

F. Health Promotion and Wellness Activities

The Contractor must provide a range of health promotion and wellness informational activities for Enrollees, their family members, and other significant informal caregivers. The focus and content of this information must be relevant to the specific health status needs and high-risk behaviors in the Medicare-Medicaid population. Interpreter services must be available for Enrollees who are not proficient in English. Examples of health promotion and prevention seminar topics include, but are not limited to the following:

1. Chronic condition self-management;
2. Smoking cessation;
3. Nutrition; and
4. Prevention and treatment of alcohol and substance abuse.

G. Other Professional and Support Disciplines

1. Consistent with the Enrollee's ICP, the Contractor may employ or contract with Community Health Workers under the supervision of the ICT to provide:
 - a. Wellness coaching to engage the Enrollee in prevention activities such as smoking cessation, exercise, diet, and obtaining health screenings;
 - b. Evidence-based practices and techniques for chronic disease self-management;
 - c. Qualified peer support for Enrollees with mental health and substance use disorders to assist such Enrollees in their recovery, and for Enrollees with physical disabilities to assist such Enrollees in the pursuit of independent living; and
 - d. Community supports for newly housed Enrollees who have experienced chronic homelessness.
2. Community Health Workers must be available and appropriate for the populations served, such as for Enrollees who are Deaf or hard of hearing.

- d. As requested by ODPP, provide advice and assistance to DDS, MRC, MCB, MCDHH, and other State agencies as may be needed, on individual cases regarding Covered Services and coordinating non-covered services provided by State agencies other than MassHealth; and
- e. As requested by EOHHS, actively participate in any joint meetings or workgroups with EOHHS agencies.

I. Integration and Coordination of Services

1. The Contractor must promote and support advances in PCPs' and other providers' capabilities to perform as patient-centered medical homes and/or health homes that provide integrated primary care and behavioral health care. This may take the form of Behavioral Health Services being integrated into a primary care setting or vice versa. The Contractor must support capacity development in at least the Foundational Elements of Primary Care and Behavioral Health Integration described in **Appendix L**. With regard to the overall integration and coordination of medical, behavioral health and LTSS, beyond supporting ICTs, the Contractor may also use qualified peers and non-medical staff (e.g., Community Health Workers) to support and connect Enrollees with community-based resources.
2. The Contractor shall have written protocols for:
 - a. Generating or receiving referrals and for recording and tracking the results of referrals;
 - b. Providing or arranging for second opinions, whether in- or out-of-network at no cost to the Enrollee;
 - c. Sharing clinical data and ICT information, including management of medications;
 - d. Determining conditions and circumstances under which specialty services will be provided;
 - e. Tracking and coordination of Enrollee transfers from one setting to another (for example, hospital to home and nursing home to adult day health) and ensuring the provision of necessary new or Continuing Services and supports to minimize unnecessary complications related to care setting transitions;