Community Advisory Boards: A Close Look at One Strategy for Engaging MassHealth Members in Program and Policy Decisions

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ABOUT THE MASSACHUSETTS MEDICAID POLICY INSTITUTE

The Massachusetts Medicaid Policy Institute (MMPI)—a program of the Blue Cross Blue Shield of Massachusetts Foundation—is an independent and nonpartisan source of information and analysis about the Massachusetts Medicaid program, MassHealth. MMPI's mission is to promote the development of effective Medicaid policy solutions through research and policy analysis.

ABOUT THE CENTER FOR HEALTH CARE STRATEGIES

The Center for Health Care Strategies (CHCS) is a policy design and implementation partner devoted to improving outcomes for people enrolled in Medicaid. CHCS supports its partners across sectors and disciplines to make more effective, efficient, and equitable care possible for millions of people across the nation. For more information, visit www.chcs.org.

ABOUT EQUITABLE SPACES

Equitable Spaces' mission is to create opportunities for community members with lived and living experiences of poverty and related issues, those who have been historically excluded from policy decision-making processes, to incorporate their knowledge, perspectives, and expertise into the design of the policies and programs that directly impact their lives. Equitable Spaces provides customized training, technical assistance, and additional supports to local, state, and national groups that seek to include this expertise in research, program, and policy design, implementation, and evaluation.

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INTRODUCTION

By meaningfully engaging with Medicaid members, Medicaid officials can develop a deeper understanding of the real-life impacts of Medicaid policies and programming and design interventions that better address the challenges facing their members.[1] Underscoring this link between community engagement and more effective policies and programs, the National Academy of Medicine's conceptual model for advancing health equity includes community member engagement as the linchpin of a transformed and more equitable health care system.[2]

In response to the growing recognition of the importance of community engagement in the design of effective and equitable health care delivery systems, Medicaid programs are increasingly seeking effective strategies to engage individuals who have lived experience with Medicaid.[3] MassHealth, the name for Massachusetts' Medicaid program and Children's Health Insurance Program, is one such program. MassHealth currently employs a variety of approaches that are specifically aimed at soliciting feedback from members, their families, and caregivers and has indicated their intention to strengthen their member engagement strategy. To help inform this effort, the Massachusetts Medicaid Policy Institute, a program of the Blue Cross Blue Shield of Massachusetts Foundation, released a report in June 2024, *Strategies for Meaningfully Engaging MassHealth Members to Inform Program and Policy Decisions*. That report describes the broader spectrum of member engagement strategies, outlines MassHealth's current approaches to engaging with members, and makes a series of recommendations to strengthen MassHealth's overall member engagement strategy.

This report takes a deeper look at one specific member engagement tool, Community Advisory Boards (CABs). See the callout box to the right defining CABs.[4] CABs provide a vehicle for Medicaid agencies to build long-term relationships with Medicaid members and to obtain detailed feedback on program and service considerations to improve member health and well-being.

MassHealth currently employs a CAB to inform one specific MassHealth program (One Care, a managed care option for MassHealth members with disabilities who are also enrolled in Medicare); it also requires that managed care organizations (including Accountable Care Organizations [ACOs]) employ their own CABs to solicit member feedback. In June 2023, MassHealth announced its intention to create a program-wide CAB, which they are calling the MassHealth Member Advisory Committee (MAC), with the explicit goals of understanding and addressing inequities and eliminating disparities in health and health care.

WHAT IS A COMMUNITY ADVISORY BOARD (CAB)?

In the Medicaid context, a CAB is a group of people that often includes current and former members with lived experience being enrolled in Medicaid. CABs engage in structured, consistent, and long-term dialogue to inform Medicaid program and policy design and implementation issues. These groups are often known by various names such as Patient and Family Advisory Councils (PFACs) or Medicaid Advisory Councils (MACs) and serve as important bridges between Medicaid agencies and the communities they serve. While this report predominantly uses the term CAB to encompass these entities collectively, specific names are employed when referring to distinct CAB-like entities.

