

**Annual Family Support Plan**  
**MassHealth**  
**FY 11**

**Human Service Agency Overview of Family Support**

- What is your agency's definition of family support?

The Executive Office of Health and Human Services (EOHHS) serves as the single state agency for Medicaid in Massachusetts. EOHHS, through its Office of Medicaid and in conjunction with its constituent agencies, administers the MassHealth program, which pays for medically necessary health care service for eligible individuals. Through its various operational areas, MassHealth routinely seeks input and consultation from families and constituents. Several of these routes for input are described in this report. Family support includes consultation with families of individuals who utilize MassHealth supported services, both on an individual basis and on a system-level basis.

- Describe where family support fits within your overall agency.

This report will describe several key areas wherein MassHealth creates opportunities for input and consultation from families and constituents. Various operational units of MassHealth seek input from families, constituents, advocates and stakeholders.

- How you got substantial consultation and input from families in the development of this plan?

The Children's Behavioral Health Initiative provides a number of opportunities and activities through which families/caregivers provide input regarding the programming administered by MassHealth, as well as the specific services their children receive. Also in the arena of behavioral health, the MassHealth Office of Behavioral Health engages the Massachusetts Behavioral Health Partnership (MBHP) to provide behavioral health services to the majority of MassHealth members. MBHP has a Family Advisory Council which consists of family members of children with behavioral health conditions and family advocates. The role of the council is to provide oversight and input into the quality management process as it relates to the development and implementation of services and their delivery to Members and their family members.

In addition, there is an Office of Medicaid Monthly Advocates meeting at which advocates provide input to the agency on a wide range of matters. This group will include time on their agenda twice yearly to devote to obtaining input and substantial consultation from these constituents. In the future, MassHealth will expand upon use of input requested from these groups for development of Chapter 171 plans.

Each human service agency will address, as appropriate, the following six focus areas in their Agency Family Support Plan.

- I. Family Empowerment
- II. Family Leadership Development
- III. Family Support Resources and Funding
- IV. Accessing Services and Supports
- V. Culturally Competent Outreach and Supports
- VI. Interagency Collaboration

Each human service agency may add other focus areas based on individual agency interests and priorities.

Under each focus area an agency should list ongoing efforts their agency has undertaken, as well as any NEW developments that occurred this fiscal year as part of their Annual Family Support Plan.

**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?

A major focus of family input and direction is through the Children’s Behavioral Health Initiative (CBHI). CBHI is an interagency initiative of the Commonwealth’s Executive Office of Health and Human Services (EOHHS) whose mission is to strengthen, expand and integrate Massachusetts state services into a comprehensive, community-based system of care, to ensure that families and their children with significant behavioral, emotional and mental health needs obtain the services necessary for success in home, school and community. Initially formed to coordinate implementation of a court ordered remedy, CBHI was developed by EOHHS to go beyond the requirements of the remedial order and to undertake a large-scale interagency effort to develop, over time, an integrated system of state-funded behavioral health services for children, youth and their families.

Key to the remedial order and the CBHI is the principle that families are critical partners in service planning for their children. This is perhaps best exemplified through one of the new behavioral health services offered by MassHealth: Intensive Care Coordination (ICC). The remedy called for the establishment of 32 Community Service Agencies (CSA) to deliver ICC through the Wraparound model of service planning for children and youth with serious emotional disturbance. In Wraparound, a Care Coordinator partners with the parent or caregiver and the identified child to build a Care Planning Team (CPT) that includes “professionals,” i.e. therapists, teachers, social workers, and “natural supports,” i.e. individuals important in the lives of the family and child such as relatives, friends, etc. Usually the team also includes a Family Partner, a parent/caregiver of a child with special needs, who has been trained to work with families to ensure they receive the services they need. The CPT creates an individualized and holistic service plan that builds upon strengths of the child and family while also addressing their needs. They meet regularly to implement and monitor the plan and make course corrections as necessary in order to meet the

family's goals. High Fidelity Wraparound<sup>1</sup> respects the expertise of families and includes them as key decision-makers in service planning for their children.

