ABP. Medically frail individuals must be offered the full array of state plan services. Individuals with SMI or chronic addiction are considered to be medically frail.

C.4. Medicaid Program Benefits

Federally Mandated Services

1. Inpatient hospital services other than services in an institution for mental disease (IMD)
2. Outpatient hospital services
3. Rural Health Clinic services
4. Federally Qualified Health Center (FQHC) services
5. Laboratory and x-ray services
6. Nursing facilities for individuals 21 and over
7. Early and Periodic Screening and Diagnosis and Treatment (EPSDT)
8. Family planning services and supplies
9. Free standing birth centers
10. Pregnancy-related and postpartum services
11. Nurse midwife services
12. Tobacco cessation programs for pregnant women
13. Physician services
14. Medical and surgical services of a dentist
15. Home health services
16. Nurse practitioner services
17. Non-emergency transportation to medical care

Massachusetts's Optional Services

1. Podiatrists' services
2. Chiropractors' services
3. Other practitioners' services
4. Private duty nursing
5. Dental services
6. Physical therapy
7. Occupational therapy
8. Speech and hearing services and therapy
9. Prescribed drugs
10. Prosthetics and orthotics
11. Durable medical equipment
12. Vision care and eyeglasses
13. Rehabilitative services
14. Hospice care
15. Respiratory care
16. Nursing facility services
17. Personal care services
18. Targeted Case Management
19. Long term care services

D. Medicaid Financing & Service Delivery System

D.1. Medicaid Financing & Service Delivery System

Medicaid System Characteristics					
Characteristics	Fee-For-Service (FFS)*	Primary Care Clinician	Primary Care Accountable Care Organization	Managed Care Organization	Accountable Care Partnership Plan
Enrollment (February 2023)**	90,101	148,187	488,673	45,905	724,566
SMI Enrollment	<ul style="list-style-type: none"> Massachusetts does not specifically preclude individuals with SMI from enrolling in managed care based on a diagnosis of SMI; however, individuals with SMI may be enrolled in FFS based on other criteria. Estimated 6% of the SMI population in FFS, 94% in managed care. 				
Management	Executive Office of Health and Human Services (EOHHS)	<ul style="list-style-type: none"> Physical Health: EOHHS Behavioral Health: Massachusetts Behavioral Health Partnership (MBHP) 	<ul style="list-style-type: none"> Physical Health: EOHHS and three ACOs Behavioral Health: MBHP 	Two health plans	13 ACOs
Payment Model	FFS	<ul style="list-style-type: none"> Physical Health: FFS and enhanced rate for certain services Behavioral Health: Capitated rate 	<ul style="list-style-type: none"> Physical Health: FFS and shared savings/losses Behavioral Health: Capitated rate 	Capitated rate	Capitated rate
Geographic Service Area	Statewide	Statewide	Statewide	Statewide, plans available by town	Statewide, plans available by town

Total Medicaid: 1,497,432

Total Medicaid With SMI: 128,779

D.1. Medicaid System Overview

Medicaid Financial Delivery System Enrollment

Total Medicaid population distribution	<ul style="list-style-type: none"> As of February 2023: 6% in fee-for-service (FFS), 94% in managed care.
SMI population inclusion in managed care	<ul style="list-style-type: none"> Massachusetts does not specifically preclude individuals with SMI from enrolling in managed care; therefore, the majority of the SMI population is enrolled in managed care. Estimated 6% of the SMI population in FFS, 94% in managed care.
Dual eligible population inclusion in managed care	<ul style="list-style-type: none"> Dual eligibles are excluded from the state's main managed care program but may voluntarily enroll in dual demonstration programs where available. Estimated 71% of population in FFS, 29% in managed care.
Long-term services and supports inclusion in managed care	<ul style="list-style-type: none"> LTSS services are offered through the Dual Eligible demonstration. Estimated 71% of population in FFS, 29% in managed care.

Medicaid Financing & Risk Arrangements: Behavioral Health

Service Type	FFS Population	Managed Care Population
Traditional behavioral health	Covered FFS by the state	<ul style="list-style-type: none"> Primary Care Clinician (PCC) and Primary Care Accountable Care Organization (PC-ACO) models: The Massachusetts Behavioral Health Partnership acts as a prepaid inpatient health plan for a capitated rate. Managed Care Organization (MCO) and Accountable Care Partnership Plan (ACPP) models: Included in the health plan's capitation rate.
Specialty behavioral health	Covered FFS by the state	
Pharmaceuticals	Covered FFS by the state	<ul style="list-style-type: none"> PCC and PC-ACO: Covered FFS by the state. MCO and ACPP: Included in the health plan's capitation rate.
Long-term services and supports (LTSS)	Covered FFS by the state	<ul style="list-style-type: none"> Covered by either ACO, MCO, or MassHealth directly

D.1. Medicaid Care Coordination Initiatives

Care Coordination Entities For Chronic Care Populations (Including SMI)		
Care Coordination Entity	Active Program	Description
Managed Care Health Plan	✓	Health plans are responsible for care coordination.
Primary Care Case Management (PCCM)	✓	Massachusetts operates both a traditional PCCM and an ACO-based PCCM program.
Accountable Care Organization (ACO) Program	✓	The state launched its statewide ACO managed care program in March 2018.
Affordable Care Act (ACA) Model Health Home		None.
Patient-Centered Medical Home (PCMH)	✓	The state has a PCMH certification program for primary care practices that demonstrate integrated behavioral health capabilities.
Dual Eligible Demonstration	✓	The state launched the Senior Care Options dual eligible demonstration in 2004 and the One Care demonstration in 2013.
Managed Long-Term Services and Supports (MLTSS)	✓	Massachusetts now offers LTSS for Medicaid members
Certified Community Behavioral Health Clinics (CCBHC) Grant	✓	The state was awarded a CCBHC planning grant but was not selected for the CCBHC test program. The state currently operates 12 CCBHCs under federal funding.
Other Care Coordination Initiative		None.

D.1. Medicaid Service Delivery System Enrollment By Eligibility Group

Population	Mandatory FFS Enrollment	Option To Enroll In FFS Or Managed Care	Mandatory Managed Care Enrollment*
Parents and caretakers			X
Children			X
Blind and disabled individuals			X
Aged individuals (including dual eligibles)	<ul style="list-style-type: none"> Regions without Senior Care Options demonstration Other HCBS waiver enrollees 	<ul style="list-style-type: none"> Regions with Senior Care Options demonstration Frail Elder HCBS waiver enrollees 	
Dual eligibles (under age 65)	<ul style="list-style-type: none"> Regions without One Care demonstration HCBS waiver enrollees 	<ul style="list-style-type: none"> Regions with One Care demonstration 	
Medicaid expansion			X
Individuals residing in nursing homes	X		
Individuals residing in ICF/IDD	X		
Individuals in foster care		X	
Other populations	<ul style="list-style-type: none"> Other third-party insurance Presumptive eligibility Receiving limited coverage Hospice care Enrollment in HCBS Waiver, but not eligible for SSI 	<ul style="list-style-type: none"> Kaileigh Mulligan children Medically complex children in the care/custody of Department of Children and Families 	Enrolled in the Breast and Cervical Cancer Program

D.1. Medicaid Financing & Service Delivery System: Overview

- In Massachusetts, the CHIP and Medicaid programs are combined into one program called MassHealth.
- Within MassHealth, Massachusetts has a variety of benefits packages that cover both standard Medicaid and additional optional populations. The different benefit packages are based on an individual's eligibility group.

Program	Eligibility	Benefits
Standard	<ul style="list-style-type: none"> • Children, parents, and caretaker relatives • Disabled persons with income below 133% of FPL • Medically frail expansion enrollees 	<ul style="list-style-type: none"> • State plan benefits • Section 1115 demonstration benefits as authorized
CarePlus New Adult Group	<ul style="list-style-type: none"> • Ages 21 to 64 • Income below 130% of the FPL 	<ul style="list-style-type: none"> • All state plan benefits except long-term services and supports, chiropractic services, and targeted case management • Section 1115 demonstration benefits as authorized
CommonHealth Adults	<ul style="list-style-type: none"> • Between the ages of 21 and 64 and permanently disabled • Income above 133% of FPL • Employed or unemployed • May require a one-time deductible of income in excess of program standards 	<ul style="list-style-type: none"> • State plan benefits • Section 1115 demonstration benefits as authorized
Family Assistance	<ul style="list-style-type: none"> • Adults under the age of 64 who are HIV positive, with income between 133% and 200% of FPL • Children with family income between 150% and 300% of FPL 	<ul style="list-style-type: none"> • All state plan benefits except adult day health services, adult foster care services, non-emergency transportation, personal care services, targeted case management, and private duty nursing • Section 1115 demonstration benefits as authorized
Small Business Premium Assistance	Individuals who work for a small business and have income between 133% and 300% of the FPL	Premium assistance contributions to employer sponsored-plan

D.2. Medicaid FFS Program: Overview

- FFS enrollment as of February 2023 was 90,101.

D.2. Medicaid FFS Program: Behavioral Health Overview

- Adults enrolled in the FFS program receive behavioral health benefits on a FFS basis.
- Adults enrolled in the FFS program may receive in addition to state plan services; Community Support Program, Assertive Community Treatment, Structured Outpatient Addiction, and Intensive Outpatient Program services as part of the diversionary behavioral health services dependent on their clinical need.
- Additional addiction treatment benefits for both the FFS and managed care populations are authorized by the section 1115 MassHealth demonstration waiver, as listed on the following slide.
- Children in the FFS program receive behavioral health services through a capitated behavioral health organization called the Massachusetts Behavioral Health Partnership, which is operated by Beacon Health Options.
 - Kaileigh Mulligan children and children receiving Title IV-E are passively enrolled in the Massachusetts Behavioral Health Partnership but may opt-out.
 - This population is eligible for the section 1115 waiver diversionary services.

D.2. Medicaid FFS Program: Behavioral Health Benefits

FFS Mental Health Benefits

1. Diagnostic services and testing
2. Individual, group, couple, and family therapy
3. Case consultation
4. Psychotherapy for crisis
5. Emergency services program
6. Medication visit
7. Psychiatric inpatient treatment
8. Psychiatric outpatient treatment
9. Partial hospitalization and day treatment
10. Targeted case management

FFS Addiction Treatment Benefits

1. Inpatient acute detoxification
2. Individual, family, and group counseling
3. Case consultation
4. Opioid treatment services
5. Medication visit
6. Acupuncture detoxification
7. Intensive outpatient and enhanced inpatient detoxification for pregnant mothers
8. Day treatment for pregnant mothers

Services Under MassHealth Section 1115 Waiver:

1. High-intensity residential services (to be added in future)
2. Low-intensity residential rehabilitation services
3. Low-intensity transitional support services
4. Recovery support navigator services
5. Recovery coach services

D.2. Medicaid FFS Program: SMI Population

- Massachusetts does not specifically preclude individuals with SMI from enrolling in managed care based on a diagnosis of SMI; however, individuals with SMI may be enrolled in FFS based on other criteria.
- As of February 2023, OPEN MINDS estimates that 6.8% of the SMI population was enrolled in FFS.

D.2. Medicaid FFS Program: Pharmacy Benefit

Massachusetts FFS Program Pharmacy Benefit & Utilization Restrictions	
State Uses Pharmacy Benefit Manager	Yes, Conduent.
Responsible For Financing General Pharmacy Benefit	Medicaid FFS.
Responsible For Financing Mental Health Pharmacy Benefit	Medicaid FFS.
State Uses A Preferred Drug List (PDL) For General Pharmacy	Yes, called the MassHealth Drug List (MHDL).
State Uses A PDL For Mental Health Drugs	Yes, antipsychotics, antidepressants, and anti-anxiety drugs are included on the MHDL.
State Uses A PDL For Addiction Treatment Drugs	Yes, drug and alcohol cessation agents are included on the MHDL.
Coverage Of Antipsychotic Injectable Medications	Yes, included on the MHDL.
Utilization Restrictions For Mental Health Or Addiction Treatment Drugs	<ul style="list-style-type: none"> • The state requires a trial of the preferred drug or clinical rationale for prescribing a non-preferred drug within a therapeutic class. • Additional age and quantity limits apply to certain mental health and addiction treatment drugs. • Certain restrictions apply to buprenorphine drugs based on past opioid claims.
State Has A Pharmacy Lock-In Program Or Other Restriction Program	Yes, called the Controlled Substances Management Program. Enrollees are restricted to a single pharmacy for at least 12 months if they fill 11 or more controlled substance prescriptions obtained from four or more prescribers or filled at more than four pharmacies.

D.3. Medicaid Managed Care Program: Overview

- Total managed care enrollment as of February 2023 was 1,407,331 individuals.
- In March 2018, Massachusetts implemented a redesigned managed care financing and delivery system. The redesign is called Payment & Care Delivery Innovation (PCDI).
- The PCDI redesign retained the state's primary care case management (PCCM) and traditional managed care organizations while adding accountable care organizations (ACOs). Financing and delivery for the models varies by type (see next slide for more information).
 - **Primary Care Clinician (PCC)** model – The state-operated, statewide PCCM program. Individuals must choose a participating primary care provider who acts as a gatekeeper to specialty services. Services are covered FFS by the state, with an enhanced rate of \$10 paid for certain types of primary and preventive care visits.
 - **Primary Care Accountable Care Organization (PC-ACO)** model – Groups of primary care providers work directly with the state's network of provider organizations to deliver primary care and to coordinate the full range of services. Services are covered FFS by the state. This is a new model launched in March 2018.
 - **Managed Care Organization (MCO)** model – Two traditional health plans provide services on a capitated basis. One plan operates statewide, while the other is available by town.
 - **Accountable Care Partnership Plan (ACPP)** model – A group of primary care providers partner with an insurer to coordinate and integrate care using the insurer's network. Financing is capitated. This model is available statewide, with plans operating by town. This model was launched in March 2018.
- Additionally, dual eligibles can receive Medicaid services through the One Care and Senior Care Options programs.

D.3. Medicaid Managed Care Program: Overview (cont'd)

- Service financing and delivery varies depending on the managed care model. The chart below provides a summary of managed care services and responsible entities.

Medicaid Model	Physical health	Behavioral Health	Pharmacy	First 100 Days Of Skilled Nursing	LTSS
PCC model	State FFS	MBHP	State FFS	State FFS	MBHP
PC-ACO model	State FFS	MBHP/ CP	State FFS	State FFS	MBHP/ CP
MCO model	Health plan	Health Plan/ CP	Health plan	Health plan	Health Plan/ CP
ACPP model	ACO	ACO/CP	ACO	ACO	ACO/ CP

D.3. Medicaid Managed Care Program: MCO Model Overview & Characteristics

- Two MCO model health plans operate on a capitated basis. One is available statewide, while the other operates in all areas except the southeastern part of the state.
- MCO model enrollment was 45,905, or 3% of the Medicaid managed care population, as of September 2022.
- MCO model health plans must ensure that a minimum percentage of enrollees receive care under alternative payment methodologies (APM) at least once per contract year.
- APMs include ACO attribution, shared savings and/or risk arrangements, performance-based payments, and bundled payments.
- The minimum percentage will increase 5% over time as follows:
 - Budget period 1(2022) 25%
 - Budget period 2 (2023) 30%
 - Budget period 3 (2024) 35%
 - Budget period 4 (2025) 40%
 - Budget period 5 (2026) 45%
- Additionally, a single ACO, Lahey Clinical Performance Network, participates as an MCO-administered ACO. It contracts with both MCO model health plans and is accountable to them for savings and losses associated with their enrolled members. The primary care providers are exclusively partnered with the ACO to provide primary care services to attributed members.

Tufts Health Together

1. Profit status: Non-profit
2. Parent company: Tufts Health Plan
3. Behavioral health subcontractor: None
4. Pharmacy benefits manager: CVS Caremark (specialty pharmacy only)
5. Affiliated ACO: Lahey Clinical Performance Network
6. Service area: All areas except the southeastern part of the state
7. Enrollment share: 5%*

Boston Medical Center Health Plan

1. Profit status: Non-profit
2. Parent company: Boston Medical Center
3. Behavioral health subcontractor: Beacon
4. Pharmacy benefits manager: Envision Rx
5. Affiliated ACO: Lahey Clinical Performance Network
6. Service area: Statewide
7. Enrollment share: 3%*

* Enrollment share includes the four models Massachusetts considers managed care—MCO, ACP, PC-ACO, and PCC.