Given the growing importance of CABs in MassHealth's member engagement strategy, this report seeks to identify promising practices for MassHealth, managed care organizations (MCOs), and ACOs to meaningfully engage with MassHealth members through CABs. See callout box below for how this report defines "meaningful member engagement."

DEFINING "MEANINGFUL MEMBER ENGAGEMENT"

In this report, we define "meaningful member engagement" based on two key characteristics that surfaced from the research:

1. The members being engaged have **power or influence over the engagement process itself** and
2. The engagement **leads to real changes in policies, programs, and procedures**.

Engagement where community members do not have any influence over the process and that results in no, or merely superficial, changes to a policy or program, risks reinforcing historic power imbalances between the people being served by Medicaid and the people in charge of administering the program. These interactions can lead to community mistrust or a sense that members are being involved in a purely perfunctory and unfair manner, which can undermine the success of the CAB.

Source: State Health Value Strategies. "Transformational Community Engagement to Advance Health Equity." Available at: https://www.shvs.org/wp-content/uploads/2023/03/SHVS_Transformational-Community-Engagement-to-Advance-Health-Equity.pdf.

To inform this report, the Center for Health Care Strategies (CHCS) conducted an environmental scan on promising practices for meaningfully engaging with community members through CABs. In addition, CHCS and Equitable Spaces conducted stakeholder interviews with MassHealth and MassHealth entities, Medicaid representatives from six states, and 11 MassHealth members. See Appendix A for more detail on the report methodology and Appendix B for a list of the individuals and organizations whose perspectives are represented in this report.

This report outlines guiding principles or "north stars" that emerged from this research as foundational values for establishing a CAB. It also details practical recommendations for designing and operating effective CABs. These recommendations include equitable compensation for CAB members, recruitment strategies to ensure CAB membership reflects the diversity of MassHealth membership (i.e., diversity in race and ethnicity, disability and health status, age, geography, and language), approaches to sustainability, and strategies to measure CAB success and impact.

IMPLEMENTATION OF COMMUNITY ADVISORY BOARD–LIKE STRUCTURES WITHIN MASSHEALTH

MassHealth's current member engagement approach is outlined comprehensively in *Strategies for Meaningfully Engaging MassHealth Members to Inform Program and Policy Decisions.* Below, we describe in detail the CAB-like structures that currently operate within MassHealth.

PATIENT AND FAMILY ADVISORY COUNCIL REQUIREMENTS FOR MASSHEALTH ACCOUNTABLE CARE ORGANIZATIONS AND OTHER MASSHEALTH MANAGED CARE ORGANIZATIONS

MassHealth ACOs are contractually required to establish a Patient and Family Advisory Council (PFAC) to systematically integrate member input into ACO decision making. MassHealth has similar requirements for MCOs serving MassHealth members, plans participating in Senior Care Options (SCO) (a managed care option for seniors who are enrolled in MassHealth), and One Care plans (a managed care option for certain MassHealth members who are also enrolled in Medicare and are living with disabilities).

PFACs are a specific type of CAB that bring together patients and/or their family members who receive care from a specific organization, such as a hospital, as well as staff, clinicians, and administrators from that organization (see callout box for more on the history of PFACs in Massachusetts).[5] PFACs offer a forum for staff to gain insights from patients and their families regarding specific health care programming and policies, while providing patients and family members the opportunity to offer suggestions for improvements to enhance the delivery of patient-centered, high-quality care.[6]

In the newest iteration of ACO contracts (effective in 2023), MassHealth spelled out explicit responsibilities of the ACO PFAC, including:

1. Providing consistent and ongoing feedback to the ACO governing board on topics related to care and service;
2. Identifying and advocating for preventive care practices;
3. Involving members in the development of cultural and linguistically appropriate policies and procedures;
4. Providing feedback, particularly around cultural appropriateness and member-centeredness, on services, programs, and trainings; and
5. Contextualizing member experience survey results.[7]

