



# Consumer Advisory Board Handbook

(Updated July 10, 2018)

# Consumer Advisory Board Handbook

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## Welcome!

As the Director of MCCN, I would like to thank you for agreeing to participate in our MCCN Consumer Advisory Board (CAB). The mission of MCCN is to provide exceptional and comprehensive care coordination that integrates care, reduces health disparities and creates a solid partner network throughout Massachusetts that can respond to the needs of historically vulnerable populations. You are helping us to achieve this mission by sharing your thoughts and ideas on how we can better serve our members.

We understand this may be the first time you have been involved in a Consumer Advisory Board. This packet will provide you with some helpful information on MCCN and our Consumer Advisory Board. We hope this information is helpful now and throughout your involvement.

The MCCN Consumer Advisory Board is scheduled to meet quarterly. You will receive additional information before this meeting to help you prepare and arrange for any transportation assistance you may need. In the meantime, please review the contents of this packet. Also, please complete the **Accommodations Request Form** (found on page 17 of this packet) and mail it back to us using the self-addressed stamped envelope. This will help us to understand how we can better help you to participate. If you have any questions or concerns about your involvement, please don't hesitate to contact Nasiba Mannan, Director of Quality Management for MCCN at [nmannan@massccn.org](mailto:nmannan@massccn.org).

Thank you again for your interest in our work and helping us improve our services! We can't wait to see you.

Sincerely,

Christine Lens, RNC, MSN, MBA  
MCCN Director



## What Is MCCN?

**Massachusetts Care Coordination Network (MCCN)** is a Long Term Services and Supports Community Partner (LTSS CP) comprised of highly qualified health and human service agencies that provide integrated comprehensive care coordination to people who are enrolled in MassHealth that have complex lifelong needs. By coordinating care, MCCN takes the best resources available and matches supports to each person's needs. MCCN provides the tools that help people build self-directed, fulfilling lives. The goals of **MCCN** are to:

- Provide exceptional and comprehensive care coordination that integrates care
- Reduces health disparities
- Creates a solid partner network throughout Massachusetts that can respond to the needs of historically vulnerable populations.
- Improve your health and well-being
- Improve the quality of care you receive
- Provide care based on your goals and in a way that meets your needs
- Improve coordination among your providers, including your medical care, behavioral health care and long-term services and support providers
- Provide cost-effective care

Under this program, **MCCN** was selected by **EOHHS** to provide benefits to the people that enroll in both Medicaid and the State Children's Health Insurance Program within Massachusetts (collectively, MassHealth) and other health and human services programs designed to pay for medical services for eligible individuals.

We, at **MCCN**, are looking for you to share your experiences with us. We want to learn from you how we can improve our member education and care coordination efforts. MCCN's members, family members, and other caregivers or stakeholders can join our Consumer Advisory Board to share their experiences!



## Consumer Advisory Board Charter

### **Purpose of the Consumer Advisory Board**

The Consumer Advisory Board (CAB) is comprised of Engaged Enrollees, family members and other caregivers that reflect the diversity of MCCN's population. The purpose of the CAB is to advise and provide MCCN's Governing Body with regular feedback on issues of Contract management and the provision of LTSS CP supports. Examples of areas of advisement include:

- Providing member education
- Providing member outreach
- Addressing members' needs
- Addressing service challenges
- Working with community partners

### **Meeting Frequency and Location**

The Consumer Advisory Board will meet on a quarterly basis with the first meeting scheduled for Wednesday, September 19, 2018 from 5:30 PM – 7:00 PM at the Seven Hills Family Support Center located at 799 West Boylston Street in Worcester, MA. All meetings are held in a fully accessible, ADA-compliant facility that is close to the bus/train. Members are asked to attend all meetings. Members who have more than 2 unexcused absences may be replaced by new members to allow the group to move forward. Refreshments will be provided at each quarterly meeting.

### **Membership Terms and Positions**

Members commit to a one or two-year term that can be extended. We seek members of different ages, disabilities, cultures, and geographic areas so we learn from these differences as well.