D.3. Medicaid Managed Care Program: ACO Overview

- In March 2018, Massachusetts began delivering services to a large portion of its managed care population using two ACO models, ACPP and PC-ACO.
- **ACPPs** are organizations that meet the requirements of both an ACO and a health plan, contract with the state to provide services to attributed members at a capitated rate and are at-risk for losses and savings beyond the capitation rate.
 - As of February 2023, 724,566 individuals—or 48% of the Medicaid population—were served by this model.
 - The primary care providers are exclusively partnered with the ACO to provide primary care services to attributed members.
- **PC-ACOs** are provider-led ACOs that contract directly with the Massachusetts Medicaid agency to take accountability for a defined population of enrolled members through retrospective shared savings and losses.
 - As of February 2023, 488,673 individuals—or 33% of the Medicaid managed care population—were enrolled in this model.
 - The primary care providers are exclusively partnered with the ACO to provide primary care services to attributed members.
 - PC-ACOs can chose between two risk tracks: shared accountability and full accountability. Under full accountability ACOs will be responsible for 100% of savings and losses. Shared accountability allows ACOs to take on less risk and reward.

D.3. Medicaid Managed Care Program: ACO Characteristics

Accountable Care Partnership Plans					
Plan	Insurer	Partnering Organization	Enrollment Share*	Behavioral Health Subcontractor	Pharmacy Benefit Manager
Be Healthy Partnership	Health New England	Baystate Health Care Alliance	N/A	MBHP	Optum Rx
Tufts Health Together with Boston Children's ACO	Tufts Health Public Plans	Boston Children's ACO	N/A	None	CVS Caremark
Tufts Health Together with Boston CHA	Tufts Health Public Plans	Cambridge Health Alliance	N/A	None	CVS Caremark
WellSense Community Alliance	Boston Medical Center, WellSense Health Plan	Boston Accountable Care Organization	N/A	Beacon	Envision Rx
WellSense Mercy Alliance	Boston Medical Center, WellSense Health Plan	Mercy Medical Center	N/A	Beacon	Envision Rx
WellSense Signature Alliance	Boston Medical Center, WellSense Health Plan	Signature Healthcare	N/A	Beacon	Envision Rx
WellSense Southcoast Alliance	Boston Medical Center, WellSense Health Plan	Southcoast Health	N/A	Beacon	Envision Rx
Fallon 365 Care	Fallon Health	Reliant Medical Group	N/A	Beacon	CVS Caremark
Berkshire Fallon Health Collaborative	Fallon Health	Berkshire Health Systems	N/A	Beacon	CVS Caremark
WellSense BILHN Performance Network ACO	WellSense Health Plan	Beth Israel Lahey Health Performance Network	N/A	Optum	CVS Caremark
Fallon Health – Atrius Health Collaborative	Fallon Health	Atrius Health	N/A	None	CVS Caremark
Tufts Health Together with BIDCO	Tufts Health Public Plans	Beth Israel Deaconess Care Organization	N/A	None	CVS Caremark
WellSense Care Alliance	WellSense Health Plan	Tufts Medical Center, Lowell Community Health Center	N/A	Beacon	Envision Rx

D.3. Medicaid Managed Care Program: ACO Characteristics

Primary Care ACO Plans					
Plan	Insurer	Enrollment Share*	Service Area	Behavioral Health	Pharmacy
Community Care Cooperative	State Medicaid program: MassHealth	N/A	Statewide	State contracted prepaid inpatient health plan: MBHP	State contracted pharmacy benefit manager: Conduent
Mass General Brigham Health Plan with Mass General Brigham ACO		N/A	Statewide		
WellSense Boston Children's		N/A			
Steward Health Choice		N/A	Statewide		

PCC Plan					
Plan	Insurer	Enrollment Share*	Service Area	Behavioral Health	Pharmacy
PCC	State Medicaid program: MassHealth	N/A	Statewide	State contracted prepaid inpatient health plan: MBHP	State contracted pharmacy benefit manager: Conduent

* Enrollment unavailable as of April 1, 2023, when new plans entered and health plan names changed.

D.3. Medicaid Managed Care Program: Community Partners Overview

- Plans operating under the MCO model or either ACO model are required to contract with state-certified Community Partners (CPs) of behavioral health services and long-term services and supports (LTSS).
- CPs are single or groups of community-based organizations that provide enhanced care coordination. Provider organizations may participate in more than one CP.
- There are two types of community partners:
 - Behavioral Health CPs: Serve ACO and MCO enrolled members ages 21-64 with an SMI and/or addiction disorder who also have high service utilization. Individuals who also qualify for a Long-Term Services and Supports (LTSS) CP will be enrolled in the BH CP.
 - LTSS CP: Serve ACO and MCO enrolled members ages 3-64 with complex LTSS needs including members with traumatic brain injury, physical disabilities, and I/DD.
- CPs are funded through the state’s Delivery System Reform Incentive Program (DSRIP) and receive three types of payments:
 - Care coordination per member per month (PMPM) – Requires the delivery of one qualifying service per month. These payments are not at-risk.
 - Infrastructure and capacity building PMPM – Payment received for workforce development, technology implementation, business start-up costs, and operational infrastructure. 13% payments are at-risk starting in 2019 based on the CP’s accountability score. The amount at-risk increased to 42% in 2021, 71% in 2022, and 100% in 2023.
 - Outcomes based payments – Payment for performance on avoidable utilization measures began in 2020. Approximately \$1 million will be put in an incentive pool and payment will be determined by the number of CPs that meet qualifying standards and by member share.

BH CP Care Coordination Activities

1. Outreach to engage members
2. Perform comprehensive assessments and person-centered treatment planning
3. Coordinate and manage care across the continuum
4. Connect members to social services
5. Provide support for transitions between settings
6. Support medication reconciliation
7. Provide health and wellness coaching

LTSS CP Care Coordination Activities

1. Active outreach to engage members
2. Develop and maintain LTSS care plan
3. Coordinate care (with ACO or MCO)
4. Connect members to social services
5. Provide support for transitions between settings
6. Provide health and wellness coaching

D.3. Medicaid Managed Care Program: Community Partners

Behavioral Health CPs	Participating Organizations
Behavioral Health Network	Behavioral Health Network
Behavioral Health Partners of Metrowest	Advocates, South Middlesex Opportunity Council, Spectrum Health Systems, Wayside Youth and Family Support Network, Family Continuity
Boston Health Care for the Homeless Program, Inc	Bay Cove Human Services Inc, Coston Public Health Commission, Boston Rescue Mission Inc, Casa Esperanza Inc, Pine Street Inn Inc, St Francis House; Victory Programs Inc, Vietnam Veterans Workshop Inc
The Brien Center for Mental Health and Substance Abuse Services	The Brien Center for Mental Health and Substance Abuse Services
Center for Human Development	Center for Human Development, ServiceNet Inc, Gandara Mental Health Center Inc
Clinical and Support Options, Inc	Clinical and Support Options
Community Counseling of Bristol County	Community Counseling of Bristol County
Community Care Partners, LLC	Vinfen Corporation, Bay Cove Human Services, Bridgewell
Eliot Community Human Services, Inc	Eliot Community Human Services
Open Sky Community Care, Inc	AdCare Hospital, LUK Inc, Venture Community Services
Riverside Community Partners	Brookline Community Mental Health Center, The Dimock Center, The Edinburg Center, Lynn Community Health Center, North Suffolk Mental Health Association, Upham's Corner Health Center

D.3. Medicaid Managed Care Program: Community Partners

LTSS CPs	Participating Organizations
Behavioral Health Network, Inc	Behavioral Health Network
Boston Medical Center Corp	
Care Alliance of Western Massachusetts	WestMass Elder Care, Greater Springfield Senior Services, Highland Valley Elder Services, LifePath, Elder Services of Berkshire County, Stavros Center for Independent Living, Adlib, Behavioral Health Network
Center for Human Development	
Community Care Partners, LLC	Vinfen Corporation, Bay Cove Human Services Inc, Bridgewell Inc
Family Service Association of Greater Fall River, Inc	Family Service Association
Greater Lynn Senior Services	Bridgewill Inc, Northeast Arc Inc
Open Sky Community Services	AdCare Hospital, LUK Inc, Venture Community Services, Elder Services of Worcester Inc, Center for Living and Working
Seven Hills Family Services	Advocates Inc, Boston Center for independent Living Inc, HMEA, BayPath Elder Services Inc, Brockton Area Multi Services Inc, Seven Hills Family Services

D.3. Medicaid Managed Care Program: Behavioral Health Overview

- Financing for behavioral health services and pharmacy vary depending on the managed care model.
 - **MCO and ACPP** - Includes all behavioral health services and pharmacy in the capitation rate.
 - **PCC and PC-ACO** - Behavioral health services are financed and delivered through the Massachusetts Behavioral Health Partnership (MBHP), which is a capitated behavioral health organization operated by Beacon Health Options. Behavioral health services are included in the PC-ACO's total cost of care calculation meaning that beneficiary utilization of these services effects ACO shared savings and losses.
- Beacon Health Options receives a capitated rate for providing services.
 - Behavioral health services provided by a primary care clinician are covered FFS by the state.
 - Targeted case management for individuals with SED is provided FFS by the state.
 - Beacon Health Options is not responsible for the cost of prescribed drugs. These are covered FFS by the state.
- Individuals enrolled in managed care through any of the four delivery models receive additional benefits through the state's section 1115 demonstration waiver, including diversionary services and addiction treatment benefits.

D.3. Medicaid Managed Care Program: Behavioral Health Benefits

	Managed Care Mental Health Benefits	Managed Care Addiction Treatment Benefits
State Plan Benefits	<ol style="list-style-type: none"> 1. Diagnostic services and testing 2. Individual, group, couple, and family therapy 3. Case consultation 4. Psychotherapy for crisis 5. Emergency services program 6. Medication visit 7. Psychiatric inpatient treatment 8. Psychiatric outpatient treatment 9. Partial hospitalization and day treatment 10. Targeted case management 	<ol style="list-style-type: none"> 1. Inpatient acute detoxification 2. Counseling and therapy 3. Case consultation 4. Opioid treatment services 5. Medication visit 6. Acupuncture detoxification 7. Intensive outpatient and enhanced inpatient detoxification for pregnant mothers 8. Day treatment for pregnant mothers
1115 Waiver Diversionary Benefits	<ol style="list-style-type: none"> 1. Community crisis stabilization 2. Community support program 3. Intensive outpatient program 4. Program for assertive community treatment 5. Additional children and adolescent services 	<ol style="list-style-type: none"> 1. Community support program 2. Acute treatment services for addiction 3. Clinical support services for addiction 4. Structured outpatient addiction program
Additional 1115 Waiver Benefits	N/A	<ol style="list-style-type: none"> 1. Low intensity residential rehabilitation services 2. Low intensity transitional support services 3. High intensity residential services* 4. Recovery support navigator services 5. Recovery coach services

* High intensity residential services are not currently available.

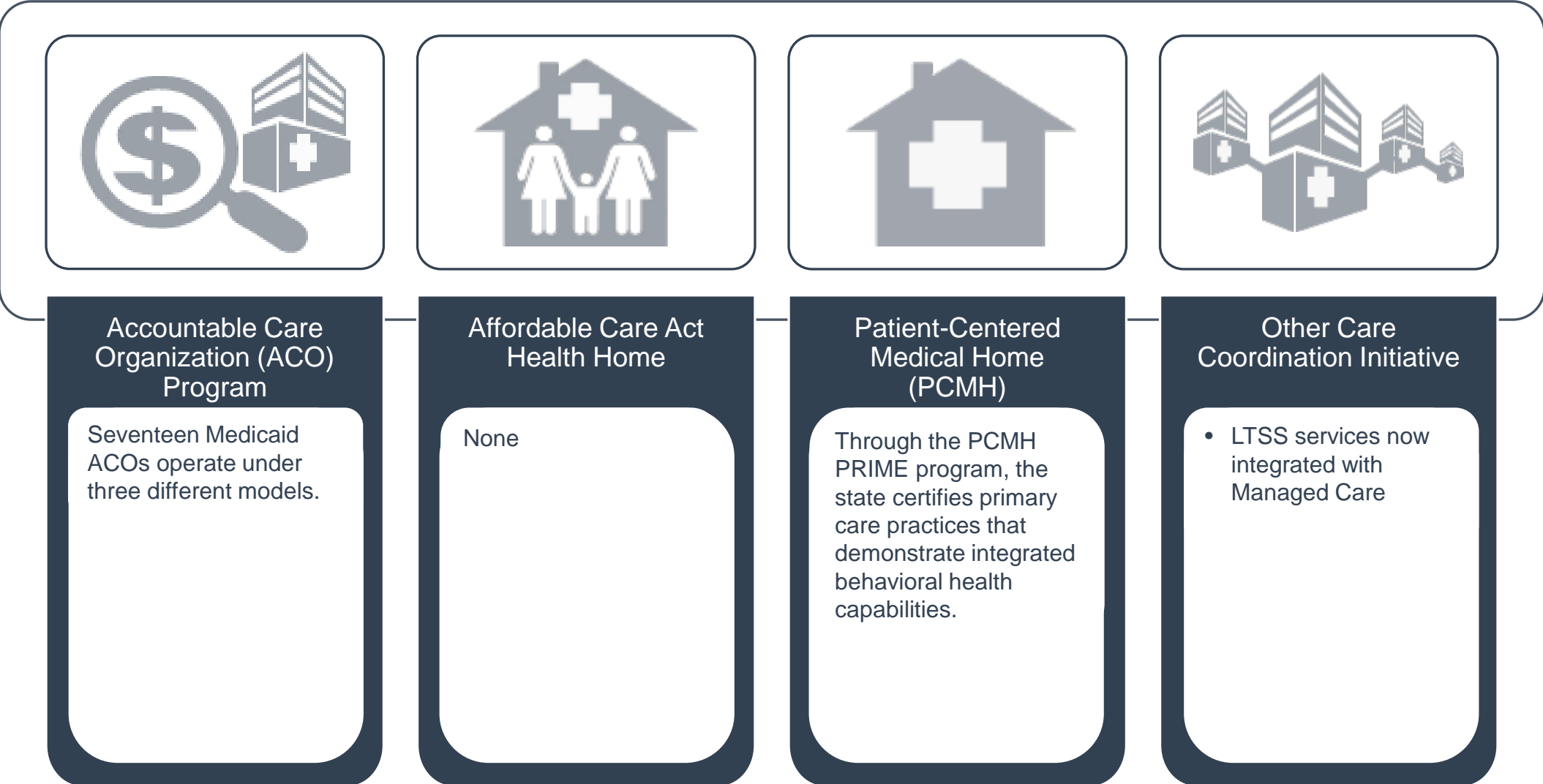
D.3. Medicaid Managed Care Program: SMI Population

- Massachusetts does not specifically preclude individuals with SMI from enrolling in managed care based on a diagnosis of SMI; however, individuals with SMI may be enrolled in FFS based on other criteria.
- As of January 2023, *OPEN MINDS* estimates that 95% of the SMI population was enrolled in managed care.
- The Medicaid expansion population, if medically frail, must be offered the full array of state plan benefits. Medically frail individuals include adults with SMI and chronic addiction.

