Center for Public Representation

Bringing People Home:

The Marsters Settlement

Newsletter No. 2

January 2025

Understanding MassHealth's Behavioral Health Community Partners Program

The BH CP program was created in 2018 as part of MassHealth's redesign of its managed care system that created new Accountable Care Organizations (ACOs), in addition to the existing Managed Care Organizations (MCOs). ACOs are required to provide comprehensive health, behavioral health, and related services to all members. The program was originally targeted to persons with behavioral health conditions in the community, and designed to help connect them to long-term services and supports (LTSS). Read more about what Community Partners means to providers.

BH CPs perform comprehensive care coordination and care management, including:

- Outreach and engagement
- Comprehensive assessment and ongoing person-centered treatment planning
- Care coordination and care management across services including medical, behavioral health, long-term services and supports, and other state agency services
- Support for transitions of care
- Medication reconciliation support
- Health and wellness coaching
- Connection to social services and community resources

Significantly, MassHealth (along with ACOs and MCOs) determine who should be assigned a BH CP, although anyone can request one. Read more about member assignment.

The BH CP Program for Nursing Facility Residents

In response to our demand letter to EOHHS, the BH CP program was expanded in 2022 to include people in nursing facilities who had been determined to have a Serious Mental Illness (SMI) by the Commonwealth's Pre-admission, Screening, and Resident Review (PASRR) screening and evaluation staff at UMass. The expansion was designed to provide care coordination and access to a limited array of behavioral health services to PASRR-eligible residents of nursing facilities. Significantly, although BH CPs are available to serve any person in the community with any level of a behavioral health condition or substance use disorder (SUD), only the small subset of people with SMI in nursing facilities who meet federal PASRR definition are eligible for BH CP. Given

the restrictive nature of this definition, and particularly the "recent treatment requirement" (subpart section iii.B), significantly less than 25% of all people with a behavioral health condition or SUD in nursing facilities.

As part of its review of PASRR evaluations, DMH determines which nursing facility residents should be referred to BH CP. The assigned regional provider then conducts outreach to the individual, undertakes a comprehensive assessment, assembles a care planning team that should include representatives from the nursing facility, prepares a person-centered care plan that should be coordinated with the nursing facility care plan, refers the individual to all needed services, and then monitors implementation of the care plan. Some behavioral health services are supposed to be provided by and through the nursing facility, while others are provided by community health care professionals. We have concerns about many nursing facilities' capacity to provide direct behavioral health treatment and the availability of community providers to assist people in nursing facilities.

During the last quarter for which data has been shared with CPR (April-June 2024), there were 1,720 people identified through the PASRR process as having SMI under the federal PASRR definition. Of these, only 603 individuals were referred to the BH CP program. And of those that were referred, only 238 duplicated individuals received *any* behavioral health services. Only 6 people received a specialized service from DMH. Although the BH CP can refer people with SMI for community-based specialized services, like Clubhouses, it does not appear that any did.

It appears that few ILCs, ASAPs, or Community Liaison Transition Program staff are aware of the BH CP, know who is or could be served by the program, or coordinate with BH CPs on transition issues. It also appears that BH CPs are not regularly involved in transition planning or activities for people with SMI interested in leaving the nursing facility. Thus, there is a significant question whether the program is meeting its contract obligations, whether assessments are comprehensive and professionally appropriate, whether the care planning teams and care plans are functioning as required, whether the program is providing and monitoring needed behavioral health and specialized services, and whether it is facilitating transitions to the community for its participants. Even without reviewing any individualized records or documentation, the data strongly suggests the program is falling far short of its mandate.

Implementation Updates

- **January 30, 2025:** Next Quarterly Meeting with state officials. Data received on or around January 20th will be shared with all advisory workgroups
- **This month**, DMH will open a new **18 bed residential program** in Greater Springfield, operated by CHD. The home will provide medically intensive nursing services for people transitioning from a nursing facility or for those who are at risk for being admitted to one.

Client Success Story

Sheri, a named plaintiff in the *Marsters v. Healey* class action lawsuit, has been languishing in a Marlborough nursing facility for 3 years, away from family and friends. She has finally been accepted into the MFP Residential Services program and is awaiting placement at a Southborough group home. Sheri is excited to transition to the Southborough community and into a home where she will have her own, private bedroom, and a patio with a grill and umbrellas that she can enjoy with her housemates and visitors.

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For more information, contact us!
Phone: 413-586-6024, press '2'

Email: bringingpeoplehome@cpr-ma.org
Website: https://marsters.centerforpublicrep.org/
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Center for Public Representation
5 Ferry Street, #314 | Easthampton, Massachusetts 01027
413-586-6024 | communications@cpr-ma.org