

**Annual Family Support Plan  
FY '05 (July 2004-June 2005)**

**MassHealth**

**I Family Empowerment**

**What is the agency currently doing to promote or enhance family input or direction in the development of agency policies and procedures, program development, and evaluation of services?**

The MassHealth program is continually engaged in a variety of initiatives that support this goal:

- During the past year, the Community Case Management (CCM) Program was initiated through a contract with UMass Medical School. CCM provides comprehensive case management for the Commonwealth's most medically complex children so that they can be cared for in their own homes. Each of the approximately 500 families served is assigned a registered nurse case manager with whom they have ongoing personal contact. As previously reported, families participated in a series of five focus groups throughout the state during the implementation phase of the program. CCM is contractually obligated to conduct ongoing quality assurance activities, including yearly member satisfaction surveys. Families are encouraged to provide continuous feed-back and suggestions for improvement.
- The Office of Acute and Ambulatory Care (OAAC), during Managed Care Organization(MCO) reprocurement and Primary Care Clinician (PCC) Plan restructuring activities, requested input and comments from the Massachusetts Consortium for Children with Special Health Care Needs regarding the structure and services plan for the MCO, specifically related to children with special health care needs (CSHCN). The Consortium Steering Committee, Family Participation Group and Care and Coordination Workgroup all provided extensive input to this process.
- MCOs have been asked to focus on Rehabilitation and Recovery as one of the Components of their Standard Behavioral Health Quality Improvement Goal. This Component encourages MCOs to support consumer and family driven principles, through member inclusion on behavioral health advisory councils, peer support programs, self-help advocacy, consumer satisfaction teams, and consumer leadership training. For example, Neighborhood Health Plan, one of MassHealth's contracted MCOs, recently implemented a support program called Reach Out and Recover (ROAR) at an inpatient psychiatric setting; thus far, the

Plan reports having achieved targeted levels of regular attendance, and indicates good health and satisfaction outcomes, as well as cost effectiveness of the model.

- The PCC Plan /Massachusetts Behavioral Health Plan (MBHP) has a monthly Family Advisory Council that facilitates the exchange of ideas related to the MBHP contract and vendor, discussion of relevant topics, and the solicitation of advice, recommendations and concerns. The goal of the committee is to foster quality improvement, stimulate integration of all healthcare services and improve family satisfaction with the program.

## **II Family Leadership**

### **What training opportunities does the agency currently offer to families/individuals that would enhance their repertoire of skills?**

- The Coordinated Family Focused Care (CFFC) program in the behavioral health area is a system of care initiative within the Commonwealth of Massachusetts to provide individualized, family focused, coordinated care to children and adolescents with serious emotional disturbance. The program provides support to children and their families, with the goal of maintaining the youth in the community and reducing the need for acute or residential treatment. Services are developed through a “wrap-around” planning process that results in an individualized and flexible plan for the child and family. The CFFC model includes training and hiring of Family Partners.
- The MassHealth Member Services’/ Member Education Group is involved actively in a pilot program with the advocacy organization, Health Care For All, and its “MassHealth Family Coordinating Committee” to help families with children with special needs learn about healthcare benefits under the various MassHealth coverage types and to improve their access to those benefits.

### **What new ideas or proposals would the agency initiate to give families/individuals more opportunities to develop and /or exercise their leadership skills?**

This type of activity is largely supported through the EOHHS mission agencies, such as the Department of Mental Health and Department of Mental Retardation. MassHealth staff is involved in mission agency efforts to include and seek input from families and individuals on program policy development. Most recently, MassHealth Behavioral Health Program staff were involved in developing and drafting the Center for Medicare and Medicaid Services (CMS) “Real Change: Mental Health System Transformation” grant application that proposes to develop and implement a 3-year rehabilitation and recovery focused project that supports the evolution of consumer and family centered, directed and operated mental health Peer-Support services.

### **III Family Support Resources and Funding**

**What are the current resources/funding that the agency allocates to family support? What are ways that the agency provides flexible funding to families that allow them to customize their services?**

- Neighborhood Health Plan, one of four MassHealth contracted managed care organizations, employs a Parent Consultant who provides information and support to NHP-enrolled MassHealth families of children with special health care needs, including linkages to a variety of parent support groups and information about resources available through special education programs in Massachusetts. The Parent Consultant also informs and educates NHP staff about the needs of their enrollees with special needs. A web based resource directory provided by the health plan also offers a link to a site called “Smart Neighbor”, which was created with direct input from the Parent Consultant and provides members with a variety of community based resources and other information pertinent to issues involving disabled children.
- MassHealth behavioral health programs cover services provided by a Family Stabilization Team that is assigned to families/caregivers of members with behavioral health conditions. Clinical services included short-term flexible support to assist caregivers in stabilizing children and adolescents in their home settings. Services are provided during an episode of acute mental illness or substance abuse or after out-of-home treatment/placement. Services are used to prevent youth from requiring hospitalization, avoid readmissions, or to move effectively from hospital settings into less restrictive environments
- The CFFC model with the PCC Plan is jointly funded with collaboration between MassHealth, DSS, DMH and DOE.
- The MassHealth Personal Care Attendant (PCA) Program provides funding for members with disabilities to hire persons of their choosing to provide for their basic activities of daily living and related needs.