D.3. Medicaid Managed Care Program: Pharmacy Benefit

Massachusetts Managed Care Program Pharmacy Benefit	
Responsible For Financing General Pharmacy Benefit	<ul style="list-style-type: none"> • MCO model and ACPP model: Health plans • PCCM model and PC-ACO model: State FFS
Responsible For Financing Mental Health Pharmacy Benefit	<ul style="list-style-type: none"> • MCO model and ACPP model: Health plans • PCCM model and PC-ACO model: State FFS
Pharmacy Benefit Management (PBM) Requirements	MassHealth requires the MCOs and ACPP plans to provide a detailed report on their use of PBMs including claims paid, rebate amounts, and administrative fees. The data is collected regularly and used to determine whether the state needs to limit PBM contracts.
Health Plan Uses A Preferred Drug List (PDL) For General Pharmacy	<ul style="list-style-type: none"> • ACPPs and MCO model health plans develop their own formularies, consistent with the state's drug list. <ul style="list-style-type: none"> • Certain drugs including suboxone and long-acting aripiprazole are designated as preferred by the state. ACPPs and MCOs must align their PDLs and prior authorization requirements with the state FFS PDL for these therapeutic classes.
Health Plan Uses A PDL For Mental Health Drugs	
Health Plan Uses A PDL For Addiction Treatment Drugs	<ul style="list-style-type: none"> • PCCM and PC-ACO model pharmacy services are covered by the state and utilize the FFS PDL and restrictions.
Health Plan Use Of Utilization Restrictions For Mental Health & Addiction Treatment Drugs	The ACPPs and MCO model health plans must establish prior authorization or other review processes to determine medical necessity for drugs, consistent with those established by the state.
Health Plan Allowed To Implement Pharmacy Lock-In Program	ACPPs and MCO model health plans are required to establish pharmacy lock-in procedures consistent with that of the MassHealth FFS program. The ACPPs and the MCOs must use the criteria on the FFS PDL to determine program enrollment.

D.4. Medicaid Program: Care Coordination Initiatives



D.4. Medicaid Program: Care Coordination Initiatives: PCMH PRIME

- The PCMH PRIME Certification program operated by the state Health Policy Commission recognizes primary care practices that integrate behavioral health.
- To be certified, practices must receive NCQA recognition and achieve the NCQA's distinction in behavioral health integration.
 - The use of the NCQA's distinction in behavioral health integration replaced state specific behavioral health integration standards in January 2019.
 - Practices currently certified under PCMH PRIME, on the pathway for meeting PRIME standards, or who submitted their application before April 30, 2019, can keep their PRIME certification under the state specific standards until it expires. To maintain the certification after expiration, practices must receive the NCQA's distinction in behavioral health integration.
 - As of March 2021, there are 94 PCMH PRIME certified provider organizations. There are currently eight provider organizations on the "Pathway to PCMH Prime" path.
- ACOs participating in the state's Medicaid managed care program are encouraged—but not required—to support and reward PCMH PRIME certified practices.

D.5. Medicaid Program: Demonstration & Care Management Waivers

Waiver Title	Waiver Description	Waiver Type	Enrollment Cap	Effective Date	Expiration Date
MassHealth	<ul style="list-style-type: none"> • Authorizes the state’s managed care program, diversionary behavioral health services, and expanded addiction treatment services. • Authorizes \$1.8 billion in Delivery System Reform Incentive Payments (DSRIP) over five years to fund the state’s transition to accountable care. • Provides DSRIP funding to ACOs for flexible supports which are social support services such as transition services to move from institutions to the community, home- and community-based services, physical activity, and violence support. 	1115	None	07/01/1997	12/31/2027

Note: Massachusetts submitted an additional MassHealth waiver amendment to CMS in August 2020 proposing a number of changes to the way the state handles individuals with SMI and SED. This was approved by CMS in August 2022, and implemented March 1, 2023.

D.5. Medicaid Program: Section 1915(c) HCBS Waivers

Waiver Title	Target Population	2023 Enrollment Cap	Operating Unit	Concurrent Management Authority
MA Frail Elder (0059.R06.00)	Individuals with a physical disability ages 60 to 64, and individuals ages 65 and above.	20,000	Executive Office of Elder Affairs	1915(c)
MA Intensive Supports (0827.R01.00)	Individuals with an intellectual disability, ages 22 and above.	11,518	Department of Developmental Services (DDS)	None
MA Adult Supports (0828.R01.00)	Individuals with an intellectual disability, ages 22 and above.	6,730	DDS	None
MA Community Living (0826.R01.00)	Individuals with an intellectual disability, ages 22 and above.	2,691	DDS	None
MA MFP Community Living (1027.R01.00)	Individuals who are physically disabled or have mental illness, ages 18 to 64; and individuals ages 65 and above.	1,193	Massachusetts Rehabilitation Commission (MRC)	None

D.5. Medicaid Program: Section 1915(c) HCBS Waivers

Waiver Title	Target Population	2023 Enrollment Cap	Operating Unit	Concurrent Management Authority
MA Acquired Brain Injury with Residential Habilitation (40701.R02.00)	Individuals with brain injury, ages 22 and above	786	DDS	None
MA MFP Residential Supports (1028.R01.00)	Individuals who are physically disabled or have mental illness, ages 18 to 64; and individuals ages 65 and above	574	DDS	None
MA Children's Autism Spectrum Disorder (MA.40207.R02.00)	Individuals with autism from birth to age eight	420	DDS	None
MA TBI (0359.R03.00)	Individuals with brain injury, ages 18 and above	100	MRC	None

D.6. Medicaid Program New Initiatives

- Massachusetts has not yet implemented the addition of high-intensity residential services to state Medicaid covered services
- The state is also planning to initiate a redesign of the behavioral health system that was introduced in 2021 and implemented in 2023. The roadmap introduces reforms to make outpatient assessment and treatment more available through expanded access to treatment, more behavioral health treatment at primary care offices, and better, more convenient community-based alternatives to the emergency department for crisis intervention services.
- Starting April 1st, 2023, a new value-based sub-capitation model for primary care providers participating in the MassHealth Accountable Care Organization (ACO) program will launch. MassHealth will invest more than \$115 million for primary care through this program, which requires providers to meet standards for access and team-based, integrated care, while providing more flexibility in the delivery of care to meet their patients' needs.
- New specialized community support programs being implemented in 2023 include:
 - Supports related to implementation of clinical treatment plan, acute coordination of care, and attaining skills & resources to maintain community tenure.
 - Pre-tenancy (e.g., assisting member in search for appropriate housing), transitional (e.g., assisting with move into housing), and tenancy-sustaining (e.g., helping member remain in housing) supports
 - Homelessness prevention provided in Housing Court to address evictions related to disability/behavior
 - Intensive support for re-entry, including connection to SUD treatment

E. Dual Eligible Financing & Service Delivery System

E.1. Dual Eligible Medicaid Financing & Service Delivery System

Dual Eligible* Medicaid System Characteristics				
Characteristics	Medicaid Fee-For-Service (FFS)	Senior Care Options	One Care	PACE
Enrollment (January 2023)	216,243**	114,628		5,196
Estimated SMI Enrollment	69,197	36,680		1,662
Management	Executive Office of Health and Human Services (EOHHS)	Seven Senior Care Organizations	Two Integrated Care Organizations	Eight organizations
Payment Model	FFS	Separate Medicare and Medicaid payments	Separate Medicare and Medicaid payments	Blended capitated rate
Geographic Service Area	Statewide	Statewide except for some areas in the Berkshires and the islands	Nine demonstration counties	Select ZIP codes

Total Dual Eligible Enrollment: 336,067 | Total Dual Eligible Enrollment With SMI: 107,541

* Unless otherwise noted, the term dual eligibles in this section refers to Medicare enrollees with full Medicaid benefits.

** FFS enrollment derived by subtracting managed care program enrollment from total number of dual eligibles

E.2. Largest Dual Eligible Plans By Estimated SMI Enrollment

Health Plans	Parent Company	Plan Type	January 2023 Enrollment	Estimated SMI Enrollment
UnitedHealthcare Senior Care Options	UnitedHealthcare	Medicare Advantage D-SNP	13,846	4,431
Commonwealth Care Alliance Senior Care Options	Commonwealth Care Alliance	Medicare Advantage D-SNP	13,263	4,244
NaviCare	Fallon Health	Medicare Advantage D-SNP	9,111	2,916
Tufts Senior Health Options	Tufts Health Care	Medicare Advantage D-SNP	8,419	2,694
UnitedHealthcare Senior Health Options NHC	UnitedHealthcare	Medicare Advantage D-SNP	8,102	2,593
Senior Whole Health	Magellan Health, Inc	Medicare Advantage D-SNP	7,018	2,246
Senior Whole Health NHC	Magellan Health Inc	Medicare Advantage D-SNP	5,060	1,619
BMC HealthNet Senior Care Options	Boston Medical Center	Medicare Advantage D-SNP	1,771	567
Fallon Health	Fallon Community Health Plan	PACE	1,247	399
Element Care, Inc	Element Care, Inc	PACE	953	305

* Both plans are operated by parent Magellan Health, Inc who is owned by Molina Healthcare.

E.3. Dual Eligible Medicaid Financing & Delivery System: Overview

- Dual eligible enrollment as of January 2023 was estimated around 336,067.
- Medicare covers most acute services (which may include psychiatric care), while Medicaid covers long-term services and supports (LTSS) and non-physician behavioral health services.
- Dual eligibles in Massachusetts have the option to enroll in PACE, FFS, Senior Care Options A D-SNP, or One Care as they are eligible to receive Medicaid benefits.
- D-SNP enrollment as of December 2021 was 62,636, SMI enrollment for D-SNP was 20,043.
- Massachusetts has two managed care programs that serve the dual eligible population:
 - One Care – A dual demonstration for individuals between the ages of 21-64. One Care was scheduled to end in December 2016, but the program has been extended through December 31, 2023.
 - Senior Care Options – A dual demonstration program for individuals over the age of 65. The program started in 2004 and precedes the dual demonstration initiative.

E.4. Dual Eligible Medicaid Financing & Delivery System: New Initiatives

- Massachusetts aligns One Care and Senior Care Options (SCO) under the same authority. These programs are responsible for the following, mostly administrative in nature.
 - Each program will maintain their distinct service package, population, eligibility requirements, and competencies.
 - SCO enrollment will move to fixed enrollment periods with passive enrollment. One Care already utilizes passive enrollment. One of the state's major goals is to increase enrollment in both programs.
 - Make changes to the financial methodologies of the program in order to make their financially stable.
 - Create value-based purchasing requirements for the programs that align with the state's ACO and MCO programs.
 - The state will enter into a shared savings agreement with CMS in which the state and federal government will split the savings if the programs demonstrate financial savings, value, and quality of care.
- In August 2021, the state announced they chose 5 plans to contract with: Boston Medical Center HealthNet Plan, Commonwealth Care Alliance, Fallon Community Health Plan, Tufts Health Public Plans, and UnitedHealthcare Community Plan.
- The state's FY 2020 budget included a proposal to extend eligibility requirements for partial benefit dual eligibles from 135% to 165% of the federal poverty level (FPL) and double the asset limit. The proposal allowed more individuals to qualify for Medicare cost-sharing subsidies that will be paid for through the Medicaid program.

E.4. Dual Eligible Medicaid Financing & Delivery System: Senior Care Options

Senior Care Options Key Features	
Target Population	Persons aged 65 and over excluding: <ol style="list-style-type: none"> 1. Individuals subject to six-month Medicaid deductible 2. Individuals in a chronic or rehabilitation hospital 3. Individuals with end-stage renal disease 4. Individuals residing in an ICF/IDD
Geographic Service Area	Statewide, except for some areas of the Berkshires and some islands
Enrollment Model	Voluntary enrollment
Care Delivery Model	Services delivered through six health plans that also operate as fully integrated D-SNPs called Senior Care Organizations (SCOs): Boston Medical Center Health Plan, Commonwealth Care Alliance, Fallon Community Plan, Senior Whole Health (Magellan), Tufts Health Plan Senior Care Options, and UnitedHealthcare
Care Coordination Service Requirements	The member's primary care providers and a team of nurses, specialists, and a geriatric support services coordinator work with the member and family members or caregivers, if applicable, to develop an individual support plan.
Summary of Covered Benefits	<ul style="list-style-type: none"> • All Medicaid state plan benefits • 1115 diversionary behavioral health benefits • Medicare parts A, B, and D benefits, if individual is dual eligible
Payment Model	Separate Medicare, if applicable, and Medicaid monthly capitation payments

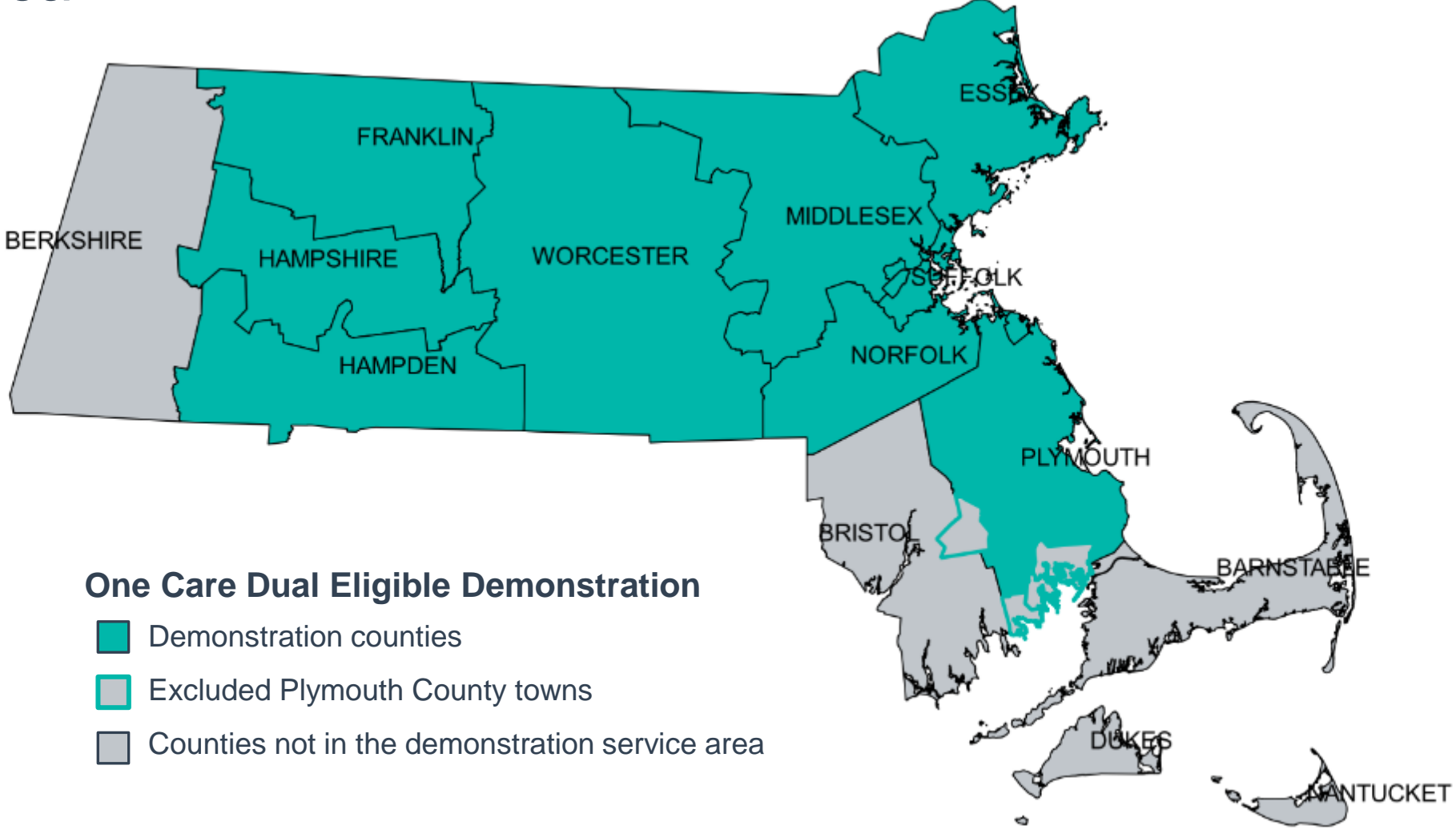
E.4. Dual Eligible Medicaid Financing & Delivery System: One Care Dual Eligible Demonstration

