

Medicaid ACO Flexible Services Program Eligibility and Referral Process

To be eligible for Flexible Services, an individual must be a MassHealth member and enrolled in the [Mass General Brigham ACO](#). Please note that [eligibility does not guarantee access to Flexible Services](#).

Members must have at least **one of the following Health Needs-Based Criteria**:

1. Behavioral Health Need; or
2. Complex Physical Health Need; or
3. Activities of Daily Living (ADL)/ Instrumental Activities of Daily Living (IADL) Needs; or
4. Repeated ED use; or
5. High risk pregnancy

AND

Members must also meet at least **one of three** risk factors:

1. Experiencing homelessness;
2. At risk of experiencing homelessness; or
3. At risk for nutritional deficiency or imbalance due to food insecurity

The Risk Factor and Health Needs-Based Criteria should be from the last year and documented in the patient's chart.

Referral Process



Patient Identification	Determine Need	Documentation	Referral
<ul style="list-style-type: none"> • Positive SDOH screening for housing and/or nutrition • Referred by a CP • Identified by a CHW • Screened by PHM Programs 	<ul style="list-style-type: none"> • Patient is in the MGB Medicaid ACO • Patient has screened positive for a housing and/or food insecurity and is documented in patient's chart • Patient has a Health Needs-Based Criteria • Information is within the last year 	<ul style="list-style-type: none"> • Outreach to the patient for consent to participate in the Flexible Services Program • Complete the Flexible Services enrollment module in Epic • Complete the state mandated documentation form in Epic (VPR Form) 	<ul style="list-style-type: none"> • Launch FindHelp in Epic to complete the referral to the housing SSO or Foodsmart (nutrition hub)