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# Connecting the Dots

## Community Living Exchange

Funded by Centers for Medicare & Medicaid Services (CMS)

Massachusetts:  
Meeting Summary and Recommendations

Robert Mollica  
Susan Reinhard

This document was prepared by Robert Mollica and Susan Reinhard

Prepared for:



**Rutgers** Center for  
State Health Policy

Susan C. Reinhard & Marlene A. Walsh



Robert Mollica

The Community Living Exchange at Rutgers/NASHP provides technical assistance to the Real Choice Systems Change grantees funded by the Centers for Medicare & Medicaid Services.

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# Connecting the Dots in Massachusetts

Prepared by Robert Mollica and Susan Reinhard

## Introduction

On December 20, 2004, the Rutgers Center for State Health Policy and the National Academy for State Health Policy organized and facilitated a “Connecting the Dots” meeting for the Massachusetts Executive of Health and Human Services and the state’s ten New Freedom Initiative grantees. “Connecting the Dots” is a technical assistance activity of the Community Living Exchange Collaborative at Rutgers/NASHP to facilitate coordination in states with multiple grants from the Centers for Medicare and Medicaid Services (CMS). Planned over a three-month period, the major purpose of this technical assistance activity was to promote sustainability of CMS-funded infrastructure developments that demonstrate promise by explicitly linking them to the State’s strategic plan.

Prior to the meeting, state officials shared portions of this strategic plan, “Forging the Future” so they could think about how their grant activities might be linked to it, and prepare thoughtful, brief presentations. The meeting offered the opportunity for state officials, grant staff and stakeholders to learn more about the strategic plan, which was developed to reorganize and align policy, financing and planning for people with disabilities that relate to long term supports, mental health, employment and core business process. Project Directors from each of the ten grants described the grant activities, lessons learned, and how the grants specifically relate to the strategic plan. The meeting was attended by 58 state and federal officials, project directors, staff, advisory committee members and consumers who participated in morning presentations and afternoon break-out sessions. This document summarizes both.

## Key Points

- Massachusetts’ grantees welcome opportunities to “Connect the Dots” among their activities and agree that the State’s strategic plan is the key to sustainability.
- State officials and consumers are willing to invest considerable time and effort to maximize the success of the CMS projects, particularly those that explicitly relate to the State’s strategic plan.
- Grantees need to share tools and resources that they are developing across grants, such as functional assessment tools.
- There are more cross-grant interests in employment than was previously understood.
- Grantees need to build evidence to support continuation of activities, like the nursing home transition project is doing.
- It is important to engage the legislature and share evidence to support continuation of activities.

## Grant areas

The state has received ten CMS grants: Real Choice Systems Change, Independence Plus, Nursing Facility Transition, Community Based Treatment Alternatives for Children with Severe Emotional Illness, Community Integrated Personal Assistance Services and Supports, Aging and Disability Resource Centers, Quality Assurance/Quality Improvement, Medicaid and Comprehensive Employment Opportunities Infrastructure Grant, the Mental Health Systems Transformation Grant, and a Family to Family Center Grant.

## Summary of grant activities

The Real Choice Systems Change grant has three relevant activities that are relevant to the strategic plan: development of a common assessment tool across age and disabilities; formation of a team to ensure meaningful consumer involvement in the planning and implementation of the grant; and a pilot to test the impact of flexible funding on quality of life and independence.

The Independence Plus project is developing a federal waiver that includes person centered planning, a fiscal employer agent, a support brokerage and peer mentoring system to assist consumers to create a spending plan, participant protections, and a quality system to ensure consumer-driven outcomes.

The “Bridges to Community Project” is a nursing home transition project that assists nursing home residents to move to the community, identifies and addresses service and eligibility gaps and tracks three key components of successful transitions: case management, housing and peer mentoring activities. The program focuses on residents assessed at the three lowest categories of the state’s nursing home case mix system.

The C-PASS project will build the state capacity to provide consumer driven personal supports. Three pilot projects will be funded to develop models for quality assurance and safeguards, to promote self-direction and flexible funding for critical areas of need, and to support different levels of self-determination by evaluating consumer readiness and preferences.

