

MassHealth Chapter 171 Annual Family Support Plan for Fiscal Year 2016

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 services for eligible individuals. Through its various operational areas, MassHealth routinely seeks input and consultation from families and constituents. This report describes a variety of routes for this input. Family support includes consultation with families of individuals who utilize MassHealth supported services, both on an individual basis and on a system level.

Describe where family support fits within your overall agency.

This report describes several key areas wherein MassHealth creates opportunities for input and consultation from members and families. In addition, various operational units of MassHealth seek input from members, families, advocates and stakeholders.

How was substantial consultation and input from families obtained in the development of this plan?

During Fiscal Year 2016, EOHHS actively reached out to members and families for consultation on a number of key program areas, including One Care, the Personal Care Attendant (PCA) program, and behavioral health care, including the Children's Behavioral Health Initiative (CBHI). EOHHS also regularly consults with stakeholders who represent the interests of members and families. Extensive consultation with members, families, and stakeholders has been a very important aspect of the ongoing restructuring effort to develop and implement an accountable, person-centered model of care.

The One Care program is a health care option for people with disabilities who are 21 to 64 years old and eligible for both MassHealth and Medicare. One Care makes it easier for a person to get all of the services they need, including all their MassHealth and Medicare benefits, plus additional behavioral health and community support services, expanded dental services, and care coordination, from a single plan. MassHealth holds regular meetings to obtain consultation and input from a wide variety of stakeholders, including consumers and their family members and caregivers. Throughout the past year, MassHealth communicated regularly with stakeholders through quarterly open meetings, monthly meetings with the Implementation Council (One Care's stakeholder advisory board with a majority consumer membership), additional issue-specific stakeholder workgroup meetings, email, websites (www.mass.gov/masshealth/duals and www.mass.gov/masshealth/onecare), and a dedicated email box (onecare@state.ma.us).

The Personal Care Attendant (PCA) Workforce Council provides opportunities to families and members for input into the MassHealth PCA program. Chaired by the Assistant Secretary of Health and Human Services, the Council consists of MassHealth members who use PCA services. The role of the Council is to ensure the quality of long-term, in-home, personal care by recruiting, training, and stabilizing the work force of personal care attendants. The Council has a website that encourages families/caregivers and

MassHealth Chapter 171 Annual Family Support Plan for Fiscal Year 2016

members using PCA services to share their views and ideas about the PCA program. The Council also holds quarterly meetings that are open to the public. The website link is www.mass.gov/pca/.

The MassHealth Office of Behavioral Health engages the Massachusetts Behavioral Health Partnership (MBHP) to provide behavioral health services for many MassHealth members. MBHP has a Family Advisory Council which consists of family members of members 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.

The Children's Behavioral Health Initiative (CBHI) is an interagency initiative of EOHHS whose mission is to strengthen, expand and integrate Massachusetts state services into a comprehensive, community-based system of care in order 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. CBHI 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.

In addition, the Office of Medicaid holds a monthly meeting with consumer advocates who provide input to the agency on a wide range of matters. These meetings allow advocates to share issues or concerns that consumers, family or caregivers may have with their MassHealth benefits. In addition, the meetings provide a forum through which MassHealth can solicit feedback on member and other public facing materials. The monthly agenda includes updates about new initiatives and changes being made to existing programs at MassHealth, and also dedicates time to respond to specific questions submitted by advocates in advance of the meeting.

Starting in August 2015, MassHealth has been conducting extensive stakeholder engagement for the purpose of instituting reforms that will make the MassHealth program more sustainable. Between August 2015 and February 2016, MassHealth sought stakeholder input on restructuring design through eight workgroups. This process involved approximately 150 individuals from 120 organizations and sister state agencies. Members of the workgroups were solicited through an open and public nomination process and represented a diverse array of stakeholders from across the state, including members, advocates, payers, providers and academics. MassHealth has been using the discussions from each of the workgroups as input to its policy development process.

MassHealth has also held open meetings to solicit broad public input and provide updates on progress and issues being raised and debated in the workgroups. To date, MassHealth has held eight public listening sessions and additional individual stakeholder meetings across the state. MassHealth is using the input from the listening sessions to shape the next phase of its restructuring work.

MassHealth also held public listening forums in July 2016 during the 1115 waiver renewal public comment period to gather input from members and their families and caregivers, as well as other advocates and stakeholders.

