

# Innovations in the Balancing Incentive Program: Massachusetts

The logo for the Balancing Incentive Program. It features a yellow curved line above the word "BALANCING" in a large, black, sans-serif font. Below "BALANCING" is a dark blue rectangular box containing the words "INCENTIVE PROGRAM" in white, all-caps, sans-serif font.

## BALANCING INCENTIVE PROGRAM



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# Innovations in the Balancing Incentive Program: Massachusetts

**States are continuously updating their balancing efforts. This case study presents state information as of September 2016.**

*The Balancing Incentive Program, authorized by Section 10202 of the 2010 Affordable Care Act, sought to improve access to community-based long-term services and supports (LTSS). Through September 30, 2015, participating states received enhanced Federal Medical Assistance Percentage (FMAP) on eligible services. States that spent less than half of their total LTSS dollars on community LTSS in 2009 received 2% enhanced FMAP; states that spent less than 25% received 5% enhanced FMAP. As part of the Program, participating states were required to undertake three structural changes: 1) the No Wrong Door (NWD) system, 2) a Core Standardized Assessment (CSA), and 3) conflict-free case management. States were also required to spend Program funds on activities that enhance community LTSS for the Medicaid population. With Centers for Medicare & Medicaid Services (CMS) approval, states have until September 30, 2017, to spend the funds earned under the Program. Finally, by the end of the Program, states should have met the “balancing benchmark,” i.e., spend a certain percentage of total LTSS dollars on community LTSS (25% or 50% depending on the 2009 starting point).*

## Introduction

In an effort to learn more about how states are transforming their LTSS systems under the Balancing Incentive Program, CMS and its technical assistance provider, Mission Analytics, selected five Program states that implemented structural changes successfully and used Program funds innovatively to expand access to community LTSS. In the spring of 2016, Mission Analytics conducted site visits to these states, interviewed key state staff and stakeholders, and developed case studies based on findings.

The Executive Office of Health and Human Services (EOHHS) in Massachusetts holds a strong commitment to supporting and improving services for community LTSS. Prior to its involvement in the Balancing Incentive Program, Massachusetts had well-established agencies with strong brand identities and an active presence in their communities; these agencies were able to connect individuals to the services they needed. As one of the last states to enter the Program, Massachusetts worked quickly to develop a safety net to catch individuals falling through the cracks and ensure everyone could access community LTSS. Through the Program, Massachusetts focused on developing a website and a toll-free number that would route individuals to the services they need, as well as hiring Medicaid Eligibility Specialists and further training their Options Counselors, who could connect individuals directly to the services they requested. In addition to building additional entry points for the NWD system, Massachusetts leveraged Program funds to bolster services and expand care to a wider population, including individuals with autism and individuals with mental illness. With the Program funds and focus, Massachusetts enhanced its ability to serve individuals looking for community LTSS.

Massachusetts joined the Balancing Incentive Program in April 2014. The Program team in Massachusetts worked to garner the support of leadership and collaboration across the agencies to expedite the development of a comprehensive NWD system. Massachusetts was awarded a \$135 million through 2% enhanced FMAP on its community LTSS. In addition to supporting the structural changes, the state continues to use funds to expand services and develop innovative programs to better serve individuals in the community.

Mission Analytics conducted a site visit at the end of May 2016. This case study summarizes findings from the site visit, along with information submitted by Massachusetts through its quarterly progress reports. The case study highlights the innovative strategies Massachusetts has used to promote community LTSS.

## Program at a Glance

**Operating Agency:** Executive Office of Health and Human Services

**Collaborating Agencies:** Department of Developmental Services (DDS), Department of Mental Health (DMH)

**Project Director:** Ketly Jean-Louis

**Start Date:** April 2014

**Award Amount:** \$135 million

## Structural Changes

**NWD System:** As part of its NWD System, Massachusetts developed the MassOptions website and a call center where specialists conduct the Level I screen and refer individuals to the appropriate NWD partners. The Executive Office of Elder Affairs (EOEA) and the Massachusetts Rehabilitation Commission (MRC) administer the NWD model in partnership with 26 Aging Service Access Points (ASAPs); 3 Area Agencies on Aging (AAAs) serving seniors age 60 and over; and 11 Independent Living Centers (ILCs) serving people of all ages with disabilities.

