

**Office of Medicaid  
Annual Plan for Family Support  
State Fiscal Year 2007**

**PART I**

***Introduction***

In October 2005, Massachusetts was awarded a Systems Transformation Grant from the Centers for Medicare and Medicaid Services (CMS) in the amount of \$2.89 million over five years. This Grant is part of the President's New Freedom Initiative, which was announced in March of 2001 and represents a nationwide effort to remove barriers to community living for people of all ages with disabilities and long-term illnesses. The 2005 grant cycle funds were awarded specifically to support critical strategic planning and implementation activities related to transforming and strengthening the system of long-term supports in the Commonwealth of Massachusetts. The Systems Transformation grant will assist Massachusetts to meet the goals of the state's Community First agenda. Massachusetts therefore refers to the grant as the Community First Systems Transformation Grant.

Grant supported systems transformation activities will directly impact individuals and families who access long-term support services available via agencies and/or offices within the Executive Office of Health and Human Services. These offices include, but are not limited to: the Office of Medicaid, the Executive Office of Elder Affairs, the Office of Disabilities and Community Services,<sup>1</sup> and the Department of Mental Health. As such, the grant is a vehicle for addressing the service delivery system for individual and family supports for persons with disabilities or chronic illnesses and their families, as mandated in Chapter 171 of the Acts of 2002.

The Systems Transformation Grant will play an important role in moving the Community First agenda forward and will enable the state to firmly establish a sustainable process for consumer and other stakeholder involvement in the state policy development process. While one of the overarching goals of this grant is to continue to build on the work and lessons learned from past grants (which focused on nursing home transition, flexible budgets, and collaboration between aging network providers and Independent Living Centers), a key goal of the Systems Transformation Grant is to integrate approaches, and foster communication and collaboration across the secretariat,

---

<sup>1</sup> The Office of Disabilities and Communities (ODCS) is the umbrella agency which oversees the work of the following agencies: Massachusetts Rehabilitation Commission, Massachusetts Commission for the Blind, Massachusetts Commission for the Deaf and Hard of Hearing, Department of Mental Retardation, and Chelsea and Holyoke Soldiers' Homes. ODCS also shares oversight responsibility for the Mass Health Office of Long Term Care (OLTC) with the Office of Medicaid and the Executive Office of Elder Affairs.

specifically around services for individuals of all ages with disabilities and long-term illnesses.

Systems Transformation Grant activities focus on the three topic areas of diversion, housing, and quality. Planning and implementation activities in these three areas aim to lifting remaining barriers to community living by:

1. Developing diversion options and alternative financing to promote community living by:
  - Targeting individuals with high cost services and high unmet needs to more effectively manage delivery of long-term supports to promote transition and successful living in the community
  - Developing more effective payment methodologies to promote nursing facility diversion and transition from institutions back to community settings
2. Coordinating long-term supports with affordable and accessible housing by:
  - Improving coordination of long-term supports with affordable housing by placing housing support functions in community agencies and assessing housing needs as part of individual service planning
  - Increasing access to affordable housing with long-term supports through Mass Access Housing Registry, education and outreach about home modifications, retrofitting existing housing, and strategies for home purchase and rental
3. Establishing comprehensive quality management systems by:
  - Developing comprehensive quality management strategy
  - Developing and disseminating quality management reports to all stakeholders
  - Evaluating quality management strategy

Each of these key focus areas of the grant has a subcommittee charged with driving the work laid out in a topic-specific strategic plan. The strategic plans were developed collaboratively with the state and stakeholder partners in each subcommittee and approved by agency executive leadership. Each subcommittee is co-facilitated by an experienced consultant and consumer representative. Committee membership consists of stakeholders, including but not limited to: consumers, advocates, legislative representatives, community-based providers, and facility-based providers. Subcommittees range in size from 26-36 participants and will continue to meet throughout the life of the grant, in order to carry out, oversee, and/or advise activities of the Systems Transformation Grant. The composition and role of the subcommittees speak directly to Section 1(b)(1) of Chapter 171. To date, there have been a number of actions that have been accomplished as a direct result of open communication and the synthesis of ideas, common goals, and mission of the Systems Transformation Grant Subcommittees.

### ***Systems Transformation Grant Implementation of Individual and Family Supports Plan***

The Systems Transformation Grant establishes an overarching approach to creating and facilitating many of the goals outlined in Chapter 171 of the Acts of 2002. The Office of Medicaid herein will outline how the grant and the activities of the grant

committees directly address the various sections of the plan. The activities of the Systems Transformation Grant are focused on individuals and families who would primarily be supported by services managed by the MassHealth Office of Long-Term Care as well as other state agencies providing long-term support services.