The ADRC grant will create a “virtual” access model through a partnership between an Independent Living Center and an Aging Services Access Point (Single Entry Point).<sup>1</sup> The model will streamline access to information, services and supports; ensure informed decision-making; link community resources; and promote collaboration between the aging and disability networks. The ADRC provides public education and outreach; information and referral; options counseling; benefits counseling; employment options counseling; crisis intervention; clinical and financial eligibility screening; and intake, assessment and service planning.

The Quality Assurance/Quality Improvement grant will develop an integrated infrastructure to promote the use of objective and analytic methods of measuring quality. The state will work with other New England states to promote regional standards, quality indicators and measures. The

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<sup>1</sup> Jointly funded by the Centers for Medicare & Medicaid Services and the Administration on Aging, US Department of Health and Human Services.

grant will also facilitate sharing of resources, training stakeholders to use quantitative information and develop ways for consumers to use information about quality.

The MA Medicaid and Comprehensive Employment Opportunities Infrastructure Grant will provide a comprehensive approach to supporting and promoting employment for people with disabilities. The project focuses on four areas: providing policy makers with information about health and employment services to improve policy development and resource allocation; identifying policy barriers to employment and strategies to overcome them; assistance designing Medicaid buy-in programs and other employment supports; and convening a leadership team of state agencies and consumers to identify strategies that enhance programs and expand opportunities for consumer choice and direction.

The Community-based Treatment Alternatives for Children with Severe Emotional Disturbances will explore the feasibility of developing an HCBS waiver to provide community based supports for children who are at risk for out of home placement. The project is collecting cost and utilization information on all out of home placements; conducting focus groups with families about needed services; and examining cost neutrality issues.

The Mental Health Systems Transformation grant will establish a consumer-operated center for excellence for recovery to provide training and technical assistance to consumer-directed programs and traditional mental health providers; assess gaps in recovery-oriented, consumer directed services; and establish a formal network of consumer-directed recovery activities.

The Family to Family grant will help create a state-wide, parent-run Family-to-Family Health Care Information and Education Center. Massachusetts Family Voices, the lead organization, will work with state agencies and other organizations to develop family-friendly training materials and supports for families of children with special needs.

### **“Forging the Future” Strategic Plan**

The strategic plan contains six goals and principles that address:

- Safety and Wellbeing Focus
- Individual and Family Independence
- Programs and Services Supporting Independence
- Coherent, Coordinated, & Accessible Programs
- Maximizing Limited Resources: Efficient, Cost Effective and Evidence Based
- Incorporation of Quality Improvement and Organizational Learning throughout our staff and their work

The plan outlines a road map for achieving goals. For **long term supports**, the plan describes “community first,” a series of initiatives to ensure that elders and people with disabilities have options to receive services in the community and to prevent, delay or shorten nursing facility stays. The plan includes an integrated managed care program (Senior Care Organizations), changes in financial eligibility rules, expansion of Aging Services Access Points to serve adults with disabilities, flexible self-determination models, improved diversion programs, improved

access, service coordination and delivery, and expansion of the ‘virtual gateway’ for information and referral and eligibility determinations.

In **mental health**, the road map describes a focus in consumer-centered, recovery-oriented services through additional federal grants and revenue maximization, staff training initiatives and the inclusion of families as partners in redesigning systems for youths. It also includes integrating mental health with all EOHHS agencies serving children, development of treatment systems that foster dual recovery from co-occurring psychiatric and substance abuse disorders, and expanding housing and behavioral health supports.

The **employment services** section describes initiatives to promote employment as a critical path toward self-sufficient and independence, enhance successful models of comprehensive employment activities and ensure that employment programs meet individual needs, preferences and interests. The road map also includes an inter-agency task force to review incentives and disincentives of existing policy, explore mechanisms to increase coordination and efficiency across programs and encourage collaboration through a new Employment Venture Capital Fund.

The fourth area, **core business process**, addresses the organization and operation of state programs. The road map includes expansion of the ‘virtual gateway’ to simplify application for multiple programs, creating of a ‘data warehouse’ for program management (outcome, program and project information), client data and expenditure and revenue forecasting, streamlining of common provider services and improved staff development, information technology and administrative best practices.