**CSA:** Massachusetts assessments are needs-based rather than population-based. They include the MDS HC; Vineland; and the MassHealth Evaluation for Personal Care Attendant Services. The state incorporated questions on volunteering and employment to meet requirements.

**Conflict-free case management:** Massachusetts has developed a system primarily based on the complete separation between service provision and case management/assessments. The state also has a robust system of quality control, including beneficiary complaint systems, data analysis, and state oversight.

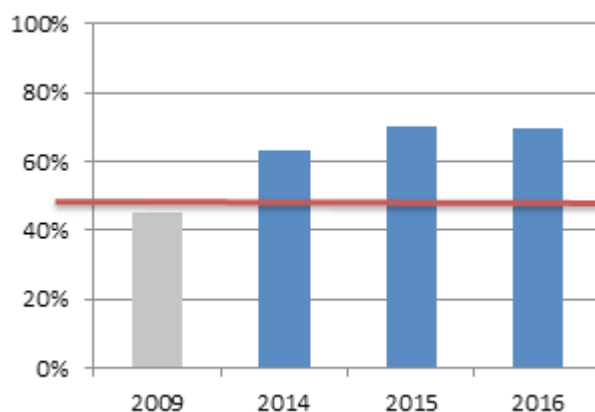
## Use of Funds

Massachusetts is using most of its funds to expand services and create its MassOptions portal. The state is also providing training to direct care staff and funding the Aging and Disability Resource Centers (ADRCs), NWD information technology improvements, and innovative community LTSS programs through Program funds.

## Balancing Benchmark:

The share of total LTSS dollars spent on community LTSS rose from **44.8% in 2009** to **70% in 2016**.

**Percent of Total LTSS Spent on Community LTSS**



## A Strong Foundation: ADRC Structure

Massachusetts was one of the first 12 states funded to develop an ADRC program in 2003. Unlike many other states where these centers are independent agencies, Massachusetts created multiple Aging and Disability Resource Consortia. Each ADRC refers to a network comprised of agencies with physical offices: ASAPs and AAAs, which serve elders age 60 and over, and ILCs, which serve people of all ages with disabilities. The ADRCs in Massachusetts also include the involvement of other community-based agencies including veterans' organizations, behavioral health providers, local councils on aging, organizations serving people with intellectual disabilities, recovery learning communities, community health centers, local housing authorities, hospitals and many other local health and social service agencies and providers.

Throughout the state, there are a total of twenty-six (26) ASAPs, three (3) AAAs, and eleven (11) ILCs. The organizations in each ADRC sign formal Memoranda of Understanding (MOUs) with one another, and with the EOEA and the MRC. The core functions of the ADRC are providing information and referral, options counseling, streamlining access to LTSS, assisting with care transitions, and supporting quality improvement. Each partner organization within the ADRC network has different functions. For instance, ASAPs are responsible for providing information and referral services to elders; conducting intake, comprehensive needs assessments, preadmission screening and clinical eligibility determinations for individuals seeking institutional and many community-based services; developing a comprehensive service plan based on the needs of the individual; arranging, coordinating, authorizing and purchasing community LTSS for individuals as indicated in their service plan; and monitoring the outcomes of and making periodic adjustments to their service plan. The ILCs, at a minimum, must provide the federally-mandated core services of information and referral, peer counseling, skills training, advocacy, and transition support<sup>1</sup>. As mentioned, each member agency provides option counseling services as a core ADRC service and brings its own unique strengths and experiences to improve consumer access to services through a "No Wrong Door" policy, creating a seamless, coordinated system of information and access to community based long term services and supports. Prior to the Balancing Incentive Program, ADRC agencies had strong brand identities and were well-recognized by their communities. According to one ADRC staff member, the strong brand identities allow the public to appropriately self-select which agency they call for help. For example, older individuals in Boston, Boston Elder Info is the well-known choice, while the Boston Center for Independent Living is known as the choice for people with disabilities.

Across Massachusetts, there are 11 ADRCs providing statewide coverage including:

- ADRC of Berkshire County
- ADRC of Cape Cod and the Islands
- ADRC of Central Massachusetts
- ADRC of Pioneer Valley
- ADRC of Southeastern Massachusetts
- ADRC of the Merrimack Valley
- Boston ADRC

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<sup>1</sup>The responsibilities of ILCs were modified to include transition services by the Workforce Innovation and Opportunity Act (WIOA) of 2014, which in turn amended the Rehabilitation Act of 1973. The Administration for Community Living released a Final Rule implementing WIOA in October of 2016. General information about the law and the rule can be found on the ACL website: [https://acl.gov/NewsRoom/NewsInfo/2016/2016\\_10\\_26.aspx](https://acl.gov/NewsRoom/NewsInfo/2016/2016_10_26.aspx).