MASSACHUSETTS PFAC HISTORY

In 2008, Massachusetts passed a law mandating that all hospitals establish a PFAC as part of hospital licensing regulations, making it the only state in the country to do so.[24] The law requires hospitals to implement PFAC governance policies, including membership guidelines, and complete an annual reporting process describing accomplishments.[25] Health Care For All, a consumer health advocacy organization in Massachusetts, provides technical assistance to help hospitals implement PFACs, collects community member feedback and data, and creates publicly available annual PFAC reports from Massachusetts hospitals.

Previous iterations of the ACO contract did not lay out as explicit responsibilities for ACO PFACs. Additionally, the 2023 ACO contract stipulates that PFAC membership must be made up exclusively of MassHealth ACO members or their family members and MassHealth strongly advises that ACOs' PFACs represent the diversity of MassHealth membership within their composition.[8] Previously, there had been no requirements on PFAC membership makeup. The 2023 ACO contract also newly stipulates that ACOs must provide translation and interpretation services and other accommodations to facilitate information sharing with PFAC members.[9]

An initial survey of managed and integrated care plans conducted by MassHealth in 2021 and interviews conducted for this report prior to these new requirements revealed that MassHealth ACO PFACs differed greatly in whether and how many MassHealth members they engaged, meeting regularity, and member compensation/incentives, among other factors.

Similar member engagement requirements are in place for MCOs, SCOs, and OneCare plans. MassHealth MCOs are also contractually required to establish a PFAC, with identical goals and responsibilities as outlined for the ACO PFACs.[10] SCOs are required to implement a consumer advisory board to solely focus on issues related to the SCO plan and provide consistent feedback on issues including enrollee care and services.[11] OneCare plans are required to establish a consumer advisory board or include consumers on a preexisting governance board to provide feedback and guidance on issues related to demonstration management and enrollee care.[12]

ONE CARE IMPLEMENTATION COUNCIL

The One Care Implementation Council, which operates at the state level, is a stakeholder advisory body created to provide input on the implementation and ongoing management of One Care.[13] The council, formed in 2013, is required to be composed of at least 51 percent MassHealth members and include a diverse range of individuals with respect to disability status, race, and ethnicity, as well as geographic location.

The council was first established through a Request for Response process, where interested individuals were asked to submit nomination forms and a reference to the Executive Office of Health and Human Services (EOHHS) to apply. Through established selection criteria, EOHHS selected a set of council members to best represent the diverse population served by the plan.[14] A subcommittee of council members drafted a group charter and bylaws that outlined council goals and member responsibilities. Council members can serve in two-year terms, with the option to extend their term. Consumer council members are compensated for their time and provided a travel stipend to support transportation costs for in-person travel. The council currently meets twice a month. In the first meeting of the month, a MassHealth representative or other guest speaker, such as MassHealth staff or a Centers for Medicare and Medicaid Services (CMS) representative, One Care plan representatives, or My Ombudsman presents on a particular topic.[15] In the second meeting, council members debrief on the presentation and share feedback. Staff from the University of Massachusetts Chan Medical School provide technical assistance to council members, including operational support, project management, and support to address accessibility considerations. Consumer council members facilitate the meetings, and council efforts are driven by priority areas jointly defined by MassHealth and council members. These efforts and priorities align with an annual work plan outlining monthly goals. The council also shares an annual report with MassHealth.

THE FORTHCOMING COMMUNITY FEEDBACK FORUM FOR HEALTH AND JUSTICE

In January 2024, MassHealth announced plans to create a stakeholder advisory committee to advise the state on its request to CMS to cover certain MassHealth services in the 90-day period before individuals are released from incarceration.[16] This request was approved in an April 2024 amendment to Massachusetts' 1115 waiver. EOHHS is procuring the advisory council—to be named the Community Feedback Forum for Health and Justice—to provide feedback on key decisions related to covering these services and the initiative's implementation. EOHHS seeks approximately 13 individuals to serve on the Community Feedback Forum. Of those individuals, approximately eight will have lived experience with incarcerations in Massachusetts or will be a family member or guardian of an individual with such lived experience.

