



*Family Advisor Initiative:
Building Connections Between Health Plans and Families in Massachusetts
to Ensure Quality Care for Children with Special Health Care Needs*

Health Plan Interview Information

Health Plan Name: _____

Date of Interview: ____/____/____

Location of Interview: _____

Family Advisor Initiative Participants:

Name: _____

Name: _____

Health Plan Participants:

Name: _____

Job Title: _____

Name: _____

Job Title: _____

Name: _____

Job Title: _____

Introduction: Please introduce yourselves and thank the plan representatives for making the time to meet with you.

Background: Provide a brief description of the Family Advisory Initiative, highlighting the purposes of today’s meeting:

- To learn how health plans in Massachusetts are addressing important areas for children with special health care needs and their families
- To learn about innovative policies or practices developed by health plans
- To begin to establish a relationship between health plans and family leaders in our state
- To share packet of information and resources with health plans that could be useful to their staff and members

1.0 Identification of Children with Special Health Care Needs (CSHCN)

- 1.1 Does your health plan have a systematic way to identify CSHCN? Yes No
- 1.2 If *Yes*, do you use this method to identify CSHCN enrolled in all or only some of your health plan's products or lines of business?
All Some
- 1.3 If *Yes*, is this because of a contractual requirement or inter-agency agreement? Yes No
- 1.3a If *Yes*, is this contract or agreement with Medicaid? Yes No
Other agency? *Please specify.*
- 1.4 What definition and method do you use to identify CSHCN? For example, what kinds of children are identified? (*Ask for a copy of the definition if available.*)
- 1.5 Does this method allow you to identify CSHCN:
a. at the time the family enrolls? Yes No Not sure
b. after enrollment? Yes No Not sure

- 1.6 How does your health plan use the information you get from identifying CSHCN? *(After you've read the above question, let the plan answer. Then prompt with the other possible responses below.)*
- (1) Referral to case management/care coordination service within the plan
 - (2) Referral to special programs within the plan
 - (3) Referral to programs or services outside the plan (such as Early Intervention, state DPH/ CSHCN programs, etc.) *(please specify)*
 - (4) Use of special member satisfaction tools or quality measures
 - (5) Cost monitoring *(please specify)*
 - (6) Other *(please specify)*

2.0 Ensuring Capacity to Provide Appropriate Care for CSHCN

- 2.1 How does your plan make sure CSHCN get the services they need? *Please describe.*
- 2.2 Tell us about the network of pediatric providers associated with the plan and how it is determined - primary care providers, specialty care physicians, nurses, mental health providers, OT/PT/Speech therapists, etc. *(For example, the plan may say: plan guidelines, national guidelines, contracts, geographic distance, time, etc.)*
- 2.3 Does your plan have a policy of using board certified pediatric sub-specialists?
- Yes No

2.4 Are all or most hospitals in the state (or area) served by the plan included in the network?

Yes No

2.5 Does the network include a pediatric hospital or unit in a hospital that provides tertiary pediatric care? Yes No

2.6 What type of in-service training does your plan offer for staff and/or providers?

- (1) General in-service training about pediatric issues for plan staff and providers
Please describe.
- (2) Specific training about CSHCN (or about particular conditions) *Please describe*
- (3) Specific training for the plan's case management staff about CSHCN *Please describe:*

2.7 How does your plan define "medical necessity?"

2.8 Does your plan's definition of "medical necessity" distinguish between habilitative and rehabilitative services for children?

Yes No Comments:

2.9 Does your plan offer any of the following services for families of CSHCN?

	For All/Many Families of CSHCN (enter Y mark)	For Families of Children With Specific Conditions <i>(please describe)</i>
(1) Training <i>(for example, a class on how to access community resources, manage diabetes, etc.)</i>		
(2) Information		
(3) Support services <i>(for example, linking families with similar issues within the plan, providing a special fund for those with extraordinary needs, etc.)</i>		
(4) Parent support groups for members - provided by the plan		
(5) Referral to parent groups or disability organizations - outside the plan		
(6) Other <i>(please describe)</i> :		

2.10 Does your plan have policies or programs that promote the transition of adolescents with special needs to adult care and services?

Yes No If *Yes*, please describe.

3.0 Involvement of Families of CSHCN in Policy and Program Activities

3.1 Does your plan encourage consumer or member involvement in policy level activities or programs of the plan? (That is, activities to assist the plan, staff, or other members.)

Yes No If *Yes*, please describe.

3.2 The following questions ask how the plan includes members in advisory or planning roles. (Check Yes or No for each, and add comments.)

	Yes	No	Description and Comments
(1) Does the plan have a general member advisory board?			
(1a) If <i>Yes</i> to (1) - Does the advisory board include families of children with special health care needs?			

3.2 (Continued) The following questions ask how the plan includes members in advisory or planning roles. (Check Yes or No for each, and add comments.)

	Yes	No	Description and Comments
(2) Does the plan have a separate advisory group of parents of children with special health care needs?			
(3) Does the plan include members in planning or reviewing quality assurance activities?			
(4) Does the plan involve members in an appeals or grievance committee?			
(5) Does the plan involve parents in in-service training for plan personnel as either participants or presenters?			