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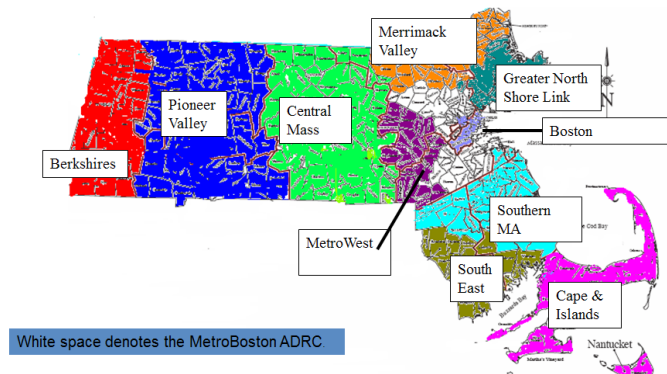
- Greater North Shore Link
- Metro Boston ADRC
- Metrowest ADRC
- Southern Massachusetts ADRC

*A map depicting the region covered by each ADRC's in Massachusetts.*

## MassOptions

As part of its NWD System, Massachusetts developed a NWD system that allows individuals to contact NWD partners for community LTSS and enables partners to track all referrals. EOHHS worked with a health consulting division of the University of Massachusetts (UMass) to develop MassOptions, a complete NWD system with a customer service contact center, an accessible website with an online referral form, a learning management system (LMS) to house training resources, a referral portal and ongoing customer satisfaction survey. ADRC, EOHHS staff and MassOptions staff are able to access the LMS system. Work on MassOptions call center and website system began in May 2015 and launched on November 2, 2015.

## Massachusetts ADRCs



## A Comprehensive Customer Service Contact Center

To ensure individuals receive personalized community LTSS options counseling and timely service referrals, the Balancing Incentive Program requires states to develop toll free numbers.

The customer service center has numerous features that improve access. For example, the customer service center operates from 8 AM – 8 PM, seven days a week. In addition, MassOptions offers a toll free number, an online chat function, email, and voicemail for after hours as options for consumers to contact MassOptions specialists. The team estimates that on a weekly basis, about 80% of the referrals are originated via incoming calls, 14% via chat and approximately 5% via email. Most people are contacting MassOptions primarily around housing, home health services, or assistance with transportation.

## Customer Relationship Management System

To capture the needs of each caller looking for services, Massachusetts worked with UMass to develop a customer relationship management (CRM) system that incorporates Level 1 questions/script and contains algorithm that helps direct the caller to an appropriate MassOptions partner within their area and also help streamlines the referral process. When a specialist answers a call, the caller/consumer is asked a series of Level 1 questions to help identify the caller's need and make appropriate referral. CRM leads the specialist step-by-step through the Level I screen, and the specialist records the information the consumer provides.

As a result of the investments from BIP, an existing ADRC Interface Referral System was leveraged to enhance the ADRC technology for the MassOptions Referral Portal. This enhanced technology allowed the state to include detailed information from referral assessments to provide Options Counselors at the ADRCs, state agency, and NWD partners with basic consumer information. This ensures that consumers are assessed appropriately and alleviates the need for the consumer to have to repeat their story multiple times to the referring NWD agency.

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The Level I screen captures information about the individual related to what kind of services the consumer is looking for and what their needs in activities of daily living (ADLs) are. The information automatically populates a referral form that is sent to the appropriate MassOptions NWD partner agency via the referral portal. The partner NWD agency then retrieves the consumer's profile through a secure MassOptions Referral Portal.

## Training

Massachusetts partnered with UMass and MORE Advertising to conduct state wide training sessions that included participants from the ADRCs, DDS, DMH, MRC, EOE, MassOptions customer service specialists and MassHealth Eligibility Specialists. The BIP Training Committee Leads created a 4 part LTSS training modules that were conducted in person and also made available online at <https://biplearning.org/>

In addition to the statewide training, UHealth Solutions, a UMass partner, worked with EOHHS to create training materials for the MassOptions Specialists that included trainings on the MassOptions system to ensure specialists were familiar with the CRM technology and community LTSS options in the state. Customer service specialists attended trainings on cultural competency and also received training from subject matter experts regarding LTSS services provided by EOHHS agencies, information about MassHealth eligibility, information about the Balancing Incentive Program and the Massachusetts NWD public awareness campaign. After their initial classroom training, specialists continue to participate in ongoing training through bi-weekly round-table sessions where specialists discuss trends in consumer requests, upcoming changes, and challenging cases.