Regarding evaluation of services, in order to assess how ICC provider practice conforms to High Fidelity Wraparound, MassHealth through its Managed Care Contractors, is using two state-of-the-art assessment tools: the Wraparound Fidelity Index 4.0 (WFI-4) and the Team Observation Measure (TOM). The WFI-4 is completed through confidential telephone interviews with the parent or caregiver. Another example of family input to evaluation of services is through the MBHP Family Advisory Council. Family members provide oversight and input into quality management processes associated with the development, implementation, and delivery of services to MassHealth members.

How will agencies change how they are currently doing business to make their agency and services more family-friendly and provide opportunities for families and individuals to have greater input and influence?

The Children's Behavioral Health Initiative will ensure that family's voices are heard related to evaluation of services utilizing the instruments noted above. Beginning in January 2010, MBHP engaged a vendor that began contacting caregivers of youth to complete the WFI-4. So far, 540 WFI interviews with families and caregivers have been completed. The interviews and the final report will be available in early Fall 2010. Also in January, the CSAs began utilizing the Team Observation Measure (TOM) as an additional evaluation method. The TOM measures adherence to standards of high-fidelity Wraparound during care plan team meetings. Trained raters measure whether specific indicators are in evidence during the care plan team meeting. These ratings are translated into a score for each item as well as a total fidelity score for the session overall. Care Plan Team facilitators must be observed at least twice between January 2 and June 30, 2010.

More generally, the Office of Medicaid Advocates group mentioned above will be requested to devote regular and consistent meeting time to providing input and consultation to MassHealth to support agency efforts to provide flexible supports to families. This group will be tapped to provide input and consultation for development of future Chapter 171 plans.

## **II. Family Leadership**

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

The Children's Behavioral Health Initiative provides an excellent example of opportunities for family leadership; these opportunities provide hands-on experience

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<sup>1</sup> High Fidelity Wraparound adheres to 10 principles of Wraparound: Family Voice and Choice; Team-based; Natural Supports; Collaboration; Community –based; Culturally competent; Individualized; Strengths-based; Persistence; Outcome-based. For more information please see the [National Wraparound Initiative](#) website.

and training for families. For example, family/caregivers act as key advisors to Community Service Agencies. MassHealth requires that each CSA develops and coordinates a local Systems of Care Committee, which should include parents/caregivers. The committee supports the CSA's efforts to establish and sustain collaborative partnerships among families, parent/family organizations, traditional and non-traditional service providers, community organizations, state agencies, faith-based groups, local schools, MassHealth and its contracted Managed Care Entities, and other community stakeholders. These committees meet monthly on an ongoing basis. In its advisory role, the Systems of Care Committee assists with:

- Quality management processes that address opportunities to improve the delivery of the CSA services including review of systemic barriers and the identification and fostering of community resources and relationships to promote sustainability;
- Community resource monitoring and development, including identifying and monitoring gaps in services, conducting community asset mapping, building capacity of resources and supports, and improving linkages with the schools and other natural supports in the community; and
- Issues or themes related to the delivery of ICC services that arise from program data that indicate access and coordination barriers. The local Systems of Care Committee provides assistance in navigating access to address needs of youth and families served by ICC. The local Systems of Care Committee does *not* engage in individual level review or management of families engaged in ICC.

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

The activities being undertaken by the CBHI as described above are relatively new undertakings and, as such, present opportunities for families and individuals to become engaged, to exercise leadership and to hone skills.

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

What are the current resources/funding that the agency allocates to family support?

As the major health insurer of low income families in Massachusetts, MassHealth is primarily involved in providing resources and funding to support families. Some examples of specific programs may illustrate aspects of this wide-ranging support. For instance, several EOHHS agencies operate waivers that provide support to families. Case management activities are person-centered, have the participant at the core of the care planning team and incorporate input for developing individualized service plans from the individuals being served and, as appropriate, their families. Extensive resources from within the agencies support case management activities and, in particular, support participants in MassHealth waivers. There are currently over 22,000 MassHealth members receiving HCBS through waivers, all of whom receive person-centered case management. Three EOHHS agencies currently operate eight

different HCBS waivers, including the Department of Developmental Services, the Executive Office of Elder Affairs, and the Massachusetts Rehabilitation Commission. In addition, as described above, all children receiving services through the Children's Behavioral Health Initiative are engaged with intensive care coordination.