4.0 CSHCN: Primary Care & Specialty Care Referrals

4.1 Do parents select their child's primary care provider?

Yes No If *No*, please describe how providers are assigned.

4.2 Does the plan offer families information about primary care providers' specific expertise or special interest in CSHCN?

Yes No Comments:

4.3 We assume that pediatricians, family practitioners and general practitioners can be primary care providers for a child. Is this correct?

Yes No Comments:

4.4 Can a family request that their child's pediatric subspecialist be their child's primary care provider?

Yes No Does this require special arrangements? If yes, what are they?

4.5 Does your plan use any special or different reimbursement rates or incentives for primary care providers when they provide care for CSHCN?

Yes No If Yes, please describe.

4.6 Is it possible for a CSHCN to receive standing referrals to specialists? Or are there other simplified methods for access to specialists or special services? (“*Standing referrals:*” a simplified, prearranged way to get special services needed, without going through the primary care provider each time.)

Yes No If Yes, please describe how this works.

5.0 Care Coordination & Case Management

5.1 This set of questions is about how the plan coordinates care for its members with other providers and programs outside the health plan. [Check either “Systematically” or “Case by Case” for each item.]

Does the plan coordinate care with: [read this with each item below]	Systematically <i>(for example, regular meetings, memos of understanding, etc.)</i>	Case by Case <i>(as needed)</i>
(1) Hospitals or community-based health care providers?		
(2) Schools or Early Intervention programs?		
(3) State agencies (such as Dept. of Mental Health, Dept. of Public Health, Dept. of Social Services)?		
(4) Other		
Can you offer an example or two of your plan’s care coordination efforts for CSHCN? Are there particular successes or barriers you can describe?		

5.2 Does your plan make information about public programs and services for CSHCN and their families (such as SSI, DPH, DMH, etc.) available to families? Yes No

5.2a Would you like to receive this kind of information? Yes No

5.3 Does your plan offer case management services for CSHCN and their families?
Yes No

5.4 Which of the following case management services does your plan provide? *(Check all that apply)*

- (1) Explanation of health insurance benefits, including eligibility for specific plan services
- (2) Assistance scheduling medical appointments
- (3) Arranging transportation to health services
- (4) Help coordinating Primary Care and Specialty Care, including Mental Health Services
- (5) Help coordinating health services in school with other medical and health services
- (6) Accompanying families to school or other meetings
- (7) Information and assistance in obtaining community services or programs outside the plan
- (8) Help coordinating care received through the plan with services received from state agencies
- (9) Other:

5.5 Is your plan's case management system for children separate from that for adults?

Yes No

5.6 How many children were served by your plan's case management program last year? _____

5.7 What is the background (or training) of case managers serving children and their families?
(Nurses? Social workers? Does the plan provide intensive training? Hire the "right" staff?)

5.8 Are there specific eligibility criteria to receive care coordination or case management services?

Flexible, no special criteria

Specific criteria (describe):

5.9 Can a parent request case management services for their child with special needs?

Yes No Comments:

6.0 Mental Health & Behavioral Health Services for Children

6.1 How does your plan identify and respond to the mental health or behavioral health needs of children?

- (1) Periodic screening of all children for behavioral health needs is plan policy
- (2) Mental Health/Behavioral Health Services are not included in the benefits
- (3) Other:

6.2 What arrangements are made to provide Mental Health /Behavioral Health Services?

- (1) Mental Health/Behavioral Health services are provided within a specific network of providers
- (2) Mental Health/Behavioral Health Services are provided through a separate contract/network of providers. (*Often described as “carved out.”*)

6.3 What Mental Health/Behavioral Health services are provided?

- (1) Outpatient Counseling (individual and family)
- (2) Case management
- (3) Inpatient hospital care
- (4) Residential (IRTP-Intensive Residential Treatment Program, therapeutic foster care, other)
- (5) Family Support
- (6) Crisis Intervention
- (7) Aftercare treatment plan in place prior to discharge
- (8) Respite
- (9) Assessments
- (10) Pharmacological services
- (11) Wraparound services (service to help a family maintain a child at home or be involved in child’s treatment)

7.0 Disagreements About Care

7.1 What specific procedures does your plan offer to families when they disagree about care decisions for their child? *(Check all that apply.)*

- (1) Patient/Member advocate
- (2) Mediation
- (3) Appeal/grievance procedure
- (4) Other:

7.2 Do you have written information available for members and their families that describes these procedures? Yes No

7.3 In what language(s) is this information available?

- (1) English
- (2) Portuguese
- (3) Spanish
- (4) Chinese

7.4 How is the written information on resolving disagreements made available to members and families?

- (1) Given to all members prior to or after enrollment
- (2) Given to members when a complaint is filed
- (3) Other (please describe): _____

7.5 Is your plan able to collect information about disagreements or appeals concerning children (as opposed to those concerning adults)?

Yes No If Yes, please describe the tracking methods.

7.6 What are the 3-4 most frequent issues of disagreement related to care of CSHCN?

7.7 Do you have a way to notify your members about the new Massachusetts Office of Patient Protection or the Managed Care Consumer Advisory Board Ombudsman and their dispute resolution processes?

Yes No If *Yes*, please describe.

8.0 Summary

8.1 Finally, what are the 3-4 biggest challenges confronting your health plan in serving CSHCN and their families?

November 10, 2000