Through a Knowledge Management System (KMS), MassOptions customer service specialists can also access "just in time" training when they face new challenges, or need a refresher on existing skills. As part of EOHHS requirements, all MassOptions specialists are required to be certified on AIRS (Alliance for Information, Referral, and Support). One-on-one meetings are also provided for individualized training and support.

## Quality Management

To ensure that MassOptions services continue to meet consumers need and maintain quality services, all interactions with consumers are recorded with voice and screen capture. A minimum of 16 interactions per specialist per month are evaluated, and a quality scorecard is used to document and rate evaluated calls.

The state also surveys MassOptions consumers to learn about the perceptions of users on the website and the customer service center and to obtain their overall view of MassOptions as a service. There are 3 types of surveys: in-depth interviews/survey with a smaller group of consumers; website survey; email survey. The in-depth interviews/survey lasts 30 to 35 minutes, and asks consumers how they heard about MassOptions and what their experience was like with the MassOptions referral center and the referral agency. Thus far, consumer feedback has been overwhelmingly positive.

MassOptions has a reporting portal that captures analytics on the use of the MassOptions system. Metrics include call volume, call length, visits to the MassOptions website (described below), and use of the self-referral form (i.e., how many consumers click on and complete the form). EOHHS uses the analytics to determine what geographic areas in the state use the MassOptions system, and where they need to conduct more outreach.



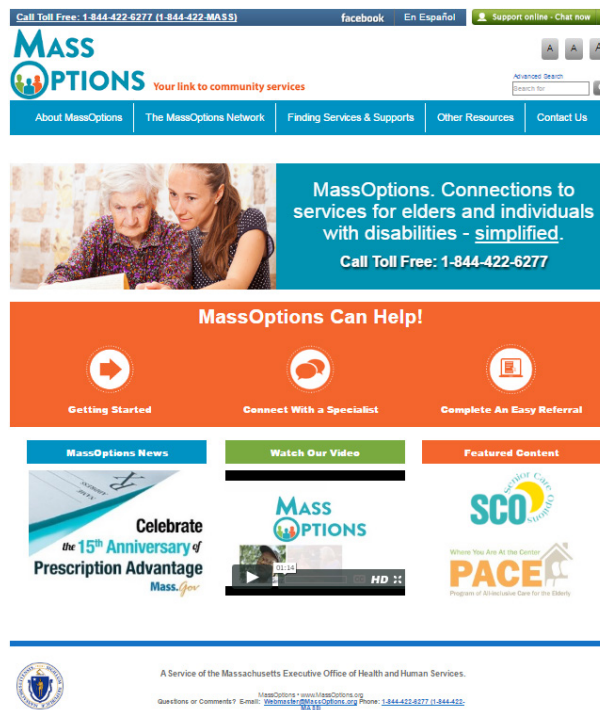
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## Website

While individuals seeking services can call the toll-free number, they can also log onto the MassOptions website and search for services. Massachusetts launched the MassOptions website in November of 2015. The website was created to be an easy and accessible resource for looking up services and submitting requests for referrals. Individuals accessing the website during MassOptions business hours (Monday-Sunday 8AM-8PM) are provided with the option to call, chat online, or email questions to a MassOptions Customer Service Specialist. Individuals are also able to self-administer the Easy Referral Form to determine which MassOptions partner they can contact for further information. The Easy Referral Form asks individuals to identify the person for whom they are seeking services, and the city or town that person would like to receive services in. Once the form is filled out, the individual receives the contact information for one of the MassOptions primary partners: an ASAP, an ILCs, DDS, MRC and DMH. The full Level I screen is not automated through the MassOptions website, but is instead administered as part of the MassOptions customer service center script algorithm and is also completed when the consumer is transferred to one of the NWD partners.