**Are there new initiatives proposed to help families design individualized services and supports?**

Families are active participants in the ongoing CCM case management process. Service plans are developed at frequencies that meet the needs of the individual children, with all children having a plan developed at least once per year.

### **IV Access to Services and Support**

**What are current examples of ways the agency is educating families on how to access services in a timely and effective manner? What are some illustrations of**

**different services and resources, which promote good access to information and referral?**

- MassHealth engages in ongoing development and distribution of flyers, brochures, member newsletters and websites containing relevant information.
- MassHealth provides notices to all members under 21 years of age by mail, upon enrollment and annually, regarding the Early and Periodic Screening Diagnosis and Treatment Services (EPSDT) that are available and how to access those services.
- The MassHealth Member Education Group staff conducts in-service training and informational programs as requested by various community and provider organizations throughout the Commonwealth, as well as other state agencies. Information regarding MassHealth benefits, eligibility requirements, managed care plan access, changes to program regulations and ways to access health care coverage is provided. Some of the organizations routinely provided this in-service training include the Head Start Program; Health Families Program; Cerebral Palsy Program agencies; The New England Coalition; homeless shelters; and the network of school nurses in the public school system.

**What new initiative(s) will the agency undertake to promote good local access to information and resources?**

MassHealth will acquire additional capability to provide members with informational notices with the acquisition of a new Medicaid Information System. Notices will be available via telephone, e-mail and other communication technology.

**V Culturally Competent Outreach and Support**

**What are the current activities or services that the agency offers that ensure culturally appropriate access and supports to ethnically, culturally, and linguistically diverse families and individuals?**

- Publications that are developed for member education and outreach are produced in response to the ethnic, cultural and linguistic needs of the members.
- The Office of Acute and Ambulatory Care recently awarded hospital outpatient departments a total of \$1.1M in grants for Interpreter Services, including both linguistic and deaf and hard of hearing services.
- MassHealth currently allows MCOs to select two Plan-Specific Quality Improvement (QI) Goals, in addition to focusing on three Standard QI Goals.

Until June 30, 2004, Boston Medical Center Health Plan (BMCHP) has focused on Culturally and Linguistically Appropriate Services (CLAS) as one of its Plan-Specific Goals, and made significant strides in this area. The following delineates some of BMCHP's accomplishments to date:

- Identified dominant ethnic/linguistic groups served, by reviewing and assessing data from several sources.
  - Conducted cross-regional member focus groups with identified dominant and emerging groups, to assess health values, attitudes, beliefs, challenges and barriers that influence members' access to care.
  - Assessed network's level of CLAS compliance and capacity to meet the needs of multi-ethnic populations by administering a CLAS survey to a subset of primary care provider sites representing 92% of the Plan's membership.
  - Conducted comparative analysis of the results of the member focus groups and provider survey to identify correlations, which provided focus in development of the Plan's CLAS communication strategy for providers, members and BMCHP staff.
  - Conducted focus groups with Medical Interpreters representing a variety of languages/cultures.
  - Implemented CLAS communication strategies, developed based on the above, including training sessions for providers and staff, dissemination of provider and member materials, and design of provider cultural competency webpage.
- BCMHP plans to integrate CLAS strategies into other QI Goals going forward, though it no longer will focus on CLAS for the 04/05 QI cycle. Network Health(NH) selected CLAS as one of its Plan-Specific Goals for the 04/05 QI cycle. Initially, the Plan is focusing on assessing the results of a NH staff survey, to gauge baseline-employee knowledge, and will develop action plans accordingly.

**What new ideas/initiatives will the agency propose to outreach and meet the needs of culturally diverse families and individuals?**

- MassHealth may require all MCOs to implement a CLAS QI Goal, or integrate CLAS into other QI Goals, in the future.
- The Data Warehouse will allow for enhanced assessment of racial, ethnic, gender, age and geographical data to guide delivery of services and appropriate initiatives including publications.