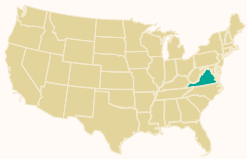
THE FORTHCOMING MASSHEALTH MEMBER ADVISORY COMMITTEE

MassHealth's intention is for the MassHealth Member Advisory Committee (MAC), as introduced on page 1, to provide a forum for members and their guardians or family caregivers to share ideas and perspectives on program and policy decisions. It should also provide a bidirectional learning opportunity for MassHealth staff to better understand member experiences. The MassHealth MAC will be composed of current and previous MassHealth members as well as their family members and/or caregivers and guardians. In February 2024, MassHealth announced it had hired a subcontractor, Collective Insight, to support the launch of the agency-wide MAC and provide technical assistance, particularly around member participation and engagement.[17] And in August 2024, MassHealth announced that it would be accepting applications for MAC membership until 5pm on September 27, 2024.[18]

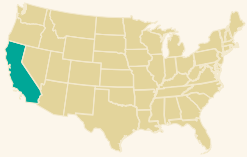
Shortly after MassHealth announced its intention to create the MAC, CMS released proposed rules (which were subsequently finalized in April 2024) that would require all states to create a Beneficiary Advisory Council (BAC), a Medicaid member-only board.[19] Please refer to the previously released report, *Strategies for Meaningfully Engaging MassHealth Members to Inform Program and Policy Decisions,* for additional information about CMS' new requirements. MassHealth's intention is for its MAC to potentially meet CMS' BAC requirements.

EXHIBIT 1. EXAMPLES OF MEDICAID COMMUNITY ADVISORY BOARDS

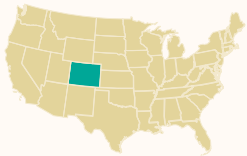
- Virginia Department of Medical Assistance Services (DMAS) Member Advisory Committee (MAC): In Virginia, the MAC serves as an advisory group and provides insights and recommendations to the state's Medicaid director on the administration of programs, applications, renewal processes, medical services, and other topics. The MAC includes Medicaid members or their representatives and is capped at 11 participants. MAC members can serve up to two one-year terms. Members are not compensated for their participation on the MAC; however, DMAS covers member expenses related to travel, meals, accommodations, and other costs associated with participation. MAC members participate in quarterly meetings and special meetings as requested by the Medicaid director. MAC members collectively outline the values and principles of the committee and submit an annual report to the Medicaid director.



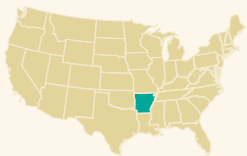
- California Department of Health Care Services (DHCS) Medi-Cal Member Advisory Committee (MMAC): In California, the MMAC offers a dedicated space for members to directly provide input to the Medicaid director and other senior leadership on the development of policies and programs, as well as other priority issues. To convene the first group of MMAC members, DHCS asked for nominations from Medi-Cal advocates and other stakeholder groups. The first group includes 20 members who serve two-year terms. The MMAC typically meets quarterly and is convened mostly virtually, with occasional in-person meetings. While MMAC meetings are not open to the public, DHCS posts meeting summaries online and key findings are reported by DHCS staff at varying stakeholder forums.



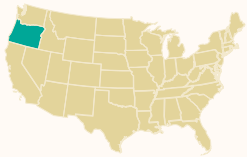
- Colorado Department of Health Care Policy and Financing Member Experience Advisory Council (MEAC): In Colorado, the MEAC is made up of Medicaid members and parents/caregivers of members. Recruitment goals aim to align MEAC composition with state demographics and prioritize communities that have not traditionally engaged in member engagement efforts. Members meet monthly to provide input on Medicaid programs. The department provides compensation for participation and reimburses members for costs related to travel expenses and childcare.