One Care Dual Eligible Demonstration Overview	
Target Population	<ul style="list-style-type: none"> • Full benefits duals, ages 21-64 in the selected regions • Individuals who turn 65 during the demonstration period will be able to remain in the program. • Excludes individuals residing in an ICF/IDD or receiving HCBS waiver services
Geographic Service Area	<ul style="list-style-type: none"> • Limited to nine counties: Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth (certain ZIP codes), Suffolk, and Worcester • Under the current re-procurement of the One Care health plans, the state would like to expand the demonstration statewide.
Enrollment Model	Passive enrollment with the ability to opt-out
Care Delivery Model	<p>Services are delivered through two health plans, called Integrated Care Organizations (ICOs): Tufts Health and Commonwealth Care Alliance:</p> <ul style="list-style-type: none"> • Designated interdisciplinary care team that is responsible for working with the enrollee to create the individualized care plan • Support the capacity development of primary care providers to become medical or health homes
Payment Model	<ul style="list-style-type: none"> • Two capitated monthly payments from CMS: One for Medicare Parts A/B and one for Medicare Part D • One capitated monthly payment from the state for Medicaid services
Practice Performance & Improvement	<ul style="list-style-type: none"> • Quality withhold of 1.75% throughout the rest of the demonstration, which is reimbursed when quality thresholds are met. • Must report NCQA/HEDIS, AHRQ/CAPHS, and CMS measurements

E.4. Dual Eligible Medicaid Financing & Delivery System: One Care Dual Eligible Demonstration

One Care Dual Eligible Demonstration Overview												
Benefits	<ol style="list-style-type: none"> 1. Medicare and Medicaid covered services 2. Diversionary behavioral health services 3. LTSS 4. Expanded durable medical equipment and personal assistance services benefit <ol style="list-style-type: none"> a. Environmental aids b. Assistive and adaptive technologies c. Training in usage, repairs, and modifications for durable medical equipment d. Cueing and monitoring personal assistance 5. Community support services <table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">a. Day services</td> <td style="width: 33%;">d. Peer support/navigation/counseling</td> <td style="width: 33%;">g. Community health workers</td> </tr> <tr> <td>b. Home care services</td> <td>e. Care transitions assistance</td> <td>h. Medication management</td> </tr> <tr> <td>c. Respite care services</td> <td>f. Home modifications</td> <td>i. Non-medical transportation</td> </tr> </table> 			a. Day services	d. Peer support/navigation/counseling	g. Community health workers	b. Home care services	e. Care transitions assistance	h. Medication management	c. Respite care services	f. Home modifications	i. Non-medical transportation
a. Day services	d. Peer support/navigation/counseling	g. Community health workers										
b. Home care services	e. Care transitions assistance	h. Medication management										
c. Respite care services	f. Home modifications	i. Non-medical transportation										
Excluded Services	Excludes targeted case management services and community-based flexible supports provided on a FFS basis by the Department of Mental Health (DMH).											
Program Evaluation	<p>The evaluation report released in April 2019 revealed the following:</p> <ul style="list-style-type: none"> • About 60% of the One Care enrollees had SMI, compared to 40% of non-enrollees. • Total inpatient admissions per 1,000 user months among those enrolled was lower than among those who did not enroll (36.9 vs. 38.2 visits). • During the report period, the participating plans experienced financial losses, which they attributed to care coordination, additional benefits, and administrative start-up costs. As a result, Fallon Total Care withdrew from the program in 2015. • The integrated care model had little effect on increasing use of community-based services and reducing institutional care. • Plans experienced difficulties in contacting passively enrolled individuals. 											

E.4. Dual Eligible Medicaid Financing & Delivery System: One Care Service Area



One Care Dual Eligible Demonstration

- Demonstration counties
- Excluded Plymouth County towns
- Counties not in the demonstration service area

F. Long-Term Services & Supports Financing & Service Delivery System

F.1. LTSS Financing & Service Delivery System

Massachusetts offers managed long-term services and supports through their two dual eligible programs – Senior Care Options and One Care.

LTSS Medicaid System Characteristics	
Characteristics	Medicaid Managed Care
Enrollment (December 2020)	59,286
Estimated SMI Enrollment	18,972
Management	<ul style="list-style-type: none"> • Senior Care Options: Seven Senior Care Organizations • One Care: Two Integrated Care Organizations
Payment Model	<ul style="list-style-type: none"> • Separate Medicare and Medicaid payments
Geographic Service Area	<ul style="list-style-type: none"> • Senior Care Options: Statewide except for some areas in the Berkshires and the islands • One Care: Nine demonstration counties

F.1. Medicaid LTSS Service Delivery System Enrollment By Eligibility Group

Population	Mandatory FFS Enrollment	Option To Enroll In FFS Or Managed Care	Mandatory Managed Care Enrollment
Disabled adults			X
Disabled children			X
Blind individuals			X
Aged individuals	<ul style="list-style-type: none"> Regions without Senior Care Options demonstration Other HCBS waiver enrollees 	<ul style="list-style-type: none"> Regions with Senior Care Options demonstration Frail Elder HCBS waiver enrollees 	
Dual eligibles	<ul style="list-style-type: none"> Regions without One Care demonstration HCBS waiver enrollees 	<ul style="list-style-type: none"> Regions with One Care demonstration 	
Individuals with I/DD			X
Individuals residing in nursing homes			X
Individuals residing in ICF/IDD	X		
Other HCBS Recipients	HCBS waiver enrollees		
Other populations	<ul style="list-style-type: none"> Other third-party insurance Presumptive eligibility Receiving limited coverage Enrollment in HCBS Waiver, but not eligible for SSI 	<ul style="list-style-type: none"> Kaileigh Mulligan children Medically complex children in the care/custody of Department of Children and Families 	<ul style="list-style-type: none"> Enrolled in the Breast and Cervical Cancer Program Hospice care

F.2. LTSS Medicaid Financing & Delivery System: Overview

- Massachusetts offers managed long-term services and supports through their two dual eligible programs – Senior Care Options and One Care.
- Medicare covers most acute services (which may include psychiatric care), while Medicaid covers long-term services and supports (LTSS) and non-physician behavioral health services.
- Dual eligibles in Massachusetts have the option to enroll in PACE, FFS, Senior Care Options, or One Care as they are eligible to receive Medicaid benefits.
- Massachusetts has two managed care programs that serve the dual eligible population:
 - One Care – A dual demonstration for individuals between the ages of 21-64. One Care was scheduled to end in December 2016, but the program has been extended through December 31, 2023.
 - Senior Care Options – A dual demonstration program for individuals over the age of 65. The program started in 2004 and precedes the dual demonstration initiative.

F.3. Medicaid LTSS Program: Health Plan Characteristics

Health Plans	Parent Company	Plan Type
NaviCare HMO	NaviCare	Senior Care Options
Commonwealth Care Alliance	Commonwealth Care Alliance	Senior Care Options
UnitedHealthcare	UnitedHealthcare	Senior Care Options
Senior Whole Health (Magellan)	*Magellan Health, Inc	Senior Care Options
Tufts Health Plan Senior Care Options	Point32Health, Inc	Senior Care Options
Boston Medical Center HealthNet HMO SNP	Boston Medical Center	Senior Care Options
Commonwealth Care Alliance	Commonwealth Care Alliance	OneCare
Tufts Health Unify	Point32Health, Inc	OneCare
UnitedHealthcare Connected	UnitedHealthcare	OneCare

* Plan is operated by parent Magellan Health, Inc who is owned by Molina Healthcare.

F.4. Medicaid LTSS Program: Health Benefits

Massachusetts' LTSS services are offered through the Dual Eligible programs in the state, with the same benefits. Additionally, the state offers the following benefits for LTSS recipients.

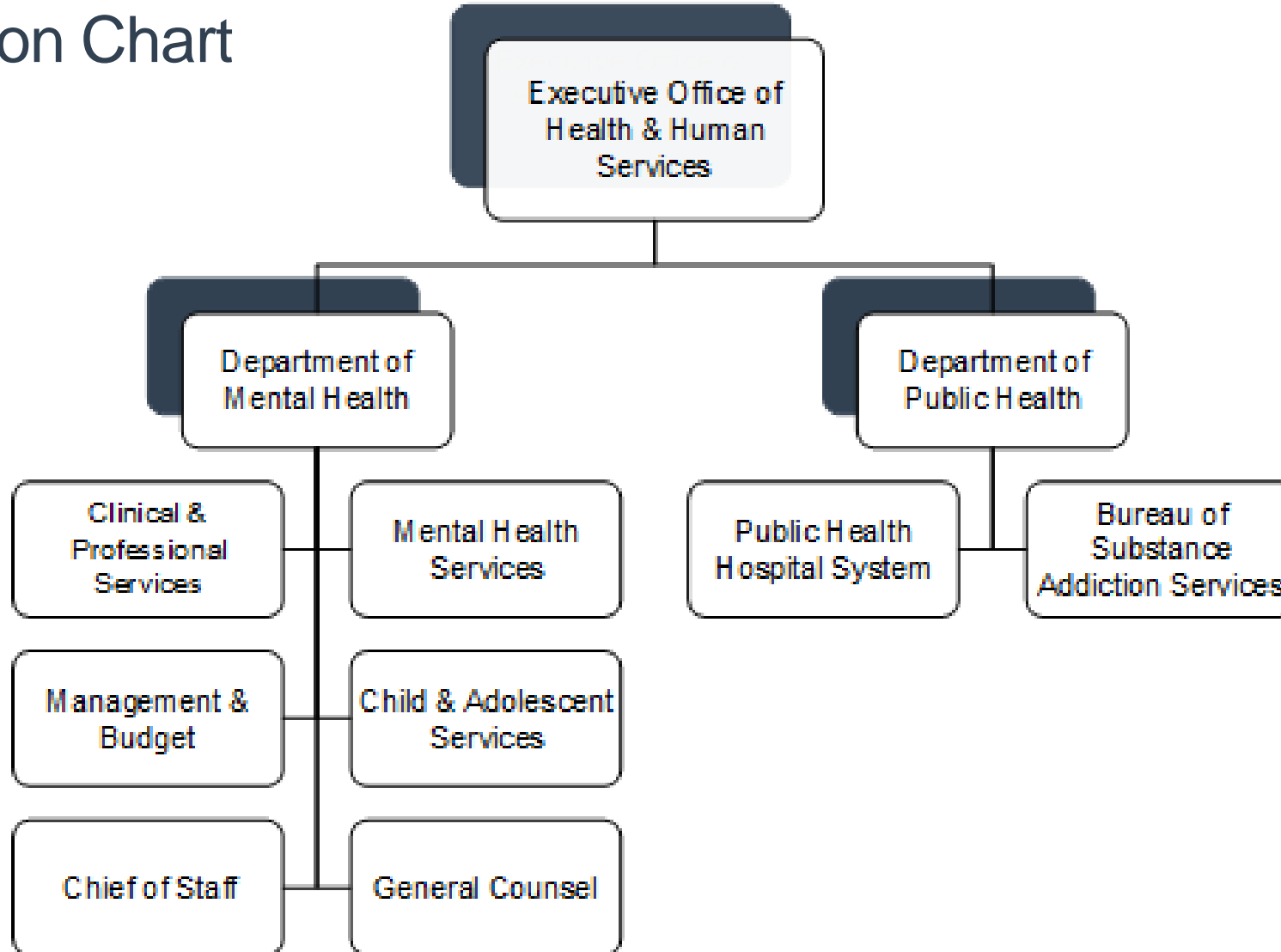
1. Adult Day Health
2. Adult Foster Care
3. Continuous Skilled Nursing
4. Day Habilitation
5. Group Adult Foster Care
6. Personal Care Attendant Program
7. Nursing Facilities
8. Chronic Disease and Rehabilitation Hospitals
9. Durable Medical Equipment, Orthotics, Prosthetics, Oxygen, and Respiratory Therapy.
10. Home Health Agency
11. Hospice Services
12. Nursing Facilities Services
13. Therapy Services

F.5. LTSS Medicaid Financing & Delivery System: New Initiatives

- In August 2018, the state submitted a proposal to CMS that aligns One Care and Senior Care Options (SCO) under the same authority. Many of the changes under the proposal are administrative in nature.
 - Each program will maintain their distinct service package, population, eligibility requirements, and competencies.
 - SCO enrollment will move to fixed enrollment periods with passive enrollment. One Care already utilizes passive enrollment. One of the state's major goals is to increase enrollment in both programs.
 - Make changes to the financial methodologies of the program in order to make them financially stable.
 - Create value-based purchasing requirements for the programs that align with the state's ACO and MCO programs.
 - The state will enter into a shared savings agreement with CMS in which the state and federal government will split the savings if the programs demonstrate financial savings, value, and quality of care.
- Effective January 1, 2020, MassHealth expanded the Medicare Savings Program by increasing the income and asset limits for each coverage type.
 - The countable income limit for the QMB program is increasing from at or below 100% of the federal poverty level (FPL) to at or below 130% of the FPL.
 - The countable income limit for the MassHealth Buy-In for the SLMB program is increasing from greater than 100% and less than 120% of the FPL to greater than 130% and less than or equal to 150% of the FPL.
 - The countable income limit for the QI program is increasing from equal to or greater than 120% and less than 135% of the FPL to greater than 150% and less than or equal to 165% of the FPL.
- In February 2019, the state released a request for responses (RFR) to re-procure the One Care plans. Under the RFR, the state plans to expand the program statewide and contract with at least one additional One Care plan.
- In August 2021, the state announced they chose 5 plans to contract with, Boston Medical Center HealthNet Plan, Commonwealth Care Alliance, Fallon Community Health Plan, Tufts Health Public Plans, and UnitedHealthcare Community Plan.