## **Summary for break out discussions**

Participants joined small group discussions to consider opportunities for collaboration among and within grants, strategies to sustain project activities when the federal grants end and opportunities for collaboration generated by the grants. This section summarizes the comments made during the group discussions.

### **What are opportunities for collaboration among and within grants to achieve the goals of the grants and the strategic plan?**

- Community First and the Governor’s priorities create opportunities. We need to adopt the vision that people with disabilities have “abilities” and can contribute if given opportunities and support. The strategic plan is the key to sustainability. We need to continue to review the grants and mesh their achievements with the strategic plan on a routine basis. We also need to share findings from each grant. Developing a uniform way to present information from this meeting to a larger audience would be helpful.
- We need to make sure the philosophy of independence leads the work of the grants. Need a systematic process for planning for future grants. As the projects continue, we need to ask, “Who are the stakeholders? Who is missing?”
- We should gather resources to support participation of self-advocates, perhaps create a resource book.

- Grantees are interested in identifying evidence-based practices but we need a common definition of “evidence-based.” Projects are developing tools that should be shared across grants. For example, the functional assessment tool being developed by the Real Choice project could be used for the CPASS and Real Choice pilots and maybe the Nursing Home Transition project. The assessment tools should be functional, cross-disability and comprehensive. Modules can be developed for specific purposes. We need to listen to and re-think individual needs. The tools need to include family strengths and supports. Information and referral that is accurate, timely and up to date is a critical service for diverting. Everyone should have access to information and referral services that are personalized, not just web-based. A common intake process across agencies might be included in the virtual gateway project.
- The senior aides program could be used more often as an employment option. More collaboration might be possible between service programs and employment and training programs.
- Reaching consensus on a common definition of consumer involvement, choice, control and participation would be beneficial. Provider training presents opportunities for collaboration.
- The focus across age and disability groups is positive.
- “Community” should be defined broadly. Services should be flexible to support different levels of self-direction.
- The legislature needs to be involved. A culture shift is needed that gives people with disabilities respect.
- Each project needs to have a clear message.
- List serves and conferences may help build collaboration.

### **What plans are being developed to sustain grant activities?**

- Resources need to be shifted from institutions to community services. Home and community based services should be equal to institutions in terms of choice and funding. (Choices should not be biased because institutions are an entitlement under Medicaid and HCBS programs are limited). We need to examine the resources already committed to long term services and supports and how they might be reallocated to follow policy directions that emphasize community services and choice.
- Grantees need to build evidence to support continuation of activities. The Massachusetts Rehabilitation Commission has completed a cost benefit analysis for serving 200 people who moved from a nursing home to the community. Grantees need to know what information will be needed to measure the impact of their projects, and how to collect, analyze and share it with the administration and the legislature.
- Sustaining grant activities requires buy-in from people implementing the grant, state agencies, legislators, providers and people with disabilities. Activities will need good marketing and advocacy from consumers, funders, and all other stakeholders in order to obtain support to continue them.
- To sustain nursing home transition activities, we need to develop strategies to provide case management support for people in nursing homes.
- Policy makers should look at the barriers posed by Medicaid eligibility and benefit rules to see how they may be modified to support services in community settings.



- Case management and housing options can create savings. Families and discharge planners need timely information to help families plan relocations from nursing homes.
- Need to build knowledge and capacity in the community to sustain changes.
- Consumers need to learn the language of state policy makers.

### **What are the opportunities for collaboration?**

- Grantees need a vehicle to continue ongoing collaboration across grants to share outcomes and findings to enable grants to build one each other's experience. The projects need to share products that are being developed and the advisory groups that are involved in their activities.
- A statewide meeting for consumer members of task forces and advisory groups would help members understand what each grant is doing.
- A web site that includes updates of all grants activities.
- There seem to be more opportunities across grants to identify quality indicators.
- It would be helpful to find more ways to connect consumers.
- We could identify the policy and legislative issues that we can work on together (across grants).
- A "Medicaid 101" would be helpful for advisory group members.
- We all need to clearly understand the lessons learned from each project.

