



## The MassHealth 1115 Waiver – What does it Mean?

### MOAR Response

- **Massachusetts** now has federal government approval for a **MassHealth 1115 Waiver**, which is the official title of a program which allows the state to **break away from national Medicaid standards** with a new design to improve MassHealth coverage. **That new design includes addiction services.**
- **Accountable Care Organizations (ACOs)** will be formed. **ACOs** are a team of healthcare providers who agree to be **jointly accountable** for both the **quality** and the **cost** of the healthcare with **Community Partners** for behavioral health (**mental health and addiction**) services.
- This process is to begin in **July of 2017**. A significant focus will be placed on improving integration and delivery of care for members with behavioral health (**mental health and addiction**) needs.
- In addition, MassHealth plans to **expand treatment and recovery coach services** for individuals affected by substance use disorder (SUD) while addressing the opioid epidemic.
- **TSS** (Transitional Support Services) and **Residential Rehabilitation Services** that are currently funded through **BSAS**, (MA Department of Public, **Bureau of Substance Abuse Services**, will eventually be funded by this waiver.
- This additional **funding** will be used to **expand capacity** (more beds) and improve provider collaboration and case management services. The proposal expands coverage to include **peer recovery support services** such as recovery coaching and possibly some recovery community organization programs.
- The MassHealth 1115 calls for treatment providers to use a **standardized assessment tool** from the American Society of Addiction Medicine placing **individuals in the most appropriate treatment**.

### MOAR Applauds:

- ❖ **The addition of treatment options and recovery supports** (including Medication Assisted Treatment, Opioid Treatment Centers, enhanced care management, recovery navigation, and recovery coaching) that allow for individualized treatment within a recovery-focused community of care.
- ❖ **The effort to integrate and coordinate physical health (PH), behavioral health (BH), long-term services and supports (LTSS), and social factors** to meet the needs of the whole person.
- ❖ **The engagement of Community Partners (CPs)** and the role they can play in effective member outreach and engagement.

## **MOAR Seeks Assurance of:**

- ❖ **The recognition of multiple pathways to recovery:** Education and materials should recognize and support members' choice in pathway and allow members' flexibility to choose the treatment model and recovery support services that best meet their needs
- ❖ **Ensuring that financial incentives align with long-term recovery goals:** members should receive care based on their presenting needs, not short term cost outcomes.
- ❖ **Ensuring that organizations and providers understand the complexity of SUDs** including stigma; barriers associated with housing and employment; trauma; and complex co-occurring needs associated with medical and/or mental health diagnoses.
- ❖ **The need to involve the peer recovery community to develop recovery training** for Community Partners.
- ❖ **Ensuring Recovery Coaches are available to all members** requiring recovery supports, not just members who require "additional support."
- ❖ **Ensure workforce development funds and statewide investment initiatives include funding specifically to properly train and support recovery coaches.**
- ❖ **Supporting innovation to meet the needs of unique populations.** Funds should be used to pilot and expand tailored assessment, care coordination, and supports to meet the needs of unique populations, such as members experiencing homelessness and members recently engaged in the criminal justice system.
- ❖ **Ensuring that funds for flexible services include flexibility to meet the unique needs of members with SUD** such as dental care, affordable housing, and transportation to support their recovery.
- ❖ **Ensuring Accountability Score and quality measures include topics associated with Addiction Recovery** and that these accountability measures and scores be made transparent and public.
- ❖ **Support providers to effectively transition to MassHealth managed care payment system.** Many providers, including small groups currently providing Bureau of Substance Abuse Services-funded recovery support services, will have no experience with MassHealth and managed care billing practices.
- ❖ **Working closely with SUD professionals and recovery advocates to understand the full implications of incorporating a uniform, standardized assessment tool.** For example, the tool must be used after a person has stabilized, and must be used often enough to assess the person's changing needs during treatment. We need to know that placement can be modified via communication of a person's history and needs.

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