### **Meeting Accommodations**

Members are able to receive help and accommodations to support their full participation in the CAB. Members who agree to participate should fill out an Accommodations Request Form to tell us about their needs. Large print, Braille, electronic format, American Sign Language interpreters, language interpreters, Communication Access Real-time Translation (CART), transportation, and personal assistance are examples of the support available. Members also may request personal meetings with staff to talk about the meetings and ask questions ahead of time.

### **Roles and Responsibilities**

Members will allocate approximately 2-4 hours per month to do any of the following:

- Prepare for and attend Consumer Advisory Board meetings
- Review materials shared, ask questions, and provide feedback
- Provide input based on personal experiences

- Attend community events to better understand the needs of members and local communities
- Work with staff to find creative ways to understand the needs of other members
- Focus on solutions that benefit a wide range of members

### **MCCN Staff Roles and Responsibilities**

Staff will provide Consumer Advisory Board members with the following:

- Information on MCCN, QI Initiative, and Consumer Advisory Board roles and responsibilities
- Notice of meetings at least one month prior to the meeting
- Agendas and meeting materials at least two weeks prior to the meeting by mail or email (method chosen by member?)
- Assistance to support member involvement, such as accessible materials and transportation
- One-on-one opportunities to meet with staff, share ideas, and ask questions
- Access to peers for education and mentoring

### **Decision Making and Conflict Resolution**

The MCCN Consumer Advisory Board advises MCCN by providing feedback and recommendations to improve its practices and member benefits. Members will seek consensus before making recommendations. Consumer Advisory Board Ground Rules will be used to ensure fair conversations.

### **Code of Conduct**

Consumer Advisory Board members are asked to respect the following Code of Conduct:

- Maintain the confidentiality of personal information shared in the meeting;
- Treat each other with dignity and respect;
- Avoid being aggressive when you disagree with a decision or a statement;
- Work collaboratively with others to further MCCN's mission or goals;
- Do not make statements or assumptions based on race, ethnicity, gender, sexual orientation, gender identity, age, disability, or any other personal characteristic; and
- Disclose potential conflicts of interest, real or perceived, before participating in discussions or votes.



## Consumer Advisory Board Ground Rules

The MCCN Consumer Advisory Board has “**Ground Rules**” to support fair conversations. Please review and follow these important **Ground Rules**.

Come prepared to participate and share your story

Learn from others in your community and share their experiences

Speak one person at a time

Provide others with a chance to speak

Use simple language and no acronyms

Assume everyone is here to help

Support others to learn

Ask questions to understand

Respect personal views and opinions

Respect Member and business confidentiality

*Do you have ideas on how to make our meetings better? Let us know!*

**Nasiba Mannan, Director of Quality Management: [nmannan@massccn.org](mailto:nmannan@massccn.org) or  
508-304-3108**

## Advocating for You and Others: General Tips

*Consumer Advisory Board members who join the group will come with different types of experiences. Some members will feel comfortable sharing their ideas and others may feel less comfortable. Here are some tips on how you can advocate for you and others so that all voices can be heard:*

- ✓ Know your stuff by spending time preparing for meetings
- ✓ Be assertive when speaking up, but not passive or aggressive
- ✓ Be persistent and committed to communicating
- ✓ Help to identify challenges and assist to resolve them
- ✓ Try to be objective and see the big picture
- ✓ Ask questions if you don't understand something

*Additional tips to consider when advocating for others...*

- ✓ Don't feel bad for others, just try to walk in their shoes
- ✓ Be prepared to learn
- ✓ Assist others to understand and then assist them to make their own points
- ✓ Create time and space for others to say what they need to say
- ✓ Be sensitive to people's feelings- both members and staff
- ✓ Create a group of members who can help each other
- ✓ Maintain confidentiality

## **Conflict is Normal!**

### **...But, What Do I Do About It?**

*Conflict will happen when passionate people come together to make a difference. We ask Consumer Advisory Board members to call on these simple ideas to help us work through any difficult times.*

#### **Create a safe place to talk**

Help to set and follow ground rules that create a safe place for everyone to be heard, respected, and supported. Do not personally attack others. Do not speak over others.