I. Family Empowerment

EOHHS has incorporated opportunities for member and family input on policies, program development, and program evaluation into many MassHealth programs, including One Care, CBHI, behavioral health care, and Money Follows the Person. MassHealth is also relying on member and family input to assess

MassHealth Chapter 171 Annual Family Support Plan for Fiscal Year 2016

managed care contractors and to better integrate Home and Community Based (HCBS) waiver participants into their communities. Public input from members, families, and advocates is actively solicited through a variety of sources to improve the family-friendliness of a wide variety of MassHealth programs.

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?

In an effort to reach out to and include families and members, MassHealth's integrated health plan for adults with disabilities in Medicare and MassHealth, One Care, convened an Implementation Council entirely made up of stakeholders. The Implementation Council plays a key role in monitoring access to health care and compliance with the Americans with Disabilities Act (ADA), tracking quality of services, providing support and input to EOHHS, and promoting accountability and transparency. The Implementation Council's membership requires that at least 51% of seats be held by consumers or their family members, and it welcomes attendance at its meetings from all stakeholders and members of the public with interest in One Care.

As a recent example, when one of the three One Care plans, Fallon Total Care (FTC) announced last year that it was exiting the program as of September 30, 2015, MassHealth engaged extensively with stakeholders to help prepare for the closure and ensure a smooth transition for members. In addition to existing One Care stakeholder groups, MassHealth held weekly stakeholder meetings that included members of the One Care Implementation Council, Disability Advocates Advancing our Healthcare Rights (DAAHR), the One Care Ombudsman (OCO), and Serving Health Information Needs of Elders (SHINE) to work through issues and questions related to FTC's closure. These meetings continued on a weekly basis throughout July, August, and September. This workgroup:

- reviewed drafts of member materials,
- discussed continuity of care options,
- suggested member outreach strategies, and
- proposed strategies to identify and plan for high-risk members.

CBHI is another major focus of family input and direction. EOHHS has taken the program beyond its original requirements to create a large-scale interagency effort to develop an enduring, integrated system of state-funded behavioral health services for children, youth and their families.

Key to CBHI is the principle that families are critical partners in service planning for their children. This is perhaps best exemplified through an important behavioral health service offered by MassHealth: Intensive Care Coordination (ICC). This service is grounded in the approach that a Care Coordinator partners with the parent or caregiver and the identified child to build a Care Planning Team (CPT). A CPT includes "professionals," (therapists, teachers, social workers, etc.) and "natural supports," meaning individuals important in the lives of the family and child such as relatives and friends. 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. Family Partners are identified and recruited through a CBHI grant made available to the Parent Professional Advisory League (PPAL), a statewide grassroots family organization that advocates for improved access to mental health supports for children. 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

MassHealth Chapter 171 Annual Family Support Plan for Fiscal Year 2016

plan and make course corrections as necessary in order to meet the family's goals. The foundational approach in CBHI respects the expertise of families and includes them as key decision-makers in service planning for their children.

As part of MassHealth's Money Follows the Person (MFP) Demonstration, the MFP Project Office holds semi-annual stakeholder meetings that are open to the public and welcome input from consumers, families and caregivers. In addition, the MFP website (www.mass.gov/eohhs/consumer/insurance/mfp-demonstration) provides extensive information and access to members and families/caregivers with updates and opportunities to ask any questions about MFP.

MassHealth is coordinating the state's response to the CMS Community Rule which requires that all HCBS waivers ensure full integration of waiver participants in the broader community. MassHealth has provided several initial versions of this plan for public review and comment, has held three public forums across the state to solicit input from stakeholders, including members and their families and to date has received written comments from 323 individuals or agencies. MassHealth subsequently posted on its website, and advertised in major newspapers, a revised draft of this Statewide Transition Plan, seeking further input from members, families and other stakeholders, and held a public forum to hear from these constituents the morning of August 3, 2016 at the Worcester Public Library.

MassHealth, through its Managed Care contractors, is using two state-of-the-art assessment tools to evaluate ICC provider practice: 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 obtaining family input to evaluate services is the MBHP Family Advisory Council, through which 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?

One Care, Money Follows the Person (MFP) Demonstration and MFP are good examples of how MassHealth has embraced input from consumers/family members. MassHealth will continue the stakeholder public meetings that provide wide and timely opportunities for input, discussion and consultation from consumers, families and caregivers. The PCA and MFP websites provide members, families, and caregivers with extensive information and access to updates, as well as the opportunity to ask any questions. Consumers, families and caregivers helped develop the One Care public awareness and enrollment materials and continue to serve as advisors and presenters in the development of training webinars.