G. State Behavioral Health Administration & Finance System

G.1. Executive Office Of Health & Human Services Governance: Organization Chart



G.1. Executive Office Of Health & Human Services Governance: Key Leadership

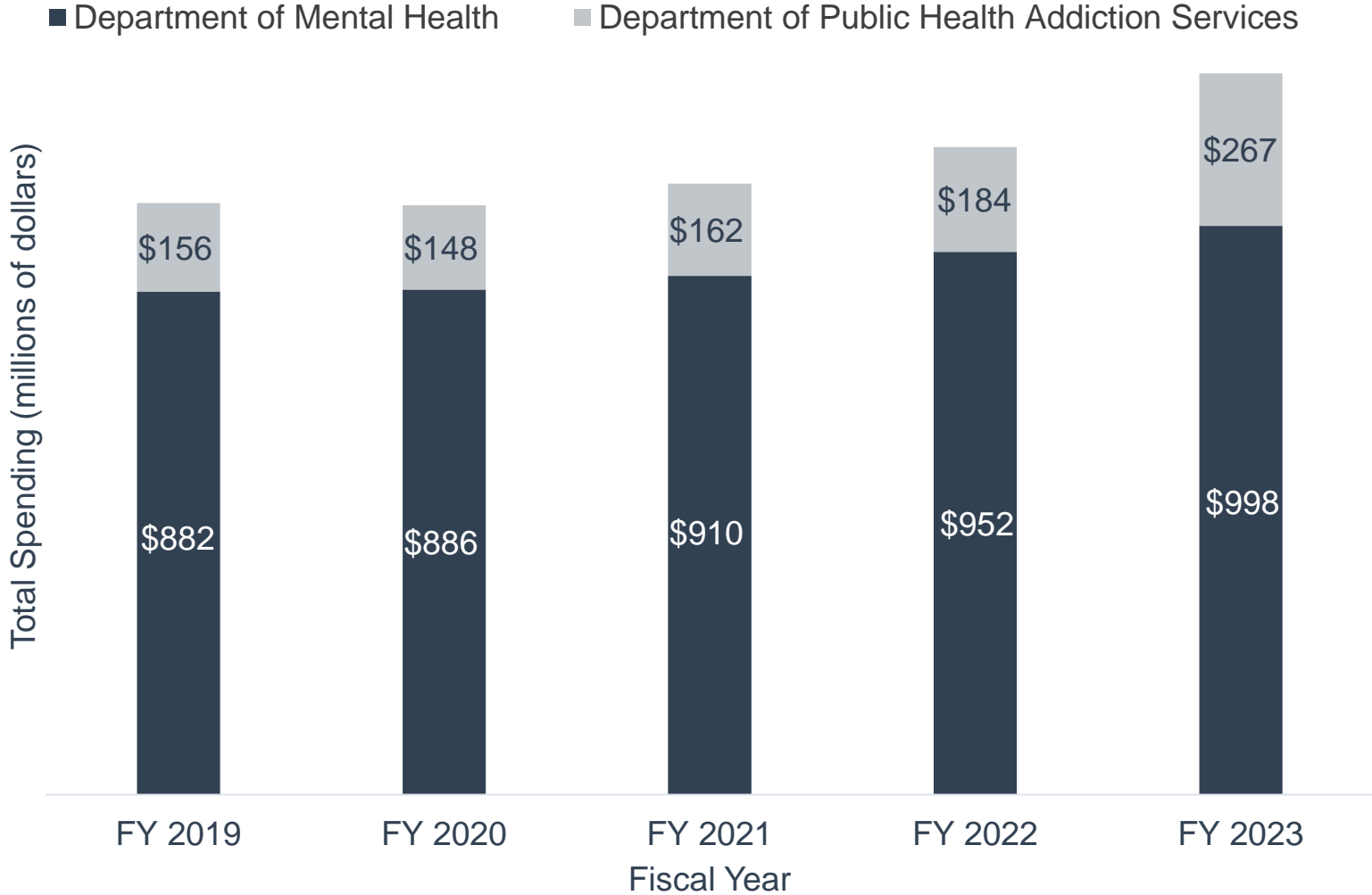
Name	Position	Department	Email
Kate Walsh	Secretary	Executive Office of Health and Human Services (EOHHS)	Kate.walsh@mass.gov
Brooke Doyle	Commissioner	Department of Mental Health	brooke.doyle@mass.gov
Beth Lucas	Deputy Commissioner for Mental Health Services	Department of Mental Health	beth.lucas@mass.gov
Nancy Connolly, Psy.D.	Assistant Commissioner of Forensic Mental Health Services	Department of Mental Health	nancy.connolly@mass.gov
Janet Ross	Assistant Commissioner for CPS/Director of Licensing	Department of Mental Health	janet.ross@mass.gov
Teresa E. Anderson	Assistant Commissioner Quality	Department of Mental Health	teresa.anderson@mass.gov
Kathy Sanders, M.D.	Deputy Commissioner for Clinical and Professional Services	Department of Mental Health	kathy.sanders@mass.gov
Kelly English	Deputy Commissioner of Child, Youth and Family Services	Department of Mental Health	kelly.english@mass.gov
Margaret R Cooke	Commissioner	Department of Public Health	margaret.cooke@mass.gov
Deirdre Calvert	Director	DPH, Bureau of Substance Addiction Services	Deirdre.calvert@mass.gov

G.2. Executive Office Of Health & Human Services: Behavioral Health Spending

Department Of Mental Health Spending		
Budget Item	SFY 2023 Recommended	Percent Of Budget
Adult mental health and support services	\$518,651,841	52%
Inpatient facilities and community-based mental health	\$274,928,823	28%
Child and adolescent services	\$113,088,937	11%
Administration and operations	\$32,381,331	3%
Statewide homelessness support services	\$24,615,994	2%
Emergency services and mental health care	\$22,279,012	2%
Forensic services program for mentally ill persons	\$12,697,923	1%
Occupancy fees retained revenue	\$125,000	<1%
CHOICE program retained revenue	\$125,000	<1%
Budget Total: \$998,893,861		

Department Of Public Health Addiction Services Spending		
Budget Item	SFY 2023 Recommended	Percent Of Budget
Bureau of Substance Addiction Services	\$218,208,566	82%
Substance Abuse Step-Down Recovery Services	\$4,533,180	17%
Secure Treatment Facilities for Opiate Addiction	\$1,350,000	1%
Substance Abuse Family Intervention and Care Pilot	\$1,440,000	1%
Nasal Naloxone Pilot Expansion	\$1,056,000	<1%
Budget Total: \$267,387,746		

G.2. Executive Office Of Health & Human Services: Behavioral Health Spending Over Time



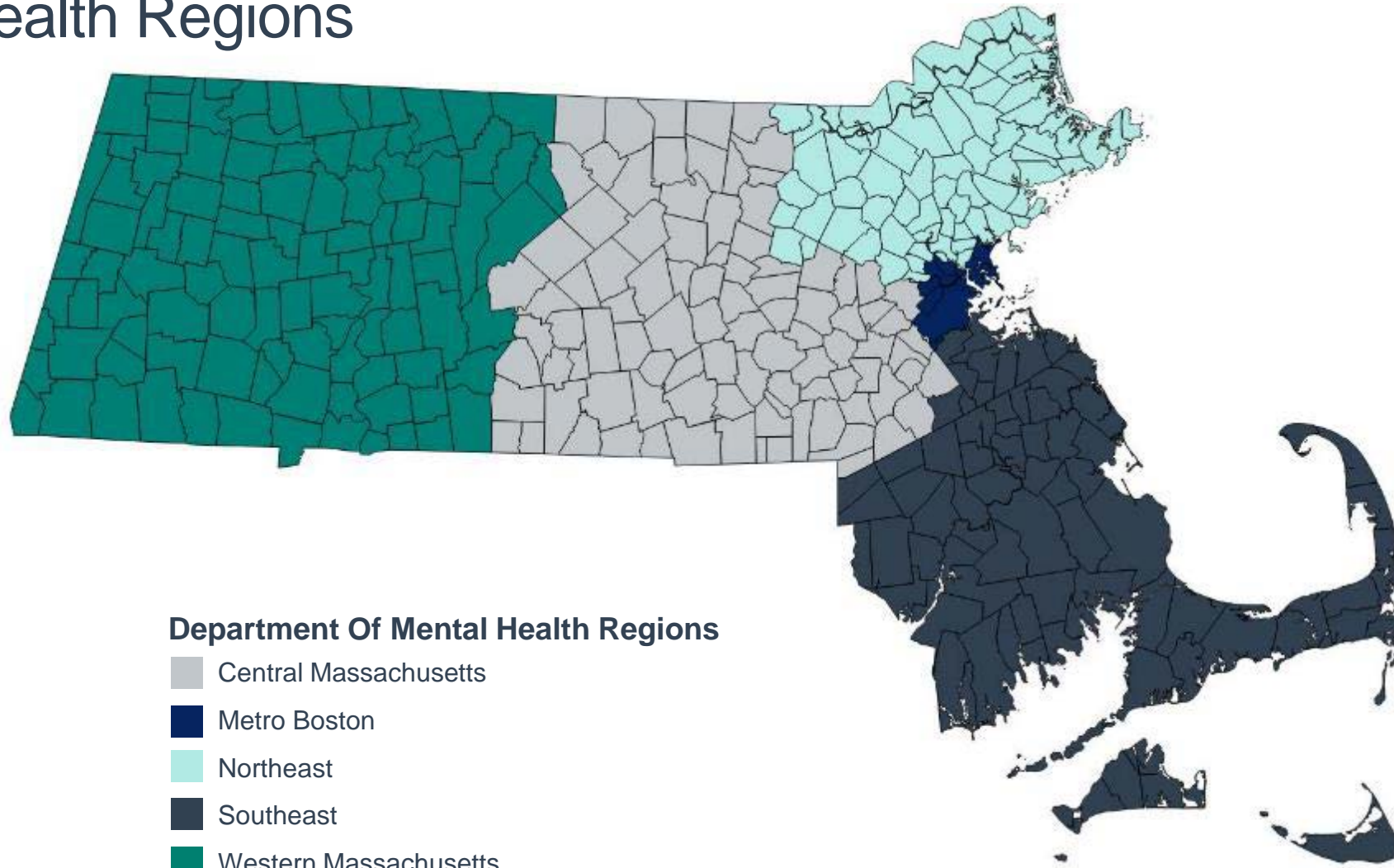
G.3. State Psychiatric Institutions

State Psychiatric Institutions		
Institution	Location	Beds
The Hawthorne Mental Health Units at Tewksbury State Hospital	Tewksbury	370
The Metro Boston Mental Health Units and Lemuel Shattuck Hospital	Jamaica Plain	115
Worcester Recovery Center and Hospital	Worcester	320
Total		805

G.4. Behavioral Health Safety-Net Delivery System

- The Department of Mental Health (DMH) is responsible for providing mental health services to the safety-net population.
- Through an interagency service agreement between DMH and MassHealth, emergency mental health services are provided through MassHealth's mental health and addiction treatment vendor, the Massachusetts Behavioral Health Partnership operated by Beacon Health Options.
- Extended stay inpatient services and community-based services are provided by DMH, either directly or through contracted vendors.
- Five DMH area offices administer services for their regions, which are composed of towns and cities, rather than counties.
- The Bureau of Substance Abuse Services within the Department of Public Health provides addiction treatment services to the uninsured population by contracting with a network of vendors.
- Additionally, the Health Safety Net (HSN) program operated by the Executive Office of Health and Human Services provides funding for acute care hospitals and community health centers for health care services provided to uninsured Massachusetts residents.
- Massachusetts hopes to further strengthen coverage by extending postpartum eligibility to 12 months, streamline access to CommonHealth, extend retroactive eligibility from 10 days to 3 months, and provide continuous eligibility for members who are homeless and for members recently release from jail/prison.

G.4. Behavioral Health Safety-Net Delivery System: Department Of Mental Health Regions



Department Of Mental Health Regions

- Central Massachusetts
- Metro Boston
- Northeast
- Southeast
- Western Massachusetts

H. Appendices

H.1. OPEN MINDS Estimates For Share Of SMI Consumers Per Payer/Plan

Enrollment Category	Serious Mental Illness (SMI) Prevalence Estimate	Source
Commercial	4.1% of the commercially insured population over age 18	Substance Abuse and Mental Health Services Administration. (2022, January). Results from the 2020 National Survey on Drug Use and Health: Mental Health Detailed Tables. Retrieved October 2022 from https://www.samhsa.gov/data/sites/default/files/reports/rpt35323/NSDUHDetailedTabs2020v25/NSDUHDetailedTabs2020v25/2020NSDUHDetTabs01112022.zip
Medicaid	8.6% of persons in traditional Medicaid	Medicaid and CHIP Payment and Access Commission. (2022, June). Report to Congress on Medicaid and Chip. Retrieved October 2022 from https://www.macpac.gov/publication/june-2022-report-to-congress-on-medicaid-and-chip/
Medicare	16% of persons in the Medicare population, not dually eligible for Medicaid	Centers for Medicare and Medicaid Services. (2021). Medicare-Medicaid Coordination Office Report to Congress. Retrieved October 2022 from https://www.cms.gov/files/document/reporttocongressmmco.pdf

H.1. OPEN MINDS Estimates For Share Of SMI Consumers Per Payer/Plan

Enrollment Category	Serious Mental Illness (SMI) Prevalence Estimate	Source
Medicare-Medicaid Dual Eligibility	25% of persons in the Medicare population dually eligible for partial Medicaid benefits	Congressional Budget Office. (2013, June). Dual-Eligible Beneficiaries of Medicare and Medicaid: Characteristics, Health Care Spends, and Evolving Policies. Retrieved December 12, 2017 from https://www.cbo.gov/sites/default/files/113th-congress-2013-2014/reports/44308_DualEligibles2.pdf
	32% of persons in the Medicare population dually eligible for full Medicaid benefits	
Other Public	8.3% of persons served by the Veterans Administration health care system or the TRICARE military health system	Military Health Systems. (2020, August 7). Examination of Mental Health Accession Screening: Predictive Value of Current Measures and Report Processes. Retrieved October 2022 from https://www.health.mil/Reference-Center/Presentations/2019/11/04/Examination-of-Mental-Health-Accession-Screening-Update
No Health Care Insurance	6.2% of uninsured persons over age 18	Substance Abuse and Mental Health Services Administration. (2019, August). Results from the 2018 National Survey on Drug Use and Health: Mental Health Detailed Tables. Retrieved December 16, 2019 from https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHDetailedTabs2018R2/NSDUHDetailedTabs2018.pdf

H.2. Glossary Of Terms

Word	Abbreviation	Definition
Alternative Benefit Plan	ABP	State designed benefit package for the Medicaid expansion population (childless adults with income below 138% of the FPL). The benefit package must include the ten essential benefits as laid out in the PPACA. The Medicaid expansion population deemed medically frail (including those with SMI) are exempt from receiving benefits through the ABP.
Accountable Care Organizations	ACO	ACOs are groups of provider organizations—such as physicians and hospital systems—that form an agreement to coordinate care for a set group of individuals. If the ACO delivers high quality care—measured through performance metrics—and lowers the cost of providing care against a baseline, then the organization receives a portion of the savings generated. ACOs can exist alongside all payment structures (fee-for-service and managed care delivery systems) and payers (Medicare, Medicaid, commercial).
Administrative Services Organization	ASO	An arrangement in which an organization hires a third party to deliver administrative services to the organization, such as claims processing and billing. The ASO is not at-risk.
Capitation		A set amount of money paid per enrollee per month to a health care entity to cover the cost of health care services. Capitation can cover the cost of all health care services or subset of services, such as care coordination or home- and community-based services.
Carve-out		A carve-out is a Medicaid managed care financing model where some portion of Medicaid benefits—dental services, pharmacy services, behavioral health services, etc.—are separately managed and/or financed. Carve-out services can be financed on an at-risk basis by another organization or retained by the state Medicaid agency on a fee-for-service basis.
Certified Community Behavioral Health Clinic	CCBHC	Behavioral health clinics specially certified in a demonstration established by section 223 of the Protecting Access to Medicare Act of 2014. The clinics are designed to provide community-based mental health and addiction treatment services, to advance the integration of behavioral health with physical health care, and to provide care coordination across the full spectrum of health services.

H.2. Glossary Of Terms

Word	Abbreviation	Definition
Community Mental Health Center	CMHC	An organization that can demonstrate that it is actively providing all services in section 1913(c)(l) of the Public Health Services Act, including a.) Outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically mentally ill, and residents of the CMHC’s mental health service area who have been discharged from inpatient treatment at a mental health facility; b.) 24 hour-a-day emergency care services; c.) Day treatment, or other partial hospitalization services, or psychosocial rehabilitation services; and d.) Screening for patients being considered for admission to state mental health facilities to determine the appropriateness of such admission. Additionally, the organization must meet the specifications for the state where it provides services.
Dual Eligible		An individual who is eligible for Medicare (Part A and B) and Medicaid. Medicare serves as the individual's primary insurance, and Medicaid acts as a supplement. Dual eligibles are sometimes referred to as Medicare-Medicaid enrollees (MMEs).
Federal Poverty Level	FPL	The U.S. Department of Health and Human Services sets a standard level of income that is used to determine eligibility for services and benefits, including Medicaid. In 2023, the FPL is \$13,590 for an individual and \$27,750 for a family of four.
Fee-For-Service	FFS	A system where the payer, in this case Medicaid, contracts directly with provider organizations and pays for providing care on a unit-by-unit basis. Health plans may also reimburse provider organizations on a FFS basis meaning they pay for each unit of care or test.
Health Home		A “whole person” care coordination model that specifically targets populations with chronic conditions including those with SMI. Health homes provide six essential functions: 1.) Comprehensive care management; 2.) Care coordination and health promotion; 3.) Comprehensive transitional care from inpatient to other settings, including appropriate follow-up; 4.) Individual and family support; 5.) Referral to community and social support services; 6.) Use of health information technology to link services. Health homes were originally developed as a Medicaid program; but have been adopted by other payers. For a state to have an official health home program they must have an approved state plan amendment.