#### **Vent fairly**

Describe what impact the issue has on you without blaming others or making assumptions about how others feel.

#### **Listen actively**

Ask open-ended and non-judgmental questions. Take time to summarize what other people are saying so they know you hear them.

#### **Identify what you have in common**

Work with others to identify the areas where you agree and be creative (together) to develop solutions.

#### **Keep your eyes on the prize!**

The goal is not to win, but rather to come to an agreement and improve the services and care members receive.

## Additional Tools and Resources

### Medicaid Overviews

- Medicaid at-a-Glance (Kaiser Family Foundation)  
<http://kaiserfamilyfoundation.files.wordpress.com/2013/03/7235-061.pdf>
- Medicaid Moving Forward (Kaiser Family Foundation)  
<http://kaiserfamilyfoundation.files.wordpress.com/2014/06/7235-07-medicaid-moving-forward2.pdf>

### Working with Group Conflict and Effective Facilitation of Groups

- Working with Group Conflict: Getting Things Done (The University of Maine Cooperative Extension)  
<http://www.umext.maine.edu/onlinepubs/PDFpubs/6106.pdf>
- From Conflict to Consensus: Three Critical Tasks for Leaders (Interaction Associates)  
[http://interactionassociates.com/sites/default/files/whitepapers/From%20Conflict%20to%20Consensus\\_2013.pdf](http://interactionassociates.com/sites/default/files/whitepapers/From%20Conflict%20to%20Consensus_2013.pdf)
- Facilitating Trust: What Team Leaders Need to Know (Interaction Associates)  
[http://interactionassociates.com/sites/default/files/whitepapers/Facilitating\\_Trust\\_Cone.pdf](http://interactionassociates.com/sites/default/files/whitepapers/Facilitating_Trust_Cone.pdf)
- Free Training Manual (Conflict Resolution Network) <http://www.crnhq.org/>



## Glossary of Terms

**Accountable Care Organization (ACO)** – certain entities contracted with MassHealth, that enter into population-based payment models with payers, wherein the entities are held financially accountable for the cost and quality of care for an attributed Member population.

**Managed Care Organization (MCO)** – any entity that provides, or arranges for, the provision of MassHealth covered services under a capitated payment arrangement, that is licensed and accredited by the Massachusetts Division of Insurance as a Health Maintenance Organization (HMO).

**Executive Office of Health and Human Services (EOHHS)** – the executive agency within Massachusetts that is the single state agency responsible for the administration of the MassHealth program (Medicaid), pursuant to M.G.L. c. 118E, Titles XIX and XXI of the Social Security Act, and other applicable laws and waivers thereto.

**MassHealth** – the Medicaid program of the Commonwealth of Massachusetts, administered by EOHHS pursuant to M.G.L. c. 6A s. 16, 118E, Titles XIX and XXI of the Social Security Act, and other applicable laws and waivers thereto.

**Documented Processes** - written documents approved by all parties of the ACO/MCO-CP Agreement that outlines the steps necessary to complete a task or function.

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**Behavioral Health Community Partner (BH CP)** – a community-based entity which partners with MassHealth-contracted ACOs and MCOs, providers, social services organizations and community resources to support members with complex behavioral health needs. Entities that enter into Contracts with EOHHS pursuant to the BH CP RFR are BH CPs.

**Long-Term Services and Supports Community Partner (LTSS CP)** - a community-based entity which partners with MassHealth-contracted ACOs and MCOs, providers, and social services organizations and community resources to support members with complex LTSS needs. Entities that enter into Contracts with EOHHS pursuant to the RFR are LTSS CPs.

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**Member**– a person determined by EOHHS to be eligible for MassHealth.

**Enrollee** - a Member who is enrolled in one of the MassHealth-contracted ACOs or MCOs.

**Identified Enrollee (Identification)** – an Enrollee identified by EOHHS for Assignment to a Community Partner based on the Enrollee’s claims and service history or in another manner determined by EOHHS.