- Arkansas Department of Human Services Medicaid Client Voice Council (MCVC): Arkansas' MCVC is comprised entirely of people with lived experience as Medicaid members and provides input on Medicaid-funded programs in Arkansas. The MCVC launched in 2021 with 16 members. Each member serves a two-year term, and eight members are replaced every year, so that the council has eight new and eight veteran members. Through the application process, the Arkansas Department of Human Services works to ensure that MCVC membership has representation from across the state reflecting the diversity of the Medicaid program. The council meets in-person six times per year and offers a virtual option. Members are compensated for meeting attendance and provided with a mileage stipend. Meetings are held during the day, with lunch provided.



- Community Advisory Councils (CACs) for Oregon Health Authority's (OHA) Coordinated Care Organizations (CCOs): CCOs in Oregon are required by the OHA to convene at least one CAC. OHA's CACs are an example of a delivery-system-led CAB. Medicaid members must make up at least 51 percent of CAC membership. Other stakeholders, including representatives from counties, community representatives, and other professionals can make up the remaining 49 percent of the CAC. OHA requires CACs to meet at least quarterly and for all CCOs to have at least two CAC members on their respective governing board. CAC members are compensated for their time; however, amount and payment method vary across CCOs. CACs are convened with the goals of achieving better health, better quality of care, and lower costs. Members are encouraged to provide feedback and share their experiences around accessing and improving care.



BUILDING A COMMUNITY-CENTERED CAB: GUIDING PRINCIPLES

Through stakeholder interviews with MassHealth, MassHealth ACOs, MassHealth members, and Medicaid representatives across a range of states, six foundational principles surfaced that are essential for ensuring that CABs yield meaningful feedback and input for Medicaid agencies and organizations serving Medicaid members (e.g., ACOs and MCOs). While these are the same high-level principles as the member engagement guiding principles outlined in the previously released report, *Strategies for Meaningfully Engaging MassHealth Members to Inform Program and Policy Decisions*, the text below outlines specific ways these principles should be used when establishing a CAB. Alignment with these core, foundational principles will help ensure that CABs are community-centered and responsive to the needs of both MassHealth members and staff.

EXHIBIT 2. MEMBER ENGAGEMENT GUIDING PRINCIPLES

1. PRIORITIZE TRUST

Trust-building takes time and effort, and must be an intentional and sustained process.

Medicaid members have historically not been included in the decision-making processes around the programs intended to serve them. Further, many Medicaid members come from communities that have been racially, culturally, socially, or economically marginalized and excluded and that have historically been mistreated by the medical system. Building trust with Medicaid members is an essential first step to building a meaningful CAB. Building trust with Medicaid members in the context of a CAB requires recognizing and addressing the systemic barriers and biases that have perpetuated members' historical exclusion, understanding the unique perspectives and needs of these individuals, and creating an inclusive environment where their voices are not only heard but valued and acted upon. This trust-building process is essential to ensure that members feel valued and respected. Doing so will lead to a more productive CAB and more impactful outcomes. Practical considerations for prioritizing trust in the context of CABs are outlined throughout "Recommendations for Building a Robust and Meaningful Medicaid CAB" (below) and in particular in recommendation #6, "Build Trust Through Shared Power."

2. BE TRANSPARENT

Transparency involves stating goals and objectives upfront, and providing regular updates on how member feedback has been applied—or not.

Transparency is the cornerstone of trust-building. It is especially important to communicate transparently with members about information related to CAB goals, how members will be compensated, and what the expectations are for participating members. Members should also be informed about limitations on the Medicaid agency or Medicaid-related entity that may impact their ability to act on member feedback, as well as what outcomes the member engagement has yielded. Key to strengthening transparency and building trust are establishing well-defined roles and responsibilities for the CAB, and committing to prompt follow-up on questions, decisions, and action items that arise in CAB meetings.