What are ways that the agency provides flexible funding to families that allow them to customize their services?

The MassHealth Personal Care Attendant (PCA) program affords members a state plan service that is entirely self-directed. Members who are eligible to receive PCA services choose their personal care attendant, train that worker as they see fit, and arrange service times at their convenience.

Similarly, the Autism waiver, operated through the Department of Developmental Services, provides an excellent example of a program that affords broad flexibility in provision of HCBS to waiver participants. This waiver provides a \$25,000 budget to each participant/family who then will self-direct the services they get and select the providers of such services. Several other waivers provide opportunity for participants to self-direct certain services.

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

As noted above, involvement of and direction from parents/caregivers and the individual is foundational to CBHI. Intensive Care Coordination, delivered through the Wraparound model of service planning ensures that the child's Care Coordinator partners with the parent/caregiver, the identified child and, in some cases, a Family Partner to form a highly individualized Care Planning Team and holistic service plan that builds upon the child's and family's strengths and addresses their needs. The process is designed to respect and utilize the expertise of families and ensure they are central to service planning decisions.

#### **IV. Accessing Services and Supports**

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

New MassHealth members are mailed a MassHealth Enrollment Guide within 14 days of their approval for benefits. The Enrollment Guide discusses MassHealth covered services, including choosing a primary care physician (PCP), prenatal care, emergency care, and specialists, as well as the rights and responsibilities of MassHealth members. In addition, members are provided with tips on the best ways to choose a PCP, how to choose a health plan that works best for them, and what to do after enrolling into a plan, including making an initial appointment with their PCP, getting regular check-ups, notifying their PCP when they have had an emergency room service, etc. MassHealth also has a website for members which includes information about how to choose a health plan and doctor as well as coverage updates, wellness

information, and tobacco cessation benefits. MassHealth produces publications regarding specific populations, including members aged 65 and older who might be eligible for Senior Care Options, women who are pregnant, children with behavioral health issues, etc and what they should do to utilize the services that are available for their specific situation.

What are some illustrations of different services and resources which promote good access to information and referral?

MassHealth produces various booklets and brochures, as described above, to promote access to information and referral. In addition, the MassHealth website has a section specifically dedicated to information for MassHealth members. This link includes information on choosing a health plan and doctor, the MassHealth card, covered services, coverage updates, wellness, and applications and forms. MassHealth has also now created the functionality for members to manage their MassHealth and other health assistance benefits online through "My Account Page." This allows members to see and update information about their household benefits without having to call MassHealth. Members also have access to local Enrollment Centers where they are able to walk-in and speak with MassHealth representatives regarding eligibility for MassHealth. MassHealth manages a grant program for community-based organizations that conduct outreach enrollment and retention to MassHealth families. This program is discussed in more detail in Section V.

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

The Centers for Medicare and Medicaid (CMS) has promoted the production, availability and delivery of linguistically appropriate information and services through the Children's Health Insurance Program Reauthorization Act which provides for increased federal matching funds for translation and interpretation services. MassHealth takes advantage of the opportunity for this increased funding, as feasible, in the provision of such services to individuals and families.

#### **V. Culturally Competent Outreach & 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?

MassHealth is continually striving to ensure that outreach to families and individuals is linguistically appropriate, and culturally competent. The MassHealth Publications Department works to publish materials in multiple languages and to ensure that individuals who may speak diverse languages are informed of the importance of various notices.

Our MassHealth Customer Service Unit hires representatives that are bilingual. These representatives are able to speak a variety of languages including Spanish, French,

Portuguese, Vietnamese, Cantonese, Russian, Cape Verdean, etc. All customer service representatives are trained on how to handle calls from individuals with limited English proficiency. Interpreters are available if there are no available customer service representatives on staff that speak the caller's language. The MassHealth Enrollment Center's staff members are trained on how to use Language Line services for non-English speaking members. MassHealth provides applicants and members their rights and responsibilities through the Member Booklet and the MassHealth & You guide which are part of the application in various languages. The MassHealth Fact Sheet is also translated into various languages. MassHealth managed care organization contracts require the managed care organizations to participate in any EOHHS efforts to promote the delivery of services in a culturally competent manner to all members, including those with limited English proficiency and diverse cultural and ethnic backgrounds.