The Children's Behavioral Health Initiative ensures that family's voices are heard regarding the evaluation of services as noted above. More generally, the Office of Medicaid Advocates group mentioned above will devote regular and consistent meeting time to provide input and consultation regarding MassHealth efforts to provide flexible supports to families.

MassHealth has implemented more robust public input procedures for HCBS waiver activities. Each time an HCBS waiver is renewed or substantively amended, information regarding the renewal or amendment is posted on the MassHealth website and input regarding the changes is solicited from members and their families.

MassHealth Chapter 171 Annual Family Support Plan for Fiscal Year 2016

The extensive stakeholder engagement on ACOs and payment reform will likely result in additional reforms to improve the responsiveness of MassHealth services to the needs of members and their families. MassHealth is committed to continued transparency and stakeholder input throughout the further development and implementation of these reforms. Following its submission of the 1115 Waiver proposal to CMS, MassHealth will continue to seek input from technical advisory groups on key topics through 2016 and 2017, leading up to implementation. In addition, MassHealth will establish an advisory group, which will include member representatives, advocates, providers, ACOs and other stakeholders, to ensure that there is an appropriate, ongoing forum for stakeholders to provide input to support MassHealth's design and implementation work.

II. Family Leadership

MassHealth continues to expand and enhance training opportunities for caregivers in the PCA and CBHI programs. Regular input from members, their families, and others provides continued feedback helps identify opportunities for future improvements in training and support. The One Care Implementation Council is an innovative model for promoting members' development of leadership skills.

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

In FY2014, the PCA Workforce Council implemented, with the MassHealth Office of Long Term Services and Supports (OLTSS), a new three hour training and orientation requirement for PCAs. The consumer/employer has the option to choose to provide their own training in lieu of the classes provided by OLTSS and the PCA Workforce Council.

In FY2015, the PCA Workforce Council and OLTSS reviewed the requirements implemented in FY2014 to ensure that appropriate training is provided to new PCAs and to appropriately track the PCAs who completed the training and the staff who provided the training. The PCA Workforce Council and OLTSS also initiated reviews to ensure that those consumers/employers who conduct their own trainings are properly trained. Today, free PCA skills training workshops, featuring topics and content developed from consumer input, are offered in convenient locations statewide. For information, see <http://www.mass.gov/pca/training/training-opportunities-for-pcas.html>.

CBHI provides hands-on experience and training for families. For example, family/caregivers act as key advisors to the Community Service Agencies (CSA) that deliver Intensive Care Coordination. MassHealth requires that each CSA develop and coordinates a local Systems of Care Committee, which includes parents/caregivers. This 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.

MassHealth Chapter 171 Annual Family Support Plan for Fiscal Year 2016

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

The One Care Implementation Council provides wide-ranging opportunities for input into the implementation of the One Care demonstration that serves dually eligible MassHealth members. This unique approach to stakeholder input was developed as a result of input from stakeholders and included an open and widely-publicized procurement process to contract with individuals who self-identified to engage as members of the Council, which must be 51% consumers.

III. Family Support Resources and Funding

MassHealth strives to create flexible supports for individuals and families to effectively meet their needs and keep individuals living independently in their own communities. Special funding in One Care and Home and Community Based (HCBS) waiver programs enable family inclusion in care coordination. The PCA program allows individuals the flexibility to direct their PCA care most effectively, and certain HCBS waiver programs allow members wide latitude to self-direct care resources. The ACO initiative will focus on assisting special populations who require individualized services and supports.

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

MassHealth supports hundreds of thousands of families in the Commonwealth by providing comprehensive health insurance. One program that highlights the breadth of support MassHealth provides is One Care, which provides comprehensive, integrated health care and supportive services to younger disabled adults, and includes families and caregivers in the care planning process at the discretion of the member. One Care plans are obligated to undertake person-centered planning and service plan development directed by plan enrollees. The goal of One Care is to provide integrated and coordinated care for enrollees, ensuring a more synchronized set of services to members that addresses their needs for medical, primary care, behavioral health care, and long term services and supports.