A screenshot of the MassOptions website appears below. The MassOptions website address is linked here:

[www.MassOptions.org](http://www.MassOptions.org)



## Advertising

Massachusetts partnered with MORE advertising to develop and implement a public awareness campaign to brand and publicize the Massachusetts NWD system. Massachusetts' objectives included developing branding options, testing such options with consumers, establishing a branding approach, and conceptualizing and engaging in a full public awareness campaign to educate the public about the broader NWD system, as well as the website and toll free telephone numbers of the NWD system. MORE Advertising conducted focus groups with advocacy groups and consumers to understand the language and messaging they should focus on.



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Campaign strategy included Paid Media: TV, Online, Radio and Transit, Facebook and Google Advertisements. MORE Advertising also worked very closely with the EOHHS and UMass to create a standardized feel for the training content and website content.

Massachusetts launched a community engagement strategy to improve awareness among community members. Printed materials were sent to all MassOptions partners to distribute to their clients. The advertising team also set up exhibits in malls to distribute information about MassOptions. Events were also held at a primary train station (Boston South Station) where Options Counselors, MORE Advertising staff and EOE staff were available in-person during peak commuting hours to provide immediate one-on-one assistance and ask potential consumers about their needs.

While the advertising campaign was running, there was a direct correlation between MassOptions call volume and website activity. EOHHS continues to conduct outreach activities to bring awareness to the MassOptions and Massachusetts NWD system.

## Eligibility Specialists

Like many Medicaid systems, the member financial eligibility enrollment process may appear daunting and difficult to navigate for the general public and even service providers, such as ADRC staff. In an effort to continue building on Massachusetts' effort to streamline and simplify the MassHealth eligibility and enrollment processes and to improve customer service, financial eligibility and services authorizations, Massachusetts used BIP Funds to provide additional supports to consumers and ADRCs. Massachusetts hired/promoted MassHealth Enrollment Center (MEC) specialists to co-locate at ADRCs to assist MassHealth applicants with navigating the financial eligibility determination process, including gathering documentation, completing applications, working with MECs that make final financial eligibility determinations, and tracking the status of the application review via a state web-based interface.

There are four MECs across the state that helps individuals complete the MassHealth financial eligibility application. The BIP Eligibility specialists travel to local ADRC partner agencies and help individuals navigate the complex eligibility system more easily.

The Eligibility Specialists spend two days a week traveling to a total of 36 different ADRC partner locations. The other days of the week, they work at the MECs, but they remain in constant contact with their ADRC staff by email or phone. MassHealth provided Eligibility Specialists with the proper workspace and technology, such as laptops, to be mobile and successful. This enables the Eligibility Specialists to access the MassHealth eligibility system. They can also access the "My Workspace" platform, an electronic document management system, to view consumer documentation and answer any questions while they are co-located at ADRC partner locations. MassHealth also created a Microsoft Access database to help Eligibility Specialists track their open cases, so they can hand off cases to other specialists as the need arises.

Everyone who was interviewed -- from staff in the department to staff at ADRC agencies -- praised the Eligibility Specialists for their ability to resolve queries quickly, and for the human touch they bring to the Medicaid eligibility process. One ADRC staff member shared a story illustrating how the Eligibility Specialist's connection to the right resources made a huge difference in the life of a consumer. The agency had received a panicked phone call from a consumer who had just received a concerning letter from MassHealth indicating that her benefits had been canceled. While the agency was able to determine that there had been an error which was

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fixed immediately after the letter was sent, the individual was still extremely worried. The Eligibility Specialist immediately contacted her supervisor, and received permission to write an official letter stating that her services were reinstated, which she then faxed to the relieved individual.

*“The [Eligibility Specialist] averted what could have been a serious crisis, just again through common sense and kindness and access to the right information.”*

## Expanding Services for In-Need Populations

### Autism Services Expansion

The Balancing Incentive Program funded an important expansion of services to individuals with autism and other disorders through an initiative with DDS, which serves individuals with developmental disabilities. On August 6, 2014, the Governor passed the Autism Omnibus Bill on August 6, 2014, which, among many other important provisions, extended eligibility to many persons with autism, Prader Willi Syndrome, and Smith-Magenis syndrome. The bill also created an Autism Commission as a permanent body within EOHHS to focus on serving individuals with autism spectrum disorder (ASD).