*(1) to develop interagency collaboration and public and private partnerships in order to: increase access to services; coordinate resources and referrals; pool funds to better support those with multiple disabilities; and provide technical assistance, training and outreach to consumers, specialized providers and community service providers about the philosophy and goals of individual and family support plans and progress toward those goals;*

The Systems Transformation Grant strategic plan addresses the above items and over the next four years of implementation, the Office of Medicaid will be able to report on the progress of transformation activities addressing the coordination of resources and referrals, and increasing access to services to better serve individuals with multiple disabilities and their families. Additionally, the Office of Medicaid is currently preparing an application for an 1115 Research and Demonstration Waiver with the Centers for Medicare and Medicaid Services (CMS) that will address many of the long-term care needs of the disabled and elderly populations and their families.

*(2) to create opportunities for individuals with disabilities and their families for oversight of, and input into, the direction and development of policies and programs involving support services funded by the departments' local, regional and central offices and their vendor agencies;*

Building on the work of the Real Choices and Independence Plus Grants and the stakeholder involvement process of policy and program development, the Systems Transformation Grant structure has worked to integrate a wide variety of stakeholders into discussions on policy and program development. The Real Choices and Independence Plus grants, established the groundwork for collaborative policy processes with the Office of Medicaid and related agencies which provide long-term support services. This groundwork now is represented in the Systems Transformation grant, in the diverse representation of consumers around the table in policy discussions.

*(3) to specify long and short-term objectives and strategies for implementing accessible and flexible supports for individuals with disabilities or chronic illnesses and their families and to review progress toward long and short-term objectives specified in the previous plan. Long-term strategies should span multiple years and the range of years shall parallel the department's usual short and long-term planning patterns;*

During the nine month strategic planning period, the state agency staff and stakeholder partners established many long and short-term goals for change. As part of both the national and the state specific evaluation of the Systems Transformation Grant, long and short-term goals will be monitored and reported. These interim evaluation

reports will be publicly available documents and will be closely reviewed by all stakeholders.

*(4) to identify family support resources that shall be used to achieve goals and objectives specified in the plan and to analyze the current flexibility of departmental funding mechanisms in order to identify any adjustments needed to more adequately provide family supports for those families prioritized for funding within the guidelines of each department mandate;*

A specific goal of the diversion and alternative financing subcommittee is to evaluate the financing mechanisms that promote flexibility in supports for individuals of all ages with disabilities and their families. As with all other grant activities, activities related to this goal will be carried out in a forum where gaining input from a diverse group of stakeholders, including individual consumers and family members, is a primary guiding principle behind the activities.

*(5) to enable the full participation of individuals with disabilities or chronic illnesses and their families in community life in a way that maintains respect and sensitivity to choices made by all cultures;*

All grant activities are guided by the following overarching mission and vision statements:

- **Mission Statement:** Our mission for this Systems Transformation grant is to create, strengthen, and integrate systems of community-based long-term supports that are high in quality, allow for effective diversion strategies, are coordinated with accessible and affordable housing, and provide optimal choice for people with disabilities and elders.
- **Vision Statement:** Our vision for "Community First" is for citizens to be empowered to live with dignity and independence in their communities through access to person-centered, integrated systems, supports and choices.

Further, each of the subcommittees have written into their strategic plans, how they will keep their own guiding principles, of consumer focus and involvement, emphasized in the work they pursue and recommend for adoption by the state.

*(6) to expand the capacity of community services to include persons with disabilities or chronic illnesses by training and educating community service providers; and*

There currently exist several synergistic groups/projects at the state level which are working to further expand capacity of and access to community services. One example of this, is the Aging and Disability Resource Center (ADRC) project, which brings together two distinct community service providers—the ASAPs (Aging Service Access Points) and the ILCs (Independent Living Centers) to create a “no wrong door” approach to resource referrals and community service provision. Historically, these two groups have worked independently of each other. Through the piloting, and now proposed expansion of this approach, individuals of all ages have better access to the

services and referrals that both of these agencies provide, due to the collaboration and sharing of information this effort has resulted in.

Another group that was an outgrowth of past collaboration in grants is the Common Ground Group, currently organized by executives from the Massachusetts Office of Disabilities and Community Services and the Executive Office of Elder Affairs. This group consists of both community and facility providers, with consumers and state agency staff also around the table. The goal of this group and their monthly meetings are to find a “common ground” in the future of long-term care within the Commonwealth. With the facility based and community based providers around the same table, they are both gaining an appreciation and positive outlook on what each of their roles are in the future of long-term support provision in the state.