> *"Regular updates help to show that community input is having an impact on policies. I want to know that my sacrifice and vulnerability is helping to improve the lives of others."*
>
> — Kelly Russell (a MassHealth member interviewed for this project)

3. PROVIDE EQUITABLE COMPENSATION

Fair compensation recognizes the value that lived experience brings to the process of equitable policy and program design and helps build trust.

Compensating community members for their time ensures that those most impacted by Medicaid programs and policies can participate in CABs. In addition to financial compensation, covering out-of-pocket expenses, such as childcare and transportation, can reduce barriers to participation and create a more inclusive environment. MassHealth and MassHealth entities should consider developing clear compensation guidelines and rates for CAB members, as well as documenting processes and internal guidelines for making payments to community members and clearly communicating the potential impact on member eligibility for other benefits. Specific considerations for equitable compensation guidelines are further detailed under "Recommendations for Building a Robust and Meaningful Medicaid CAB" on page 11.

> *"It's not acceptable to engage people with lived experience in exchange for 'exposure.' Everyone should be paid for their time and expertise."*
>
> — Rebecca Wood (a MassHealth member interviewed for this project)

4. PROMOTE DIVERSITY AND INCLUSION

Proactively recruit individuals from various backgrounds and ensure that any barriers to participation (i.e., language, accessibility, information technology) are understood and addressed.

By involving individuals from various backgrounds (i.e., diversity in race and ethnicity, disability and health status, age, geography, and language) on CABs, staff can gain a more comprehensive understanding of how policies and programs impact different communities, especially those that are often marginalized or underserved. Facilitating CABs with cultural and racial sensitivity is essential to ensuring meaningful participation from the full diversity of members.

> *"We need more people of color and from different backgrounds. We tried to do some recruitment [for our PFAC], but the organizers couldn't agree whether they should do it themselves or hire an outside group. Give us the resources and support. Trust us to do the recruitment! We know how and where to reach our community!"*
>
> — A MassHealth member interviewed for this project

5. USE A TRAUMA-INFORMED APPROACH

A trauma-informed approach can mitigate feelings of powerlessness and exploitation.

Key trauma-informed principles include:[20]

- **Safety:** Prioritizing safety in a CAB means creating an environment where members feel physically and emotionally secure, fostering open communication without fear of judgment, and ensuring that discussions are conducted with sensitivity to members' past experiences.
- **Trustworthiness:** Maintaining transparency, consistency, and reliability in decision-making processes can support fostering a sense of trust among CAB participants.
- **Peer support:** Emphasizing peer support in a CAB can involve recognizing the shared experiences of members and allowing time and space at CAB meetings for participants to exchange insights and advice with one another (not just to the entity convening the CAB). For example, staff facilitating the CAB can intentionally devote time on CAB meeting agendas for icebreakers or finding other opportunities for participants to connect more informally. This promotes a collaborative atmosphere where individuals can draw strength from one another's experiences with the Medicaid system.
- **Collaboration and mutuality:** By fostering a culture where diverse perspectives are not only welcomed but actively sought, staff facilitating the CAB can support the idea that all members, regardless of background or experiences, have valuable contributions to make. This creates a richer and more inclusive CAB.
- **Power sharing and choice:** Distributing decision-making authority among CAB members and ensuring that everyone has an equal opportunity to influence the group's direction, can support empowering individuals who may often feel marginalized in health care decision-making processes. Additionally, promoting power sharing and choice entails providing adequate information around important decisions, while allowing for the bulk of meetings to be centered on member input and feedback.
- **An understanding of cultural, historical, and gender issues:** Recognizing and understanding cultural, historical, and gender issues within the CAB is essential for creating an inclusive space that respects the diversity of its members. Acknowledging the past traumas of CAB members demonstrates an openness to healing and building trusting relationships.