**Assigned Enrollee (Assignment)** – an Enrollee that is designated by an ACO, or an MCO to receive LTSS CP Supports from the Contractor and for whom the Contractor is responsible for performing other functions as required by the Contract. Assigned Enrollees that have an approved LTSS Care Plan and the Contractor has submitted to EOHHS a “care plan complete” Qualifying Activity, are referred to as “Engaged Enrollees.”

**Engaged Enrollee** – an Assigned Enrollee for whom the Contractor has completed a LTSS Care Plan, and the LTSS Care Plan has been signed or otherwise approved by the Assigned Enrollee (or authorized representative, as appropriate) and approved by the Assigned Enrollee’s PCP or designee. The Contractor must submit a “care plan complete” Qualifying Activity, for an Assigned Enrollee to become an Engaged Enrollee.

**Disengaged Enrollee (Disengagement)** – a formerly Engaged Enrollee who is no longer receiving LTSS CP Supports and for whom EOHHS shall not pay the Contractor.

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**Participation Form**—The Contractor shall obtain a signed LTSS CP participation form from each Assigned Enrollee who, after meeting with the Contractor and learning about the LTSS CP program, agrees to participate in the program. In performing this function the Contractor shall:

- 1) Explain the purpose of the participation form as confirmation of the Assigned Enrollee’s consent to participate in the LTSS CP program;
- 2) Explain the Protected Information (PI) the Contractor intends to obtain, use and share for purposes of providing LTSS CP Supports;
- 3) Obtain a signed LTSS CP participation form from the Assigned Enrollee (or the Assigned Enrollee’s authorized representative, if any) confirming that the Assigned Enrollee agrees to participate in the LTSS CP Program;
- 4) To the extent deemed necessary by the Contractor (with input from EOHHS and the applicable ACO or MCO, where appropriate) in accordance with its plan developed, obtain the Assigned Enrollee’s written authorization to uses and disclosures of his or her Protected Information (PI) as necessary for providing LTSS CP Supports.;

**Comprehensive Assessment** – a person-centered assessment of an Assigned or Engaged Enrollee’s care needs, including functional needs, accessibility needs, goals, and other characteristics; and that is conducted by the Assigned or Engaged Enrollee’s ACO or MCO, as applicable.

**Long Term Services and Supports Care Plan (LTSS Care Plan)** - written documentation of an Enrollee's goals, preferences, strengths and needs, and the strategies and support services designed to meet these goals, developed using person-centered planning processes by the CP Care Coordinator under the direction of the Assigned or Engaged Enrollee (and/or their authorized representative, if applicable), and updated periodically, and as necessary, to reflect the Assigned or Engaged Enrollee's changing needs.

**Flexible Services** – Enrollees that are enrolled in an ACO may be able to access Flexible Services as part of their ACO enrollment. Flexible Services are specific goods and services that are not otherwise covered under the Enrollee's MassHealth benefit and which are provided to Enrollees to address their health-related social needs. The need for Flexible Services must be documented in the Enrollee's care plan and authorized by an ACO.

**Grievance** – any expression of dissatisfaction by an Assigned or Engaged Enrollee (or their authorized representative, if applicable), about any action or inaction by the Contractor. Possible subjects for Grievances include, but are not limited to, quality of supports provided, aspects of interpersonal relationships such as rudeness of an employee of the Contractor, or failure to respect the Assigned or Engaged Enrollee's rights.

**Primary Care Provider (PCP)** – the individual primary care provider or team selected by the Enrollee, or assigned to the Enrollee by the ACO or MCO, to provide and coordinate all of the Enrollee's health care needs and to initiate and monitor referrals for specialty services when required. PCPs include nurse practitioners practicing in collaboration with a physician under Massachusetts General Laws Chapter 112, Section 80B and its implementing regulations or physicians who are board certified or eligible for certification in one of the following specialties: Family Practice, Internal Medicine, General Practice, Adolescent and Pediatric Medicine, or Obstetrics/Gynecology (for women only).