Lastly, a key component to all of the goal areas of the Systems Transformation grant is outreach to the community on what is available and what is changing. As implementation moves forward, there will be widespread efforts to make information about community services available to providers and consumers.

*(7) to empower consumers and ensure their active leadership and advocacy through opportunities for education, leadership development and training.*

Through the participatory policy development process established by this and previous grants and state initiatives, the Office of Medicaid is developing ways to work with the advocate community in effective ways toward common goals. It is in fact a goal of the quality subcommittee to design and implement a quality management system, processes, methods, and standards that significantly and meaningfully involve consumers and family members at all levels of design and implementation. As part of this goal, there will be many opportunities for consultation, input, and participation in the policy development process.

## **PART II**

### ***FY 2006 MassHealth Activities Related to Individuals and Family Support Plan***

Over the past year, in addition to the Systems Transformation Grant activities, there have been some integral changes to the health care landscape in Massachusetts and the MassHealth program that aim to improve supports to families and individuals.

On April 12, 2006 Governor Romney signed landmark legislation to reform the health care system in Massachusetts. The legislation, Chapter 58 of the Acts of 2006, titled *An Act Providing Access to Affordable, Quality, Accountable Health Care*, was designed to provide access to affordable health insurance coverage to all Massachusetts residents and help control rising health care costs. The Act creates a new private insurance-based premium assistance program, called the Commonwealth Care Health Insurance Program, administered by the Connector, for individuals at or below 300% FPL who are uninsured and not eligible for Medicare or MassHealth. For the first three years of the program, Medicaid managed care organizations will exclusively offer the products. This market exclusivity is tied to meeting enrollment benchmarks, which if not

met could open the market to commercial insurers. Total premiums for the products are expected to be about \$300 per month. The Connector will develop a sliding scale premium schedule based on income and will remit premium assistance subsidies, along with the individual's portion of the premium contribution, directly to the health plan. The premium subsidies are eligible for federal financial participation (FFP), or federal match, as "Safety Net Care Pool" payments, as authorized in the MassHealth 1115 waiver extension approved by CMS in January 2005.

Additionally, there were a number changes to MassHealth 1115 Demonstration Project that were approved in the above mentioned waiver extension, which further expand supports to individuals and families. These include the following changes:

- Expanding SCHIP to children from 200% to 300% FPL.
- Expanding the Insurance Partnership for individuals from 200% to 300% FPL and limiting the subsidy for self-employed individuals to the employee subsidy only.
- Removal of the enrollment cap for the CommonHealth program and increasing the enrollment caps the MassHealth Family Assistance/HIV, and Essential programs.
- Restoring optional benefits to 2002 levels and expanding MassHealth services (dental to MassHealth Essential and a Wellness Program for all members tied to reduced cost-sharing).
- Creating a two-year smoking cessation pilot program.
- Prohibiting eligibility changes contained in our pending disability eligibility criteria waiver amendment.

One final example of programmatic changes that clearly affect individuals and families of persons with disabilities is the change to the definition of "family member" in the Personal Care Attendant (PCA) program. In March of 2006, a revised definition of a "family member" was released, now allowing an adult child, parent of an adult child, son-in-law, or daughter-in-law of a member to be a PCA. Furthermore, it is only family members classified as a member's spouse, surrogate, parent (if the member is a minor), including an adoptive or foster parent, or any legally responsible relative that are prohibited from receiving payment from MassHealth as a PCA. This change was a critical step in increasing the flexibility and availability of community supports for individuals with long-term support needs.

## **NEXT STEPS / PLANNING FOR 2008**

The activities outlined in the previous pages realign the Individuals and Family Support Plan process for the Office of Medicaid to more accurately respond to the guidelines presented in Chapter 171 of the Acts of 2002. In this realignment, we aim to shift our focus for this plan to reflect real and relevant policy movement that is currently occurring at the state level. Over the next year, appropriate parties within the Office of Medicaid will work in concert with Systems Transformation Grant staff to effectively implement a consumer review process for next year's plan. We believe at this point, that

the consumer involvement in our systems transformation grant activities indicates a strong step towards integrating and empowering consumer voices in the policy discussion and development process. Our goal is to bring diverse voices to the table so that we can reach our collective goals of serving and supporting individuals of all ages with disabilities and their families.