Using Program funds, DDS was able to jumpstart the service expansion under this new bill. The department provided \$5.5 million in ASD services in the first year of the program, \$12.6 million in the second year, and \$12.6 million in the third year. Since the bill’s passing, more than 600 people have become new recipients of ASD services -- the majority of whom have autism. DDS also made several infrastructure changes, such as adding Autism Service Coordinators who act as case managers for individuals with ASD. Without funding from the Balancing Incentive Program, services for these individuals would not have been expanded.

### New Adult Mental Health Community Placements

DMH aims to transition individuals from institutions into the community as soon as it is feasible, considering each individual’s treatment needs. The state used funding from the Balancing Incentive Program to increase the number of community placements and keep up with the high demand to transition individuals into the community.

The department identified individuals in continuing care, an extended inpatient service for individuals with psychiatric needs, and created opportunities for individuals to live in the community. Program funds allowed the department to create specialized placements that best matched the needs of individuals transitioning into the community. In some instances, the department created new placement opportunities within group living environments. During the first round in 2015, the department allocated \$10 million to transition 161 individuals out of institutional care and into the community. Outcomes measures show that while some individuals did return for temporary inpatient care, all individuals remained in the community. All of the placements were for highly structured community based settings for individuals who previously were inpatient in DMH Continuing Care and had highly complex service needs that required more intensity and specialized approaches. The funding was used to expand existing highly structured programs or develop new highly structured programs. All expenditures matched BIP allowable uses.

For the second round of placements in 2016, the department wanted to prioritize a population with more complex needs. They developed specialized programming for a smaller number of people and placed them in more expensive specialized placements. Out of the 33 people identified, 23 moved into a community setting. Within two years, the department transitioned a total of 184 individuals from institutional care into community

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placements, which are better equipped to fit the individual's needs.

## Wage Enhancement for Home Care Workers

Every month, the EOEA provides Home Care services to more than 45,000 elders with daily living needs, which requires continued support from Home Care workers. Because of increased competition from retail jobs, which often pay more attractive wages, Massachusetts anticipates that it will become increasingly difficult to retain a work force that is large enough to meet the needs of this growing population. To keep Home Care positions competitive, Massachusetts used Program funds to set an enhanced minimum average wage standard. The Massachusetts Home Care program provides a variation of a capitated monthly payment to the AAA network for about 26 different Home Care services. AAA case managers can order Home Care services for their consumers from the network of direct service providers. With the new wage enhancement, every provider of Home Care services must adhere to a minimum average wage in order to contract with the AAA network. Now, when providers renegotiate rates with the AAAs, they must affirm that the average wage of the Home Care workforce will meet a certain minimum level. With Program funding, Massachusetts was able to increase Home Care wages by 5%. This wage increase will help keep Home Care positions competitive with other employment opportunities.

Massachusetts also wanted to allow case managers to order more service hours for their consumers based on their person-centered plans. Money from the Balancing Incentive Program has made it possible for case managers to order one hour a month more of Home Care services. The combination of these two initiatives represents the largest expansion in the history of the state's Home Care program. These items have now been codified in a rate setting procedure, and will be part of the baseline for subsequent rate re-determinations.

## Promoting Sustainability with the Community First Trust Fund

When Massachusetts joined the Program, the legislature created the Community First Trust fund, where Program award funds were deposited; all Program-related costs were then deducted from this fund. Any additional Federal Financial Participation (FFP) the state earned from Program-related activities is credited to this fund, contributing to the sustainability of activities beyond September 2017.

## Conclusion

Massachusetts joined the Balancing Incentive Program with the goal of enhancing its community LTSS system. As the Program draws to a close, the state has:

- Enhanced its ADRC network;
- Enhanced its NWD system with MassOptions by establishing a linked statewide call center with highly trained staff and a website that includes an automated self-assessment;
- Arranged for Medicaid Eligibility Specialists to be co-located, part-time, with ADRC agencies;
- Expanded services for individuals with ASD and individuals with mental health needs;
- Increased wages for its home care workers; and
- Created a trust fund that will support continued Program-related activities until September 2017, when new funds should be in place to support those activities

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The efforts made by Massachusetts under the Balancing Incentive program are part of a larger trend within the state to prioritize community-based LTSS. Results can be seen through the increase in the proportion of total LTSS funds used in community settings, from 44.8% in 2009 to 66.2% in 2015.

Summing up the impact of the Balancing Incentive Program in Massachusetts, one team member said, succinctly, “Ultimately, the beauty of the Program is that it gave us an investment pool where there’s no choice but to put it into community services.”