**Care Team Participation** -An Engaged Enrollee's CP Care Coordinator shall participate as a member of the Engaged Enrollee's care team at the ACO or MCO as directed by the Engaged Enrollee. In performing this function, the Engaged Enrollee's CP Care Coordinator shall support the Engaged Enrollee's LTSS care need decisions and LTSS integration in the Engaged Enrollee's ACO or MCO care plan, including but not limited to:

- Providing information and subject matter expertise to the care team about LTSS, the Engaged Enrollee's LTSS needs and preferences, service options, provider options, accessibility requirements, and barriers to care;
- Advocating for appropriate care for the Engaged Enrollee;
- Facilitating communication with other coordinators at state agencies and LTSS providers; and
- Promoting and facilitating the integration of the Engaged Enrollee's LTSS care across physical, behavioral and LTSS areas, as well as social services and Flexible Services as applicable.

**Collateral** – any individual who has direct supportive contact with Assigned or Engaged Enrollees, such as family members, friends, service providers, specialists, guardians, and housemates.

**Qualifying Activity** - an activity provided by the Contractor on behalf of or with an Assigned or Engaged Enrollee.



## Consumer Advisory Board Application Form

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**3 Things You Think Are Important to Know About You:**

**Why do you want to be a member of the MCCN Consumer Advisory Board?:**

**What you believe you can bring to the Consumer Advisory Board. For instance:**

How have you been involved with MCCN (Enrollee, Family Member, Caregiver)?:

Who do you think you can represent?

What personal experiences would you like the group to learn from?

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## Non-Disclosure and Confidentiality Agreement

***Please return a signed copy of this Non-Disclosure and Confidentiality Agreement to Nasiba Mannan, Director of Quality Management prior to your Consumer Advisory Board attendance.***

This Non-Disclosure and Confidentiality Agreement, hereinafter called "Agreement," is by and between \_\_\_\_\_, hereinafter called "Advisor," and MCCN and is subject to the terms and conditions contained herein.

This Agreement is obtained to permit the protection of Consumer Advisory Board discussions and materials deemed confidential and vital to the success of MCCN. The Advisor understands that this information is sensitive and confidential and that disclosure to others could be damaging and detrimental to MCCN or its members served.

The original information and materials developed by MCCN, including, but not limited to, its methods, programs, and business operations as well as its Members' information shall remain the confidential and/or proprietary property of MCCN and will not be revealed to any third party, except as required by law.

It is recognized that certain information, methods, programs, operations and procedures are unique to MCCN and critical to the growth and success of MCCN. The Advisor recognizes the sensitivity, proprietary and confidential nature of this information. The Advisor agrees that this material and personal member information will be held in strictest confidence and shall not at any time, or in any manner, be utilized by others to the detriment of MCCN or its members. MCCN retains exclusive rights to publish the results of Consumer Advisory Board meetings and materials.

This Agreement is for a period of one twelve month period. At the end of this period, should the Advisor and MCCN mutually agree to continue a relationship, it will be in accordance with a new Non-Disclosure and Confidentiality Agreement.

Agreed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ \_\_.

---

Printed Name

Signature



## Accommodations Request Form

Person Making Request: \_\_\_\_\_  
Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Relationship to person  
requiring accommodation: \_\_\_\_\_

Person Requiring  
Accommodation (if different than above): \_\_\_\_\_  
Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

### The following accommodations are needed to participate:

- American Sign Language Interpreter
- Language Interpreter/Translation (Primary language: \_\_\_\_\_)
- Note Taker
- Assistive Listening Device
- Captioning
- Large Print
- Braille
- Electronic Version (Note if Email or CD Preferred) \_\_\_\_\_
- Wheelchair Access
- Guidance Getting Into the Building
- Dietary Needs (Please Describe)

- \_\_\_\_\_
- I Will Bring an Assistant With Me \_\_\_ Yes \_\_\_ No
  - Other (Please Describe)
- \_\_\_\_\_



## Consumer Advisory Board Contact List

*Nasiba Manna, MCCN Director of Quality Management – CAB Coordinator*

[nmannan@massccn.org](mailto:nmannan@massccn.org)

508-304-3108

*Christine Lens, MCCN Director – Ex-officio member*

[clens@massccn.org](mailto:clens@massccn.org)

508-983-1308