H.2. Glossary Of Terms

Word	Abbreviation	Definition
Health Insurance Marketplace	HIM	Created by the PPACA, the health insurance marketplace is an online platform where individuals and small businesses can purchase health insurance. The federal government subsidizes coverage purchased on the marketplace through premium tax credits for individuals with income up to 400% of the FPL.
Home- & Community-Based Services	HCBS	Long-term services and supports provided in the home or community in order to avoid institutionalization. Traditionally provided through 1915(c) waivers, HCBS services are usually limited to specific populations and a specific number of people. HCBS services include skilled nursing care, personnel care services, assistance with activities of daily living, and custodial care.
Institutions For Mental Disease	IMD	A hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including addiction. Federal financial participation is available for Medicaid IMD services for individuals under the age of 21 and age 65 and over. In recent years, CMS has relaxed the rules prohibiting payments in IMDs for individuals aged 21-64. Medicaid health plans may provide up to 15 days of IMD services per month in lieu of state plan services if medically appropriate, cost effective, and consented to by the individual. Additionally, states may be granted a 1115 waiver authority to allow individuals to receive addiction and mental health treatment in IMDs.
Long-Term Services & Supports	LTSS	Services provided in the home, community, or institutional setting to those who experience difficulty living independently and completing activities of daily living as a result of cognitive disabilities, physical impairments, disabling chronic conditions, and/or age.
Managed Care		A health care delivery and financing system designed to manage cost, utilization, and quality. In Medicaid, states generally implement managed care through contracts with health plans, which provide a limited set of benefits to enrollees through a capitated or per person per month (PMPM) rate. The health plans generally assumes full-risk for the cost of treatment, and therefore contracts with a network of provider organizations to provide care at the most efficient rate possible while still maintaining member health.

H.2. Glossary Of Terms

Word	Abbreviation	Definition
Medicaid		Medicaid is a joint federal-state program that provides health coverage to economically disadvantaged populations, such as low-income adults, children, and aged, blind, and disabled (ABD) individuals. States establish their own eligibility standards, benefit packages, provider payment policies, and administrative structures under broad federal guidelines. Financing is a shared responsibility of the federal government and the states.
Medicaid Waiver		Granted by CMS, waivers allow states to make temporary changes to their Medicaid program in order to test out new ways to deliver health coverage.
Medicaid Waiver Section 1115	1115 waiver	Known as research and demonstration waivers, states can apply for program flexibility to test new or existing approaches to financing and delivering Medicaid and CHIP.
Medicaid Waiver Section 1915(b)	1915(b) waiver	States can apply for waivers to provide services through managed care delivery systems, or otherwise limit an individual's choice of health plan or provider organization.
Medicaid Waiver Section 1915(c)	1915(c) waiver	States can apply for waivers to provide long-term care services in home- and community-based settings, rather than institutional settings.
Medical Home		A medical home is not a physical place, but a model for care coordination. Medical homes provide primary care services, care coordination, enhanced access to care, and care that is culturally and linguistically appropriate. Medical homes exist across multiple payers.
Medicare		Federal health insurance for individuals over the age of 65, individuals with certain disabilities, and individuals with end stage renal disease. Medicare covers most acute care services (which may include psychiatric care) but does not cover LTSS or non-physician behavioral health services.
Medicare Advantage	MA	Medicare Part C - also known as Medicare Advantage - is a program which allows individuals who are eligible for Medicare Parts A and B to elect a private health plan to provide their Medicare coverage. The federal government pays the plan's premiums up to a set level, and individuals are responsible for the difference.

H.2. Glossary Of Terms

Word	Abbreviation	Definition
Medicare Advantage Special Needs Plan	SNP	A special type of Medicare Advantage plan that is designed to provide targeted coordinated care to individuals who are a) institutionalized; b) dual eligible; and/or c) meet the severe chronic disabled conditions set forth by CMS. Plans emphasize improved care primarily through continuity of care and care coordination.
Medicare Part A		Hospital Insurance: Covers hospital, skilled nursing care, hospice, and home health care for most eligible individuals at no cost. Financed through payroll tax and deductibles, copayments are only charged if a stay becomes long-term.
Medicare Part B		Supplementary Medical Insurance: Covers most outpatient services, and consumers pay a premium based on income level.
Medicare Part C		Medicare Part C - also known as Medicare Advantage - is a program which allows individuals who are eligible for Medicare Parts A and B to elect a private health plan to provide their Medicare coverage. The federal government pays the plan's premiums up to a set level, and individuals are responsible for the difference.
Medicare Part D		Outpatient Prescription Drug Benefit: Private plans contract with Medicare to provide coverage for prescription drugs. Most consumers pay premiums based on their income.
Metropolitan Statistical Area	MSA	An urbanized area with a population of at least 50,000 plus adjacent territory that has a high degree of social and economic integration as measured by commuting ties.
Patient-Centered Medical Home	PCMH	See Medical Home.
Patient Protection & Affordable Care Act	PPACA or ACA	U.S. health care reform signed into law in 2010. The legislation regulates certain aspects of private and public health insurance programs and authorizes an individual mandate to secure essential health coverage, premium tax credits for the purchase of private health insurance, and increased insurance coverage of preexisting conditions. In 2012 the Supreme Court ruled that state participation is optional for provisions of the law expanding Medicaid coverage to adults ages 18 to 64 with incomes under 138% of the FPL. In 2017, Congress repealed the tax penalties associated with the individual mandate essentially ending the mandate.

H.2. Glossary Of Terms

Word	Abbreviation	Definition
Primary Care Case Management	PCCM	A health care delivery system model with limited utilization and cost control. Under the PCCM model, Medicaid enrollees choose a primary care physician who acts as a gatekeeper for more intensive services. The primary care physician generally receives a per person per month (PMPM) fee for care coordination and is reimbursed fee-for-service for all medical services provided.
Program Of All Inclusive Care For The Elderly	PACE	PACE serves populations over the age of 55 who are eligible for skilled nursing home care by utilizing a comprehensive delivery system of social, medical, and long-term care services to keep enrollees in the community for as long as possible. PACE is an optional state Medicaid program, and may only be available in certain states, or regions within states.
Serious Mental Illness	SMI	A mental, behavioral, or emotional disorder that lasts for a sufficient duration of time and causes impairment of major life activities. Serious mental illnesses include major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder (OCD), panic disorder, post traumatic stress disorder (PTSD), and borderline personality disorder.
Supported Employment		Provides services and supports to help individuals with disabilities become employed in an integrated or competitive work environment and retain that employment.
Supported Housing		Housing provided for as long as needed at little or no cost to individuals with mental illness, or other vulnerable populations who are homeless or at-risk for homelessness. Mental health and social services are offered to participants but are not a condition for participation in the program. The goal is to allow individuals to live as self-sufficient, independent lives as possible.
Value-Based Reimbursement	VBR	Reimbursement model in which payers financially reward or penalize health care provider organizations for performance on quality and cost of care. VBR payment mechanisms include P4P; capitation; shared savings models; shared risk models; and payments based on clinically-defined episodes, called episodes of care or bundled payments.

H.3. Sources

A. Executive Summary

1. Information compiled from sources provided throughout the profile.

B.1. Population Demographics

1. United States Census Bureau. (2020). 2021 American Community Survey 1-Year Estimates S0101 Population By Age and Sex. Retrieved March 2023 from <https://data.census.gov/cedsci/table?q=S0101>
2. United States Census Bureau. (2020). 2021 Current Population Survey Annual Social and Economic Supplement POV-46 Poverty Status By State. Retrieved March 2023 from <https://data.census.gov/cedsci/table?q=S1701>
3. United States Census Bureau. (2020). 2021 American Community Survey 1-Year Estimates S1901 Median Income In the Past 12 Months. Retrieved March 2023 from <https://data.census.gov/cedsci/table?q=S1901>
4. United States Census Bureau. (2020). 2021 Population Distribution by Race/Ethnicity. Retrieved March 2023 from <https://data.census.gov/cedsci/table?q=DP05&tid=ACSDP5Y2020.DP05>

B.2. Population Centers

1. Federal Reserve Bank of St Louis. (2022, March) US Regional Data, MSAs. Retrieved January 2023 from <https://fred.stlouisfed.org>
2. U.S. Census Bureau. (2021). 2021 TIGER/Line® Shapefiles: Core Based Statistical Areas. Retrieved March 2023 from <https://www.census.gov/cgi-bin/geo/shapefiles/index.php?year=2021&layergroup=Core+Based+Statistical+Areas>
3. U.S. Census Bureau. (2021). 2021 TIGER/Line® Shapefiles: States (and equivalent). Retrieved March 2023 from <https://www.census.gov/cgi-bin/geo/shapefiles/index.php?year=2019&layergroup=States+%28and+equivalent%29>
4. United States Census Bureau. (2021). 2021 Annual Estimates of Residential Population-Metropolitan and Micropolitan Statistical Area GCT-PEPANNRES. Retrieved March 2023 from <https://www.census.gov/data/tables/time-series/demo/popest/2010s-total-metro-and-micro-statistical-areas.html>

B.3. Population Distribution By Payer: National vs. State

1. OPEN MINDS. (2023). Serious Mental Illness Prevalence Estimates.

B.3. SMI Population Distribution By Payer: National vs. State

1. OPEN MINDS. (2023). Serious Mental Illness Prevalence Estimates.

H.3. Sources

B.4. Largest State Health Plans By Enrollment

1. OPEN MINDS. (2023, December). Health Plans Database.
2. TRICARE. (2023, January). Beneficiaries by Location. Retrieved March 2023 from <https://health.mil/Military-Health-Topics/Access-Cost-Quality-and-Safety/Health-Care-Program-Evaluation/Annual-Evaluation-of-the-TRICARE-Program>
3. Health Plans USA. (2023). Subscription Database. www.markfarrah.com

B.4. Largest State Health Plans By Estimated SMI Enrollment

1. OPEN MINDS. (2023, December). Health Plans Database.
2. TRICARE. (2023, January). Beneficiaries by Location. Retrieved March 2023 from <https://health.mil/Military-Health-Topics/Access-Cost-Quality-and-Safety/Health-Care-Program-Evaluation/Annual-Evaluation-of-the-TRICARE-Program>
3. Health Plans USA. (2023). Subscription Database. www.markfarrah.com

B.5. Health Insurance Marketplace

1. United States Department of Health and Human Services. (2022, October 21). PY2023 Individual Medical Landscape. Retrieved March 2023 from <https://data.healthcare.gov/dataset/cfbbddd9-b405-4c4a-b679-fd2986945b88>
2. United States Department of Health and Human Services. (2022, October 21). PY2023 Individual Medical Landscape. Retrieved March 2023 from <https://data.healthcare.gov/dataset/aa2cf0c7-ff39-484a-9472-764e243ffea9>
3. United States Department of Health and Human Services. (2020, October 21). QHP Landscape PY2021 SHOP Market Medical. Retrieved March 2023 from <https://data.healthcare.gov/dataset/QHP-Landscape-PY2021-Medical-SHOP-Zip-File/iqae-s8gw>

B.6. ACOs

1. OPEN MINDS. (2022). ACO Database.

H.3. Sources

C.1. Medicaid Governance: Organizational Chart

1. Massachusetts Executive Office of Health and Human Services. (2021). Organizational chart. Retrieved March 2023 from https://budget.digital.mass.gov/bb/h1/fy20h1/brec_20/sect_20/hc450.htm
2. Massachusetts Department of Health and Human Services. (2015, September 16). Medicaid State Plan Amendment 15-0005. Retrieved March 2023 from <https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/MA/MA-15-005.pdf>

C.1. Medicaid Governance: Key Leadership

1. Massachusetts Executive Office of Health and Human Services. Secretary of Health and Human Services. Retrieved March 2023 from <https://www.mass.gov/person/marylou-sudders-msw-acsw-secretary-health-and-human-services>
2. National Interoperability Collaborative. Collaboration Hub. Retrieved March 2023 from <https://hub.nic-us.org/members/CatherineMick>
3. Center for Health Care Strategies. Massachusetts. Retrieved March 2023 from <https://www.chcs.org/state/massachusetts/>
4. Commonwealth Medicine. Paul L. Jeffrey, PharmD. Retrieved March 2023 from <https://commed.umassmed.edu/experts/paul-l-jeffrey>

C.2. Medicaid Program Spending By Eligibility Group

1. Centers for Medicare and Medicaid Services. (2022, December). MACStats: Medicaid and CHIP Data Book. Retrieved March 2023 from <https://www.macpac.gov/macstats/>
2. Centers for Medicare and Medicaid Services. (2021, December). MACStats: Medicaid and CHIP Data Book. Retrieved March 2023 from <https://www.macpac.gov/macstats/>

C.2. Medicaid Program Spending: Budget

1. United States Government Printing Office. (2022, November 28). Federal Medical Assistance Percentages FY 2023. Retrieved March 2023 from <https://www.federalregister.gov/documents/2018/11/28/2018-25944/federal-financial-participation-in-state-assistance-expenditures-federal-matching-shares-for>
2. Centers for Medicare and Medicaid Services. (2022, December). MACStats: Medicaid and CHIP Data Book. Retrieved March 2023 from <https://www.macpac.gov/macstats/>
3. Centers for Medicare and Medicaid Services. (2013, March 29). Increased Federal Medical Assistance Percentage Through the Affordable Care Act of 2010. Retrieved March 2023 from <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2013-Fact-sheets-items/2013-03-29.html>

H.3. Sources

C.2. Medicaid Program Spending: Change Over Time

1. Centers for Medicare and Medicaid Services. (2022, December). MACStats: Medicaid and CHIP Data Book. Retrieved March 2023 from <https://www.macpac.gov/macstats/>
2. Centers for Medicare and Medicaid Services. (2021, December). MACStats: Medicaid and CHIP Data Book. Retrieved March 2023 from <https://www.macpac.gov/macstats/>
3. Centers for Medicare and Medicaid Services. (2020, December). MACStats: Medicaid and CHIP Data Book. Retrieved March 2023 from <https://www.macpac.gov/macstats/>
4. Medicaid and CHIP Payment and Access Commission. (2019, December). MACStats: Medicaid and CHIP Data Book. Retrieved March 2023 from <https://www.macpac.gov/wp-content/uploads/2018/12/December-2018-MACStats-Data-Book.pdf>
5. Medicaid and CHIP Payment and Access Commission. (2018, December). MACStats: Medicaid and CHIP Data Book. Retrieved March 2023 from <https://www.macpac.gov/publication/macstats-archive/>
6. Medicaid and CHIP Payment and Access Commission. (2017, December). MACStats: Medicaid and CHIP Data Book. Retrieved March 2023 from <https://www.macpac.gov/publication/macstats-archive/>
7. Medicaid and CHIP Payment and Access Commission. (2016, March). MACStats: Medicaid and CHIP Program Statistics. Retrieved March 2023 from <https://www.macpac.gov/publication/macstats-archive/>
8. Medicaid and CHIP Payment and Access Commission. (2015, March). MACStats: Medicaid and CHIP Program Statistics. Retrieved March 2023 from <https://www.macpac.gov/wp-content/uploads/2015/03/March-2014-MACStats.pdf>

C.3. Medicaid Expansion Status

1. Centers for Medicare and Medicaid Services. (2022, December). MACStats: Medicaid and CHIP Data Book. Retrieved March 2023 from <https://www.macpac.gov/macstats/>
2. Centers for Medicare and Medicaid Services. (2021, December). MACStats: Medicaid and CHIP Data Book. Retrieved March 2023 from <https://www.macpac.gov/macstats/>
3. Centers for Medicare and Medicaid Services. (2023, January). Medicaid Enrollment Data Collected Through MBES 2023 Q1. Retrieved March 2023 from <https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/enrollment-mbes/index.html>
4. Centers for Medicare and Medicaid Services. (2020, October). Medicaid, Children's Health Insurance Program & Basic Health Program Eligibility Levels. Retrieved March 2023 from <https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-eligibility-levels/index.html>
5. US Government Publishing Office. (2011, October 1). Code of Federal Regulations Title 42. Retrieved March 2023 from <https://www.gpo.gov/fdsys/granule/CFR-2011-title42-vol4/CFR-2011-title42-vol4-sec440-315>
6. Commonwealth of Massachusetts. An Act implementing the Affordable Care Act and providing further access to affordable health care. Retrieved March 2023 from <https://malegislature.gov/Bills/188/H3452/BillHistory?pageNumber=1>
7. Centers for Medicare & Medicaid Services. (2017). Medicaid Alternative Benefit Plan. Retrieved March 2023 from <https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/MA/MA-17-0012.pdf>
8. Centers for Medicare and Medicaid Services. (2019, December 12). State Plan Amendment #MA-19-0026. Retrieved March 2023 from <https://www.medicaid.gov/sites/default/files/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/MA/MA-19-0026.pdf>

H.3. Sources

C.4. Medicaid Program Benefits

1. Medicaid and CHIP Payment and Access Commission. Mandatory and Optional Benefits. Retrieved March 2023 from <https://www.macpac.gov/subtopic/mandatory-and-optional-benefits/>
2. Massachusetts Court System. (2019, April 19). CMR Title 130: Medical Assistance Regulations. Retrieved March 2023 from <https://www.mass.gov/law-library/130-cmr>

D.1. Medicaid Financing & Service Delivery System

1. Information derived from sources found throughout Section D.

D.1. Medicaid Service Delivery System Enrollment By Eligibility Group

1. Massachusetts Trial Court Law Libraries. (2019, April 19). 130 CMR 505.00: MassHealth Coverage Types. Retrieved March 2023 from <https://www.mass.gov/regulations/130-CMR-50500-masshealth-coverage-types>
2. Centers for Medicare and Medicaid Services. (2019, June). MassHealth 1115 Demonstration Waiver. Retrieved March 2023 from <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/?entry=8502>
3. Massachusetts Department of Health and Human Services. MassHealth coverage types for individuals and families including people with disabilities. Retrieved March 2023 from <https://www.mass.gov/service-details/masshealth-coverage-types-for-individuals-and-families-including-people-with>
4. Massachusetts Department of Health and Human Services. Other health insurance and MassHealth Premium Assistance. Retrieved March 2023 from <https://www.mass.gov/service-details/other-health-insurance-and-masshealth-premium-assistance>.

