

## **Massachusetts Community First Systems Transformation Grant**

### ***Update #3: A Closer Look at Diversion Subcommittee Activities***

**Summer 2007**

#### **General Updates**

Summer was a busy time for the three grant subcommittees (Quality, Housing, and Diversion), as they have been meeting and moving their work along. On June 4<sup>th</sup>, the Cross-Committee Group (consisting of 3 representatives from each subcommittee), met with EOHHS Assistant Secretary of Disability Policies and Programs, Dr. Jean Flatley McGuire, to update her on grant work. The Group also voted on a new name: it will now be known as the Systems Transformation Action Team—STAT for short. The STAT's last meeting was on September 17<sup>th</sup>.

The Grant Management Team has been working to complete the grant annual report due to CMS in early November. This is an annual update and progress report we must submit to our funder and is a very long document. If you wish to review it prior to submission, we will soon be sending a draft version of the report to this email list for comments. Our turn around time to produce and submit this report is very condensed so please be aware we will have a quick turn around time for comment submission.

In September, Massachusetts was notified that the state was awarded both of the Real Choice System Change Grants that were issued in 2007. These grants, you may recall, are: the State Profile Tool Grant & the Person Centered Planning Grant. Implementation on these two grants will get going over the next few months. Please stay tuned!

The Subcommittees have been active submitting recommendations to the Co-Principal Investigators (Co-PIs) for their review and submission to the Grant's Executive Leadership. For example, earlier this summer, the Housing Subcommittee voted to support regulation changes that had been submitted to the Architectural Access Board (AAB). The Subcommittee drafted a letter of support for the changes; the letter was approved, and submitted to the Director of the AAB in July. We will keep you posted on the AAB process of deliberation on recommended changes as more information becomes available. The Quality Subcommittee also developed and finalized a recommended vision and mission statement for a quality management system for long-term supports provided by agencies within EOHHS. The Subcommittee has also finalized a recommended Consumer Involvement Plan which provides concrete steps that State agencies can take to ensure ongoing consumer involvement in quality management activities. For questions or more information on the Housing or Quality Subcommittee work, please contact the appropriate Subcommittee Lead (contact information at the end of this update).

#### **Subcommittee Update: A Closer Look at Diversion Subcommittee Activities**

The Diversion Goal for the grant has two stated objectives: 1) implement the most effective alternative community-based long term support funding models and 2) promote community living options by targeting (i.e., identifying) persons with disabilities of all ages with high service needs and high cost services in order to identify ways to more effectively deliver long-term supports for these individuals. In order to accomplish the work, this winter the Subcommittee created Targeting and Financing Workgroups.

The Diversion Subcommittee has held four full subcommittee meetings this year, with the last meeting in September. This past spring and summer, the **Targeting Workgroup** developed and administered a questionnaire, sent out to long-term support networks, which asked about consumer needs and areas of needed system improvement. The Workgroup used the results of the questionnaire, in combination with its internal assessment and information from state and national reports/studies on long-term care services, to develop a definition of a target population. The target population will be the population long-term care delivery system improvement recommendations will focus on. The target population for the recommendation is: “Individuals of all ages who 1) have disabilities and 2) face new situations that result in an increase in their need for assistance with Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs). These emerging situations could include changes in functional status due to mental illness, cognitive impairment, dementia, medical conditions, or even a dramatic change in their support network or housing status.” The Workgroup began development of a “profile” of this population, which attempts to collect demographic, service utilization, and service need information. The profile information will also be accompanied by the development of a potential list of services that could best enable individuals in this population to remain in the community, and how to improve their access to these services.

Under the Deficit Reduction Act of 2005, Massachusetts may apply for a Home and Community Based Services State Plan Amendment that would expand the number of services available to MassHealth members who meet state-defined clinical criteria and have incomes below 150% of the Federal Poverty Level (these income guidelines are defined in the Federal law and in 2007, 150% is equivalent to approximately \$15,315/year for a family of 1, and \$20,535 for a family of 2). **The Financing Workgroup** spent the spring and summer discussing this option and other options, determining which would best meet the needs of the target population.

Using the work of the Financing and Targeting Workgroups, the Subcommittee developed two recommendations and submitted them on August 20<sup>th</sup> to the Co-Principal Investigators of the Systems Transformation Grant. They have reviewed them and sent them to Executive Leadership for consideration:

1. Develop a Home and Community-Based Services State Plan Amendment— The Subcommittee recommended that MassHealth immediately consider the submission of an HCBS State Plan Amendment that would most benefit the target population. The following services were recommended by the Subcommittee to be included in this State Plan Amendment:
  - Case Management
  - Home Health Services (which would expand upon what is currently available)
  - Home-based Habilitation Services (which would look like Residential Habilitation services currently provided, but would be available in an individuals home, whether that be an apartment, home, or residential setting)
  - Behavioral Habilitation Services
  - Mental Health Services (Psychosocial Rehabilitation)
  - Adult Companion Services
2. Make regulatory changes to the Personal Care Attendant (PCA) program— The Subcommittee recommended that the eligibility requirement of hands-on assistance with 2 or more ADLs in the PCA program be expanded to allow those who require only cuing and supervision with 2 or more ADLs to qualify for services. This proposed change would broaden accessibility to this

benefit to individuals who, due to cognitive impairment, mental illness, dementia, or another disability, are not currently able to receive PCA services.

More details on the above recommendation can be obtained from Eliza Lake, Diversion Project Lead. Next steps for the Diversion Subcommittee are to consider policies affecting non-MassHealth eligible populations and to continue identifying target populations and subsequent system changes to address service needs.

**Next update:** Our next grant update will feature the work of the Housing Subcommittee.

### ***Questions or Comments?***

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