Other examples of MassHealth programs that support families are the HCBS waiver programs that provide support to members and 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 for the individuals being served and, as appropriate, their families. Three EOHHS agencies currently operate ten different HCBS waivers, several of which include family support, and/or family training as waiver services. 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 PCA program affords members a state plan service that is entirely self-directed. MassHealth individuals, 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 Children's Autism HCBS 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 budget of up to \$25,000 to each participant/family who

MassHealth Chapter 171 Annual Family Support Plan for Fiscal Year 2016

then self-directs the services they receive and selects the providers of these services. Several other HCBS waivers provide opportunities for participants to self-direct certain services, including the MFP waivers. Support is also provided to members or their families to ensure they can self-direct services, for example the Children's Autism waiver provides support brokers to all families to assist in their ability to take full advantage of self-direction opportunities.

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

As noted above, a person-centered approach to develop and implement individualized care plans is central to One Care and to all of MassHealth's HCBS waivers. CBHI depends on involvement and direction from parents, caregivers, and the child. 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.

One of the chief objectives MassHealth has for ACOs is to encourage and reward the provision of coordinated, integrated patient-centered care. To meet this objective, special attention is being focused on long term services and supports (LTSS) as well as on care for other special populations who also require individualized services and supports.

IV. Accessing Services and Supports

MassHealth provides members access to a great deal of information, both in print and online, to inform members about their coverage and to enable their access to services and supports. Efforts are made to ensure that materials are linguistically appropriate and targeted to the members' needs. Individuals can access "walk-in" centers and attend enrollment events around the state. Some MassHealth programs offer specialized personal assistance. Members can access their specific coverage information through the "My Account Page" web portal. MassHealth also outreaches to members and others to encourage their active participation in a variety of public meetings.

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 describes how to choose a primary care provider (PCP), the rights and responsibilities of MassHealth members, and MassHealth covered services, including prenatal care, emergency care, and specialists. In addition, members are provided with tips on 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. The MassHealth website also includes information about how to choose a health plan and doctor as well as coverage updates, wellness information, and tobacco cessation benefits.

MassHealth holds public meetings for stakeholders, consumers, and families about One Care. There have also been workgroups on quality, member notices, assessments and other areas. To increase

MassHealth Chapter 171 Annual Family Support Plan for Fiscal Year 2016

understanding of One Care, community outreach initiatives have been developed that include public awareness kit mailings to community based organizations and presentations to and meetings with specific groups and conferences. One Care has developed a website, outreach materials (poster, flyer and booklet), six videos for the website and YouTube (in American Sign Language), and an information packet that includes an enrollment form. These materials were all developed with input from consumers and other stakeholders. In addition, One Care also offers a One Care Ombudsman (OCO), an independent office that helps consumers, including their significant others and representatives, by providing information and answering questions, and by helping to address concerns or conflicts that may interfere with their enrollment in One Care or their access to One Care health benefits and services.

The Money Follows the Person (MFP) Demonstration and MFP Waivers continue with semi-annual stakeholder meetings that are open to consumers and families. Brochures and websites have been developed to educate consumers, families and caregivers about the MFP Demonstration and MFP Waivers. There is an MFP website with up-to-date information as well as a MFP email address where consumers, families and caregivers can submit questions to MassHealth staff.

The PCA Workforce Council website provides updates for consumers, families and caregivers with links to other websites with pertinent information. MassHealth developed a PCA consumer handbook with extensive information about the PCA program, including lists of organizations with contact information helpful to the consumer.

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. These materials describe what families 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. Examples of such resources include: a MassHealth Members Handbook, the Introduction to One Care booklet, Enrollment Guide, and other materials; the One Care website; brochures highlighting various HCBS waivers; PCA Handbook; CBHI brochures; PCP Member Handbook; and a SCO brochure.

In addition, a section of the MassHealth website is dedicated to information for MassHealth members. This includes information on choosing a health plan and doctor, the MassHealth card, covered services, coverage updates, wellness, applications and forms, as well as information about the HCBS waivers, the PCA Workforce Council and CBHI.

As the health insurer of approximately 1.8 million Massachusetts residents, MassHealth enables members to manage their MassHealth and other health assistance benefits online through "My Account Page." This allows members to view and update information about their coverage without having to call MassHealth. Members also have access to local MassHealth Enrollment Centers where they are able to walk-in and speak with MassHealth representatives regarding their eligibility for MassHealth and various benefits.

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

MassHealth Chapter 171 Annual Family Support Plan for Fiscal Year 2016

As noted above, MassHealth Enrollment Centers are in four locations across the state. Individuals and/or family members can walk-in to obtain information, sign up for MassHealth as well as learn about programs and benefits available to them through MassHealth.

Additionally, MassHealth holds enrollment events at various locations around the state. These events provide members an opportunity to talk to staff one-on-one about MassHealth coverage and receive onsite application assistance.