D.1. Medicaid Financing & Service Delivery System: Overview

1. Massachusetts Trial Court Law Libraries. (2019, April 19). 130 CMR 505.00: MassHealth Coverage Types. Retrieved March 2023 from <https://www.mass.gov/regulations/130-CMR-50500-masshealth-coverage-types>
2. Centers for Medicare and Medicaid Services. (2019, June). MassHealth 1115 Demonstration Waiver. Retrieved March 2023 from <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/?entry=8502>
3. Massachusetts Department of Health and Human Services. MassHealth coverage types for individuals and families including people with disabilities. Retrieved March 2023 from <https://www.mass.gov/service-details/masshealth-coverage-types-for-individuals-and-families-including-people-with>
4. Massachusetts Department of Health and Human Services. Other health insurance and MassHealth Premium Assistance. Retrieved March 2023 from <https://www.mass.gov/service-details/other-health-insurance-and-masshealth-premium-assistance>.

D.2. Medicaid FFS Program: Overview

1. Center for Health Information and Analysis. (2020, December). Enrollment in Health Insurance. Retrieved March 2023 from <https://www.chiamass.gov/enrollment-in-health-insurance/>

H.3. Sources

D.2. Medicaid FFS Program: Behavioral Health Overview

1. Centers for Medicare and Medicaid Services. (2019, June). MassHealth Section 1115 Waiver Demonstration. Retrieved March 2023 from <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/ma/ma-masshealth-ca.pdf>
2. Commonwealth of Massachusetts. 130 CMR 450.00; Administrative and Billing Regulations. Retrieved March 2023 from <https://www.mass.gov/regulations/130-CMR-45000-administrative-and-billing-regulations>

D.2. Medicaid FFS Program: Behavioral Health Benefits

1. Centers for Medicare & Medicaid Services. (2019, June 26). Section 1115 waiver demonstration. Retrieved March 2023 from <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/?entry=8502>
2. Massachusetts Law Library. (2019, April 19). Code of Massachusetts Regulations 130 CMR418, Substance use disorder treatment services. Retrieved March 2023 from <https://www.mass.gov/law-library/130-cmr>
3. Massachusetts Executive Office of Health and Human Services. (2020, July 1). Substance use disorder treatment manual. Retrieved March 2023 from <https://www.mass.gov/lists/substance-use-disorder-treatment-manual-for-masshealth-providers>
4. Massachusetts Office of State Auditor. (2017, April 3). Review of Fee for Services Payments Covered by the Massachusetts Behavioral Partnership. Retrieved March 2023 from <https://www.mass.gov/files/documents/2017/09/13/201513743m11.pdf>

D.2. Medicaid FFS Program: SMI Population

1. OPEN MINDS. (2023). Serious Mental Illness Prevalence Estimates.
2. Centers for Medicare & Medicaid Services. (2019, June). MassHealth Section 1115 Waiver Demonstration. Retrieved March 2023 from <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/?entry=8502>

D.2. Medicaid FFS Program: Pharmacy Benefits

1. Massachusetts Executive Office of Health and Human Services. . MassHealth Pharmacy Manual. Retrieved March 2023 from <https://www.mass.gov/lists/pharmacy-manual-for-masshealth-providers>
2. Massachusetts Executive Office of Health and Human Services. (2021). MassHealth Controlled Substances Management Program. Retrieved March 2023 from <https://www.mass.gov/service-details/masshealth-controlled-substances-management-program>
3. Massachusetts Executive Office of Health and Human Services. (2021, February). Pharmacy Online Processing System Billing Guide. Retrieved March 2023 from <https://www.mass.gov/doc/pops-billing-guide-10/download>
4. Massachusetts Executive Office of Health and Human Services. (2021). MassHealth Drug List. Retrieved March 2023 from <https://mhdل.pharmacy.services.conduent.com/MHDL/>

H.3. Sources

D.3. Medicaid Managed Care Program: Overview

1. Centers for Medicare & Medicaid Services. (2019, June 23). Section 1115 waiver demonstration. Retrieved March 2023 from <https://www.medicaid.gov/medicaid/section-1115demo/demonstration-and-waiver-list/?entry=8502>
2. Massachusetts Executive Office of Health and Human Services. (2018). MassHealth Payment Care Delivery Innovation. Retrieved March 2023 from <https://www.mass.gov/files/documents/2018/05/25/Phase-I-Provider-Deck-051818.pdf>
3. Massachusetts Executive Office of Health and Human Services. (2020). MassHealth 101 CMR 353.00: Payment for Primary Care Clinician Plan Services. Retrieved March 2023 from <https://www.mass.gov/regulations/101-CMR-35300-payment-for-primary-care-clinician-plan-services>
4. Massachusetts Executive Office of Health and Human Services. (2021). Payment and Care Delivery Innovation (PCDI) for Providers. Retrieved March 2023 from <https://www.mass.gov/payment-care-delivery-innovation-pcdi-for-providers>

D.3. Medicaid Managed Care Program: MCO Model Overview & Characteristics

1. Massachusetts Executive Office of Health and Human Services. (2017, April 13). Request for responses to procure qualifying managed health plans for MassHealth. Retrieved March 2023 from <https://www.commbuys.com/bso/external/bidDetail.sdo?docId=BD-17-1039-EHS01-EHS01-10209&external=true&parentUrl=bid>
2. Massachusetts Executive Office of Health and Human Services. (2019, January). MassHealth Enrollment Guide. Retrieved March 2023 from <https://www.mass.gov/masshealth-plans-and-enrollment-guide>
3. Tufts Health Plan. (2021). Tufts Health Public Plans Provider Manual. Retrieved March 2023 from <http://tuftshealthplan.com/documents/providers/provider-manuals/public-plans-manual/thpp-provider-manual>
4. WellSense Health Plans.(2023, January) Provider Manual. Retrieved March 2023 from https://www.wellsense.org/providers/ma/provider-manual?_hstc=188080183.609df26c17fef0d624364898292551de.1678727399159.1678727399159.1678727399159.1&_hssc=188080183.1.1678727399159&_hsfp=3338797934
5. Massachusetts Executive Office of Health and Human Services. (2021). Managed Care Organization (MCO) Plan. Retrieved March 2023 from <https://www.mass.gov/service-details/managed-care-organization-mco-plan>
6. Massachusetts Executive Office of Health and Human Services. (2021). Managed Care Organization (MCO) Contract. Retrieved March 2023 from <https://www.mass.gov/files/documents/2017/11/17/mco-administered-aco-model-contract.pdf>

D.3. Medicaid Managed Care Program: ACO Overview

1. Massachusetts Executive Office of Health and Human Services. (2017, February 17). Request for Responses to Procure ACO's for participation in a MassHealth ACO Initiative. Retrieved March 2023 from <https://www.commbuys.com/bso/external/bidDetail.sdo?docId=BD-17-1039-EHS01-EHS01-00000009207>
2. Centers for Medicare & Medicaid Services. (2019, June). MassHealth Section 1115 Waiver Demonstration. Retrieved March 2023 from <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/?entry=8502>

D.3. Medicaid Managed Care Program: ACO Characteristics

1. MassHealth Pharmacy Program. Pharmacy Facts. Retrieved March 2023 from <https://www.mass.gov/lists/masshealth-pharmacy-facts>
2. Executive Office of Health and Human Services. (2020). MassHealth Contact Matrix. Retrieved March 2023 from <https://www.mass.gov/doc/masshealth-health-plan-contacts-2019-and-2020-managed-care-health-plans/download>

H.3. Sources

D.3. Medicaid Managed Care Program: Community Partners Overview

1. Massachusetts Executive Office of Health and Human Services. (2019). MassHealth Payment and Care Delivery System (PCDI): Community Partners Program. Retrieved March 2023 from <https://www.mass.gov/files/documents/2018/11/30/Community%20Partners%20Training%20vFull.pdf>
2. Centers for Medicare and Medicaid Services. (2019, June). MassHealth Section 1115 Waiver Demonstration. Retrieved March 2023 from <https://www.medicare.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/ma/ma-masshealth-ca.pdf>
3. Massachusetts Executive Office of Health and Human Services. (2017, May 31). Request For Responses To Procure Community Partners Care Management. Retrieved March 2023 from <https://www.commbuys.com/bs0/external/bidDetail.sdo?docId=BD-17-1039-EHS01-EHS01-11588&external=true&parentUrl=bid>
4. Massachusetts Executive Office of Health and Human Services. (2019). Massachusetts Delivery System Reform Incentive Payment Program. Retrieved March 2023 from [https://www.mass.gov/info-details/massachusetts-delivery-system-reform-incentive-payment-program#community-partners-\(cps\)-and-community-service-agencies-\(csas\)-](https://www.mass.gov/info-details/massachusetts-delivery-system-reform-incentive-payment-program#community-partners-(cps)-and-community-service-agencies-(csas)-)

D.3. Medicaid Managed Care Program: Community Partners

1. Massachusetts Executive Office of Health and Human Services. (2021). List of MassHealth Community Partners. Retrieved March 2023 from <https://www.mass.gov/info-details/list-of-masshealth-community-partners>

D.3. Medicaid Managed Care Program: Behavioral Health Overview

1. Commonwealth of Massachusetts Office of the State Auditor. (2017, April 3). Review of FFS Payments for Services Covered by the Massachusetts Behavioral Health Partnership. Retrieved March 2023 from <https://www.mass.gov/files/documents/2017/09/13/201513743m11.pdf>
2. Massachusetts Executive Office of Health and Human Services. (2017, April 13). Request for Responses to Procure Qualified Managed Care Plans. Retrieved March 2023 from <https://www.commbuys.com/bs0/external/bidDetail.sdo?docId=BD-17-1039-EHS01-EHS01-10209&external=true&parentUrl=bid>
3. Massachusetts Executive Office of Health and Human Services. (2017, February 17). Request for Responses to Procure Accountable Care Organizations (ACOs) for Participation in a MassHealth Initiative. Retrieved March 2023 from <https://www.commbuys.com/bs0/external/bidDetail.sdo?docId=BD-17-1039-EHS01-EHS01-00000009207>
4. Centers for Medicare & Medicaid Services. (2019, June). Section 1115 waiver demonstration. Retrieved March 2023 from <https://www.medicare.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/?entry=8502>

H.3. Sources

D.3. Medicaid Managed Care Program: Behavioral Health Benefits

1. Centers for Medicare & Medicaid Services. (2019, June). MassHealth Section 1115 Waiver Demonstration. Retrieved March 2023 from <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/82006>
2. Commonwealth of Massachusetts Law Library. (2019). 130 CMR 418; Substance Use Disorder Treatment Service; 130 CMR 429: Mental Health Center Services. Retrieved March 2023 from <https://www.mass.gov/law-library/130-cmr>

D.3. Medicaid Managed Care Program: SMI Population

1. Centers for Medicare & Medicaid Services. (2019, June). MassHealth Section 1115 Waiver Demonstration. Retrieved March 2023 from <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/?entry=8502>
2. OPEN MINDS. (2023). Serious Mental Illness Prevalence Estimates.

D.3. Medicaid Managed Care Program: Pharmacy Benefits

1. Massachusetts Executive Office Health and Human Services. (2019, April). Pharmacy Benefits Manager Pricing Report for Accountable Care Partnership Plans and Managed Care Organizations. Retrieved March 2023 from <https://www.mass.gov/files/documents/2019/04/11/mce-11.pdf>
2. Commonwealth of Massachusetts. (2021, February). MassHealth ACP/MCO Uniform Preferred Drug List. Retrieved March 2023 from <https://mhdL.pharmacy.services.conduent.com/MHDL/pubdownloadpdfwelcome.do?docId=206&fileType=PDF>
3. Massachusetts Executive Office of Health and Human Services. (2017, April 13). Request for Responses to Procure Qualified Managed Care Health Plans. Retrieved March 2023 from <https://www.commbuys.com/bsO/external/bidDetail.sdo?docId=BD-17-1039-EHS01-EHS01-10209&external=true&parentUrl=bid>
4. Massachusetts Executive Office of Health and Human Services. (2017, February 17). Requests for Responses to procure Accountable Care Organizations (ACOs) for participation in a MassHealth ACO initiative. Retrieved March 2023 from <https://www.commbuys.com/bsO/external/bidDetail.sdo?docId=BD-17-1039-EHS01-EHS01-00000009207>

D.4. Medicaid Program: Care Coordination Initiatives: PCMH PRIME

1. Massachusetts Health Policy Commission. (2020). The HPC Patient-Centered Medical Home (PCMH) Certification Program. Retrieved March 2023 from <https://www.mass.gov/service-details/the-hpc-patient-centered-medical-home-pcmh-certification-program>
2. Massachusetts Health Policy Commission. (2019, March 29). PCMH PRIME Certification Program Changes: Frequently Asked Questions. Retrieved March 2023 from https://www.mass.gov/files/documents/2019/03/19/FAQs%20on%20PCMH%20PRIME%20Certification%20Program%20Changes_Mar%202019%20update.pdf
3. National Committee for Quality Assurance. Government PCMH Recognition Programs. Retrieved March 2023 from <https://www.ncqa.org/programs/health-care-providers-practices/state-and-government-recognition/>
4. Massachusetts Health Policy Commission. (2019, June 13). Primary Care and Behavioral Health Integration: Brief Overview of Massachusetts Efforts. Retrieved March 2023 from https://www.ctc-ri.org/sites/default/files/uploads/CHarrison%20Slides%20for%20CTC%20Meeting_06132019.pdf

H.3. Sources

D.5. Medicaid Program Care Management and Demonstration Waivers

1. Centers for Medicare and Medicaid Services. Demonstrations and Waivers. Retrieved March 2023 from https://www.medicaid.gov/medicaid-chip-program-information/by-topics/waivers/waivers_faceted.html

D.5. Medicaid Program Section 1915 (c) HCBS Waivers

1. Centers for Medicare and Medicaid Services. Demonstrations and Waivers. Retrieved March 2023 from https://www.medicaid.gov/medicaid-chip-program-information/by-topics/waivers/waivers_faceted.html