**VI Interagency Collaboration**

**What are the current activities that the agency is collaborating with other EOHHS agencies to promote more effective service delivery and maximization of resources?**

- Representatives of the MassHealth OAAC and the Program Policy LTC/Elder Affairs units participate in the Massachusetts Consortium for Children with Special Health Care Needs. The Consortium consists of a Family Participation Workgroup, Care Coordination Workgroup, academic institutions, health plan, providers and representatives of DPH, DMH, DPH and others.
- OAAC participates in the Governor's Children's Mental Health Commission Public Health Sub committee, the Children's Policy, Program and Project Coordinating Team, the Advisory Committee of the MA Child Psychiatry Access Project and the School Readiness Indicators Project.
- A joint meeting between many representatives of OAAC and the DPH Division of Community Health Promotion was held on July 6, 2004. This meeting was intended to afford an opportunity for information sharing on projects underway and identify potential areas for improved collaboration. The meeting was effective in facilitating dialogue and a good first step towards future partnership.
- Within the MCO Program, MCOs meet regularly along with representatives of the PCC Plan, in workgroups pertaining to each of the Standard QI Goals, Maternal and Child Health, Special Populations, and Behavioral Health. These workgroups provide a forum for MCOs to collaborate on initiatives. For example, the MCH Workgroup currently is developing a postpartum visit brochure to be distributed in pediatric provider settings. Previously, the Workgroup launched the Massachusetts Adolescent Anticipatory Guidance Public Awareness Campaign.
- MassHealth and DSS co-sponsor a pilot program to enroll children who have special health care needs and who are living in DSS foster care at the time of initial enrollment into a MassHealth contracted managed care organization. The medical pilot program provides a nurse practitioner to each enrolled child to provide and/or arrange for a full range of medical and behavioral health services to be delivered in the child's foster home or other appropriate settings when medically necessary. The nurse practitioner works with the child's DSS case manager, foster family and primary care physician to develop an individualized medical care plan and arrange for the child to obtain necessary care and services. The DSS case manager remains responsible for the delivery of social services and other non-medical supports so the provision of a full range of medical and non-medical services is being addressed for the child. The pilot program affords an opportunity for the two state agencies to monitor and evaluate the effectiveness of targeted case management as delivered to the most medically complex MassHealth eligible children residing in the state's care and custody. The pilot is called Special Kids/Special Care and currently serves 90 children.

- MassHealth, through its CCM contract with UMass, collaborates with all other EOHHS agencies serving the children in this program. Service plans are developed that coordinate with and supplement services provided by all of the agencies. The majority of the children are served concurrently with DSS, DPH and/or DMR.

**What new activities or initiatives does the agency propose to demonstrate the above goals?**

- As in previous years, PCC Plan/BHP will collaborate through EOHHS and directly with DMH, DSS, DMR, DTA and DPH. During FY'05, this will involve a range of special performance incentive projects.
- For FY05, there are many family focused PCC Plan projects proposed for the MassHealth behavioral health carve-out including:
  - Redesigning the Emergency Services Provider Network specifically to procure strengthened competencies in the delivery of child-focused and family focused services
  - Implementing a pilot of a model of family unification services for DSS Youth and their families
  - Developing feasibility models for the sustainable funding of consumer operated Recovery Learning Centers
  - Establishing a Best Practices-Outcomes Measurement Advisory Council including consumer and family stakeholders
  - Improving access to coordinated behavioral health services for homeless individuals and families
  - Applying jointly with the Department of Mental Health for the CMS grant "Real Change: Mental Health System Transformation" to receive funding to implement a rehabilitation and recovery focused effort to support the evolution of state-wide consumer and family centered and operated support services.
- MassHealth will work with the Department of Mental Retardation and the other designated human service agencies named in the Chapter 171 legislation, to discuss and monitor progress on family support initiatives and to work collaboratively on improving and expanding family support services., In addition, we will work in cooperation with DMR and the other EOHHS agencies in support of a project held by Massachusetts Families Organizing for Change to facilitate education and awareness with individuals and families about Chapter 171, as well as support other activities related to the implementation of this legislation.
- MassHealth will work with the Department of Public Health and other EOHHS agencies to include consumers/families utilizing their services and who also have special health needs in regional emergency planning initiatives. Service providers will receive training and information about emergency personnel and resources. Families will be assisted to develop emergency health plans.

- MassHealth will assist the Office on Health and Disability (OHD) with the Division for Special Health Needs, to conduct outreach to organizations serving adults with disabilities. Efforts to initiate collaborative information sharing and planning to facilitate emergency preparedness will take place with among others, the area Councils on Aging, the MS Society and the ALS Society.