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

The Office of Medicaid has managed and plans to continue managing grants made to community-based organizations that conduct outreach, enrollment and retention work with Massachusetts families for all health insurance programs available through health care reform, including MassHealth. MassHealth has awarded \$2.5 million in funding to 51 community organizations statewide through this program for SFY 2010. Grantees serve both rural and urban settings and focus on various target populations including but not limited to: members of various ethnic & racial minority groups (such as: African immigrants, Latinos, South Asians, Brazilians, Native Americans, Haitians, and the Arabic community) individuals with limited English proficiency, individuals with chronic disease conditions, homeless individuals, small business owners, low-moderate income residents, immigrants/refugees, medically underserved individuals, individuals of color, public housing residents, faith-based communities, self-employed persons, seasonal workers/migrant workers, disabled individuals, underinsured/uninsured, deaf and hard of hearing individuals, underemployed/unemployed, LGBT communities, battered women, low-literacy, at-risk youth, pregnant women, and the working poor. The grant recipients use multiple venues that are linguistically and culturally appropriate to engage individuals, families, and children. Examples of the language and ethnic capacity of our outreach partners are Albanian, Akan, American Sign Language, Armenian, Arabic, Amharic, Bengali, Bosnian, Burmese, Cambodian, Chinese, Cape Verdean Creole, Cantonese, Croatian, Dominican, Ethiopian, Fulani, French, German, Haitian Creole, Hindi, Housa, Hebrew, Igbo, Itsekiri, Italian, Japanese, Khmer, Kikuyu, Kalabari, Korean, Laotian, Portuguese, Portuguese-Brazilian, Polish, Russian, Swahili, Salvadoran, Somali, Spanish, Temne, Twi, Vietnamese, Wampanoag, Yoruba.

## **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?

MassHealth, through its community-based waivers, collaborates with several EOHHS agencies, including the Department of Developmental Services, Executive Office of Elder Affairs, and Massachusetts Rehabilitation Commission to deliver home and community-based services (HCBS) to eligible waiver participants.

MassHealth worked extensively with the Department of Developmental Services (DDS) in developing three waivers to serve participants with intellectual disability. DDS provided multiple opportunities for family input on the plan to operationalize these waivers. In addition, MassHealth recently led an effort with DDS to renew the Commonwealth's Autism HCBS waiver. DDS met multiple times with children's advocates and both DDS and MassHealth undertook to collaborate with advocates and to incorporate their input into the renewal application for this waiver.

MassHealth meets and collaborates routinely with the Massachusetts Rehabilitation Commission (MRC) to oversee both the on-going operation of the Traumatic Brain Injury waiver and the recently begun implementation of the two Acquired Brain Injury (ABI) waivers. These waivers were developed with input from and review by advocates for brain injured individuals and their families.

All HCBS waivers provide case management to waiver participants and ensure that service plan development and service delivery are person-centered and provide opportunity for input and consultation with both participants and, as directed by participants, families/guardians.

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

MRC and MassHealth, along with other partners in efforts to implement the ABI Waivers, recently held outreach forums in seven locations across the state to inform families and brain injured individuals of the opportunities these waivers will afford. The Brain Injury Association of Massachusetts (BIA MA) collaborated on the presentations made at these forums and was present for each of them – one of which was held at their headquarters in Westborough, MA. As the ABI Waivers are implemented through the course of the next year, MRC and MassHealth continue to collaborate regarding implementation planning and operationalizing the waivers. In addition, MRC and MassHealth representatives will meet with BIA MA representatives on a quarterly, and sometimes monthly, basis. As opportunities to enroll additional participants in the ABI Waivers occur, MassHealth will undertake new outreach efforts in collaboration with MRC and other partners described above.