D.6. Medicaid Program Initiatives: Timeline

1. Massachusetts Executive Office of Health and Human Services. (2019, March 11). Testimony of the Office of Health and Human Services on Fiscal Year 2020 Budget. Retrieved March 2023 from <https://www.mass.gov/files/documents/2019/03/11/Secretary%20FY20%20Testimony%20-%20FINAL.pdf>
2. Massachusetts Executive Office of Health and Human Services. (2019, March 11). Testimony of Daniel Tsai, Assistant Secretary for MassHealth and Medicaid Director on Fiscal Year 2020 Budget. Retrieved March 2023 from <http://www.mass.gov/files/documents/2019/03/13/MassHealth%20FY20%20Budget%20Testimony.pdf>
3. Massachusetts Executive Office of Health and Human Services. (2019, November 15). Letter from Secretary Sudders. Retrieved March 2023 from <https://www.mass.gov/doc/letter-from-secretary-sudders-november-15-2019/download>
4. Massachusetts Executive Office of Health and Human Services. (2019, May). Creating a Behavioral Health Ambulatory Treatment System. Retrieved March 2023 from https://www.mass.gov/files/documents/2019/06/13/bh-presentation_0.pdf
5. Centers for Medicaid and Medicare Systems. (2020, July 30). State Plan Amendment 19-0033. Retrieved March 2023 from <https://www.medicaid.gov/medicaid/spa/downloads/ma-19-0033.pdf>
6. Massachusetts Executive Office of Health and Human Services. (2021, February). Roadmap for Behavioral Health Reform: Ensuring the Right Treatment When and Where People Need It. Retrieved March 2023 from <https://www.mass.gov/doc/roadmap-for-behavioral-health-reform-ensuring-the-right-treatment-when-and-where-people-need-it/download>

E.1. Dual Eligible Medicaid Financing & Service Delivery System

1. Centers for Medicare and Medicaid Services. (2023, January). Plan Directory for MA, Cost, PACE, and Demo Organizations. Retrieved March 2023 from <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDENrolData/MA-Plan-Directory.html>
2. Centers for Medicare and Medicaid Services. (2023, January). Special Needs Plan (SNP) Data. Retrieved March 2023 from <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDENrolData/Special-Needs-Plan-SNP-Data.html>

H.3. Sources

E.4. Dual Eligible Medicaid Financing & Delivery System: One Care Dual Eligible Demonstration Map

1. Massachusetts Executive Office of Health and Human Services. (2012, August 22). Dual Demonstration Memorandum of Understanding. Retrieved March 2023 from <https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/Downloads/MassMOU.pdf>

E.2. Largest Dual Eligible Health Plans By Estimated SMI Enrollment

1. Centers for Medicare and Medicaid Services. (2023, January). Plan Directory for MA, Cost, PACE, and Demo Organizations. Retrieved March 2023 from <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDEnrolData/MA-Plan-Directory.html>
2. Centers for Medicare and Medicaid Services. (2023, January). Special Needs Plan (SNP) Data. Retrieved March 2023 from <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDEnrolData/Special-Needs-Plan-SNP-Data.html>

E.3. Dual Eligible Medicaid Financing & Delivery System: Overview

1. Executive Office of Health and Human Services. (2018, October 2). MassHealth Payment Policy Advisory Board and Medical Care Advisory Committee. Retrieved March 2023 from <https://www.mass.gov/doc/masshealth-payment-policy-advisory-board-and-mcac-agenda-october-2018-1/download>
2. Centers for Medicare and Medicaid Services. (2021, March). Medicare-Medicaid Enrollee State and County Enrollment Snapshots. Retrieved March 2023 from <https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Analytics.html>
3. Massachusetts Executive Office of Health and Human Services. (2020, August 1). One Care Three-Way Contract and Memorandum of Understanding. Retrieved March 2023 from <https://www.mass.gov/service-details/one-care-three-way-contract-and-memorandum-of-understanding-mou>

E.4. Dual Eligible Medicaid Financing & Delivery System: New Initiatives

1. Massachusetts Executive Office of Health and Human Services. (2018). Proposal for a Massachusetts Medicare-Medicaid Integration Demonstration: Duals Demonstration 2.0. Retrieved March 2023 from <https://www.integratedcareresourcecenter.com/sites/default/files/final-concept-paper-duals-demonstration-2.0-08-22-18%20ICRC.pdf>
2. Massachusetts Executive Office of Health and Human Services. (2018, October 2). MassHealth Payment Policy Advisory Board and Medical Care Advisory Committee. Retrieved March 2023 from <https://www.mass.gov/doc/masshealth-payment-policy-advisory-board-and-mcac-agenda-october-2018-1/download>
3. Massachusetts Executive Office of Health and Human Services. (2019, June 7). One Care Plan Procurement Information. Retrieved March 2023 from <https://www.commbuys.com/bso/external/bidDetail.sdo?bidId=BD-18-1039-EHS01-EHS02-20518&parentUrl=activeBids>
4. Commonwealth of Massachusetts. (2019, January 23). Reducing Health Care Costs for Low Income Seniors FY20 H.1 Proposal. Retrieved March 2023 from <https://www.mass.gov/files/documents/2019/01/23/msp-FY20-one-page.pdf>
5. Massachusetts Executive Office of Health and Human Services. (2020, January 7). Request for Responses (RFR) for One Care Plans COMMBUYS Bid Number: BD-18-1039-EHS01-EHS02-20518 Document Number: 19CBEHSONECARERFR. Retrieved March 2023 from <https://www.mass.gov/doc/commbuys-one-care-rfr-release-notice-021119-0/download>

H.3. Sources

E.4. Dual Eligible Medicaid Financing & Delivery System: Senior Care Options

1. Massachusetts Executive Office of Health and Human Services. (2013, May 5). SCO: A Guide for Senior Care Options Program for MassHealth Providers. Retrieved March 2023 from <https://www.mass.gov/senior-care-options-sco>
2. Commonwealth of Massachusetts. (2019). Enrolling and Receiving Care Under Senior Care Options (SCO). Retrieved March 2023 from <https://www.mass.gov/service-details/enrolling-and-receiving-care-under-senior-care-options-sco>
3. Massachusetts Executive Office of Health and Human Services. Senior Care Options (SCO) Provider Billing Frequently Asked Questions (FAQ's). Retrieved March 2023 from <https://www.mass.gov/service-details/senior-care-options-sco-provider-billing-frequently-asked-questions-faqs>

E.4. Dual Eligible Medicaid Financing & Delivery System: One Care Dual Eligible Demonstration

1. Massachusetts Executive Office of Health and Human Services. (2019). Amendment to provider contract extending One Care Demonstration. Retrieved March 2023 from https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/Downloads/MAContractAmendment_06112018.pdf
2. Center for Medicare & Medicaid Services. Memorandum of Understanding (MOU) to Provide for Care Dual Eligible Demonstration. Retrieved March 2023 from <https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/Downloads/MassMOU.pdf>
3. Centers for Medicare & Medicaid Services. (2015). Contract Amendments to One Care Demonstration. Retrieved March 2023 from https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/Downloads/MAContractAmendment_06112018.pdf
4. Centers for Medicare & Medicaid Services: (2019, April). Financial Alignment Initiative Annual Report. Retrieved March 2023 from <https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/Downloads/MAEvalReportDY3042019.pdf>

F.1. LTSS Financing & Service Delivery

1. Executive Office of Health and Human Services. (2018, October 2). MassHealth Payment Policy Advisory Board and Medical Care Advisory Committee. Retrieved March 2023 from <https://www.mass.gov/doc/masshealth-payment-policy-advisory-board-and-mcac-agenda-october-2018-1/download>
2. Centers for Medicare and Medicaid Services. (2021, December). Medicare-Medicaid Enrollee State and County Enrollment Snapshots. Retrieved March 2023 from <https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Analytics.html>
3. Massachusetts Executive Office of Health and Human Services. (2020, August 1). One Care Three-Way Contract and Memorandum of Understanding. Retrieved March 2023 from <https://www.mass.gov/service-details/one-care-three-way-contract-and-memorandum-of-understanding-mou>

H.3. Sources

F.1. LTSS Service Delivery System Enrollment By Eligibility Group

1. Massachusetts Trial Court Law Libraries. (2019, April 19). 130 CMR 505.00: MassHealth Coverage Types. Retrieved March 2023 from <https://www.mass.gov/regulations/130-CMR-50500-masshealth-coverage-types>
2. Centers for Medicare and Medicaid Services. (2019, June). MassHealth 1115 Demonstration Waiver. Retrieved March 2023 from <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/?entry=8502>
3. Massachusetts Department of Health and Human Services. MassHealth coverage types for individuals and families including people with disabilities. Retrieved March 2023 from <https://www.mass.gov/service-details/masshealth-coverage-types-for-individuals-and-families-including-people-with>
4. Massachusetts Department of Health and Human Services. Other health insurance and MassHealth Premium Assistance. Retrieved March 2023 from <https://www.mass.gov/service-details/other-health-insurance-and-masshealth-premium-assistance>.

F.2. LTSS Financing & Service Delivery System: Overview

1. Executive Office of Health and Human Services. (2018, October 2). MassHealth Payment Policy Advisory Board and Medical Care Advisory Committee. Retrieved March 2023 from <https://www.mass.gov/doc/masshealth-payment-policy-advisory-board-and-mcac-agenda-october-2018-1/download>
2. Centers for Medicare and Medicaid Services. (2021, March). Medicare-Medicaid Enrollee State and County Enrollment Snapshots. Retrieved March 2023 from <https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Analytics.html>
3. Massachusetts Executive Office of Health and Human Services. (2020, August 1). One Care Three-Way Contract and Memorandum of Understanding. Retrieved March 2023 from <https://www.mass.gov/service-details/one-care-three-way-contract-and-memorandum-of-understanding-mou>

F.3. LTSS Health Plan Characteristics

1. Massachusetts Executive Office of Health and Human Services. (2013, May 5). SCO: A Guide for Senior Care Options Program for MassHealth Providers. Retrieved March 2023 from <https://www.mass.gov/senior-care-options-sco>
2. Commonwealth of Massachusetts. (2019). Enrolling and Receiving Care Under Senior Care Options (SCO). Retrieved March 2023 from <https://www.mass.gov/service-details/enrolling-and-receiving-care-under-senior-care-options-sco>
3. Massachusetts Executive Office of Health and Human Services. Senior Care Options (SCO) Provider Billing Frequently Asked Questions (FAQ's). Retrieved March 2023 from <https://www.mass.gov/service-details/senior-care-options-sco-provider-billing-frequently-asked-questions-faqs>
4. Massachusetts Executive Office of Health and Human Services. (2013, May 5). SCO: A Guide for Senior Care Options Program for MassHealth Providers. Retrieved March 2023 from <https://www.mass.gov/files/documents/2016/07/wc/sco-guide-to-senior-care-options-program.pdf>
5. Commonwealth of Massachusetts. (2019). Enrolling and Receiving Care Under Senior Care Options (SCO). Retrieved March 2023 from <https://www.mass.gov/service-details/enrolling-and-receiving-care-under-senior-care-options-sco>
6. Massachusetts Executive Office of Health and Human Services. Senior Care Options (SCO) Provider Billing Frequently Asked Questions (FAQ's). Retrieved March 2023 from <https://www.mass.gov/service-details/senior-care-options-sco-provider-billing-frequently-asked-questions-faqs>

H.3. Sources

F.3. LTSS New Initiatives

1. Massachusetts Executive Office of Health and Human Services. (2018). Proposal for a Massachusetts Medicare-Medicaid Integration Demonstration: Duals Demonstration 2.0. Retrieved March 2023 from <https://www.integratedcareresourcecenter.com/sites/default/files/final-concept-paper-duals-demonstration-2.0-08-22-18%20ICRC.pdf>
2. Massachusetts Executive Office of Health and Human Services. (2018, October 2). MassHealth Payment Policy Advisory Board and Medical Care Advisory Committee. Retrieved March 2023 from <https://www.mass.gov/doc/masshealth-payment-policy-advisory-board-and-mcac-agenda-october-2018-1/download>
3. Massachusetts Executive Office of Health and Human Services. (2019, June 7). One Care Plan Procurement Information. Retrieved March 2023 from <https://www.commbuys.com/bso/external/bidDetail.sdo?bidId=BD-18-1039-EHS01-EHS02-20518&parentUrl=activeBids>
4. Commonwealth of Massachusetts. (2019, January 23). Reducing Health Care Costs for Low Income Seniors FY20 H.1 Proposal. Retrieved March 2023 from <https://www.mass.gov/files/documents/2019/01/23/msp-FY20-one-page.pdf>
5. Massachusetts Executive Office of Health and Human Services. (2020, January 7). Request for Responses (RFR) for One Care Plans COMMBUYS Bid Number: BD-18-1039-EHS01-EHS02-20518 Document Number: 19CBEHSONECARERFR. Retrieved March 2023 from <https://www.mass.gov/doc/commbuys-one-care-rfr-release-notice-021119-0/download>

G.1. Public Behavioral Health System Governance: Organization Chart

1. Massachusetts Executive Office of Health and Human Services. Department of Mental Health. Retrieved March 2023 from https://budget.digital.mass.gov/bb/h1/fy20h1/brec_20/dpt_20/hcdmh.htm
2. Massachusetts Executive Office of Health and Human Services. Department of Public Health. Retrieved March 2023 from https://budget.digital.mass.gov/bb/h1/fy20h1/brec_20/dpt_20/hcdph.htm

G.1. Public Behavioral Health System Governance: Key Leadership

1. Massachusetts Department of Mental Health. (2019). DMH Central Office Contacts. Retrieved March 2023 from <https://www.mass.gov/service-details/central-office>

H.3. Sources

G.2. Public Behavioral Health System Budget

1. Massachusetts Executive Office of Health and Human Services. (2023). Executive Office of Health and Human Services. Retrieved March 2023 from <https://budget.digital.mass.gov/summary/fy22/enacted/health-and-human-services>
2. Massachusetts Executive Office of Health and Human Services. (2022). Department of Mental Health Historical Budget Levels. Retrieved March 2023 from <https://budget.digital.mass.gov/govbudget/fy21/appropriations/health-and-human-services/mental-health/?tab=historical-spending/index.html>
3. Massachusetts Executive Office of Health and Human Services. (2020). Department of Public Health Historical Budget Levels. Retrieved March 2023 from <https://budget.digital.mass.gov/govbudget/fy21/appropriations/health-and-human-services/public-health/?tab=historical-spending/index.html>

G.3. State Psychiatric Institutions

1. Commonwealth of Massachusetts. (2021). Tewksbury Hospital Mental Health Program. Retrieved March 2023 from <https://www.mass.gov/locations/tewksbury-hospital>
2. Commonwealth of Massachusetts. (2021). Department of Mental Health Worcester Recovery Center and Hospital Program. Retrieved on March 2023 from <https://www.mass.gov/files/documents/2016/07/qk/2012-wrch-fact-sheet.pdf>
3. Commonwealth of Massachusetts. (2018). Lemuel Shattuck Hospital Program Fact Sheet. Retrieved March 2023 from <https://www.mass.gov/locations/metro-boston-mental-health-units-at-lemuel-shattuck-hospital>

G.4. State Behavioral Health Safety-Net Delivery System

1. Executive Office of Health and Human Services. (2022). 101 CMR 613.00: Health Safety Net Eligible Services. Retrieved March 2023 from <https://www.mass.gov/doc/health-safety-net-eligible-services-effective-july-8-2022-0/download>
2. Executive Office of Health and Human Services. (2018, February 23). 101 CMR 613.00: Health Safety Net Eligible Services. Retrieved March 2023 from <https://www.mass.gov/regulations/101-CMR-61300-health-safety-net-eligible-services>
3. Commonwealth of Massachusetts. (2019). State Mental Health Plan. Retrieved March 2023 from http://www.mass-smhpc.org/wp-content/uploads/2019/04/State-Mental-Health-Plan_First-draft_Posted.pdf

G.4. State Behavioral Health Safety-Net Delivery System: Map

1. Commonwealth of Massachusetts. Find Which DMH Office Covers Your City or Town. Retrieved March 2023 from <https://www.mass.gov/guides/find-which-dmh-office-covers-your-city-or-town>