Through its Money Follows the Person demonstration, MassHealth contracts with 32 local entities in contiguous areas across the Commonwealth to coordinate and deliver services to MFP-eligible MassHealth members to assist them in transitioning out of facility settings into community living with appropriate long term services and supports. These Transition Entities provide information and transition coordination services to individuals who wish to enroll in the MFP demonstration, and do so at a very local level working through the nursing facilities and long-stay hospitals in the state. Recently, through funding from the Balancing Incentive Program, MassHealth in collaboration with the Executive Office of Elder Affairs and the Massachusetts Rehabilitation Commission has identified a team of eight MassHealth Eligibility Specialists who spend a portion of each week out-posted to one of these local entities, which are partners in the statewide network of Aging and Disability Resource Consortia (ADRCs). These Eligibility Specialists work with ADRC staff to solve challenging eligibility issues and can be a resource for individuals who need support to work through difficult or complex eligibility questions.

The federal Centers for Medicare and Medicaid Services (CMS) have 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?

EOHHS, including MassHealth leadership, frequently meets and interacts with stakeholders to ensure that it provides culturally competent and appropriate outreach and support, including to members/families who communicate in many languages other than English, including American Sign Language.

MassHealth continually strives 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 speak diverse languages understand the importance of various notices.

Our MassHealth Customer Service Unit employs bilingual representatives who speak a variety of languages including Spanish, French, Portuguese, Vietnamese, Cantonese, Russian, and Cape Verdean. All customer service representatives are trained 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. MassHealth Enrollment Center staff are trained on how to use

MassHealth Chapter 171 Annual Family Support Plan for Fiscal Year 2016

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 participation in any EOHHS efforts to promote the delivery of services in a culturally competent manner, including services delivered to members 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?

MassHealth strives to make each new initiative accessible to our culturally diverse members and families. For example, the MFP Demonstration, MFP Waiver brochures and the PCA consumer handbook are all available in both English and Spanish. Most significantly, we expect that ACO models of care will proactively outreach to their members in linguistically and culturally appropriate ways. ACOs will provide training and coaching to increase the availability of culturally competent care to members of racial, ethnic and language minorities, as well as for LGBTQ members and members with physical, intellectual, and development disabilities.

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 each of these agencies, and the in-depth work on development of the Statewide Transition Plan mentioned above is a good example of the collaborative approaches routinely taken. MassHealth and the Departments have consolidated a broad plan for ensuring community integration of HCBS waiver participants and sought and obtained member and family input throughout the process.

MassHealth administers and DDS operates three waivers to serve participants with intellectual disability, and the MFP Residential Supports waiver and the Acquired Brain Injury (ABI) – Residential Habilitation waiver, as well as the Commonwealth's Children's Autism Spectrum Disorders waiver for eligible children. A recent DDS report describes their extensive interaction with stakeholders, families, and children's advocates from whom we obtain and use input in the on-going operation of the Autism waiver serving children age eight and under.

MassHealth meets and collaborates routinely with the Executive Office of Elder Affairs, which operates the Frail Elder Waiver, and the Massachusetts Rehabilitation Commission (MRC) to oversee the on-going operation of multiple HCBS waivers, including the Traumatic Brain Injury waiver, the ABI Non-Residential

MassHealth Chapter 171 Annual Family Support Plan for Fiscal Year 2016

waiver and the MFP Community Living waiver. These waivers were developed with input from and review by advocates, individuals with disabilities, and their families. In addition, DDS and MRC jointly convene a waiver quality oversight group that includes a strong and engaged group of consumers of waiver services who actively participate on an on-going basis.

All HCBS waiver participants receive case management through which the participant engages in a person-centered planning process facilitated by the case manager. Through this process, waiver participants work to develop their individualized service plan. These person-centered service plans provide the opportunity for input and consultation with participants and their families or guardians.

MassHealth is collaborating with many EOHHS agencies, including the Department of Mental Health, the Department of Public Health, and the Executive Office of Elder Affairs in the ongoing efforts to implement payment reform and provide care through ACOs. EOHHS agencies participate in various stakeholder working groups, and MassHealth will collaborate with these agencies as well as various non-EOHHS agencies such as the Health Policy Commission and the Health Connector as these implementation efforts progress.

In particular, MassHealth and the Department of Public Health's (DPH) Bureau of Substance Abuse Services have collaborated on the development of a Substance Use Disorder 1115 demonstration proposal.