Adopting a trauma-informed approach requires ongoing attention and care. Being adaptable and flexible, having a learner's mindset, and displaying humility are extremely important considerations for those staffing CABs.

6. DEVOTE SUFFICIENT RESOURCES TO MEMBER ENGAGEMENT

Allocate sufficient resources to member engagement to support staff and member capacity building, compensation, and addressing participation barriers.

Implementing a strong CAB requires distinct strategies from implementing a traditional stakeholder advisory body (such as ones that are comprised of consultants, providers, government officials, and advocacy groups). These include: (1) ensuring the staff person leading the CAB has sufficient time to work with CAB members to build trust, to provide the information and resources necessary to fully participate in meetings, and to follow-up on next-steps after meetings; (2) ensuring sufficient financial resources are available to compensate community members; and (3) providing necessary accommodations so that all interested members are able to fully participate (i.e., translation and interpretation, technology).

RECOMMENDATIONS FOR BUILDING A ROBUST AND MEANINGFUL MEDICAID CAB

The recommendations below can support MassHealth in building a robust CAB such as the planned MassHealth Member Advisory Committee (MAC). The recommendations can also provide guidance to MassHealth ACOs and other managed care entities on strengthening their existing Patient and Family Advisory Councils (PFACs), and can help other MassHealth-related entities design and convene a CAB. Implementation of these recommendations should be grounded in the six guiding principles listed above.

> *"[At our PFAC meeting], we talked about some things that we were trying to get involved with, but we didn't actually do anything—just gave input and feedback. We talked for a while about recruitment and holding listening sessions but never did it. That's frustrating!"*
>
> — A MassHealth member interviewed for this project

1. ESTABLISH COMPOSITION GOALS, INFORMED BY THE GOALS OF THE CAB

Establishing composition goals for a CAB is crucial to ensure effective recruitment of diverse members. Staff should consider key questions, such as:

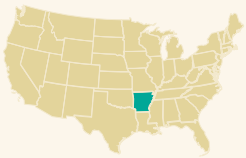
- ***Do we need members from all or specific programs to meet the goals of the CAB?***
  Based on the goals of the CAB, staff should consider if MassHealth or the MassHealth entity is seeking feedback and input on a specific program, service, or policy, or just feedback on the Medicaid program more broadly. Recruitment efforts can then be targeted to meet representation from specific or all programs, depending on the CAB's goals and area of focus (e.g., specific populations). Staff in Arkansas, for example, review the composition of their Medicaid Client Voice Council after each application cycle to identify communities who are not represented. (See "Recruitment for Arkansas' Medicaid Client Voice Council" on page 9 for more information.)
- ***How big should the CAB be?***
  To ensure space for all CAB member voices, CAB membership should be capped at 20. Larger groups can be challenging to

> *"With only 6 to 8 members, 3 of whom are consistently active, it's hard to be representative of the full diversity of membership."*
>
> — G. Shaneyfelt (a MassHealth member interviewed for this project)

convene, facilitate, and gather meaningful input, potentially compromising the efficacy of the CAB.[21] For more targeted conversations, subcommittees can be convened.

- ***Are there specific groups that should be prioritized as a part of recruitment efforts to ensure a diverse and reflective CAB?*** Staff should focus recruitment efforts to include historically marginalized or underserved groups and communities. Staff can also conduct research to understand if the current composition reflects the community served by MassHealth or the MassHealth entity and ask existing members from the community who they think are missing and should be in attendance. This approach ensures that the CAB is comprised of members who can provide diverse perspectives on the issues faced by various communities. Thereby, it can lead to more inclusive and equitable policy recommendations and program improvements.

EXAMPLE FROM THE FIELD: Recruitment for Arkansas' Medicaid Client Voice Council



Arkansas' Medicaid Client Voice Council (MCVC) strives to include members from across the state and all its Medicaid-administered programs. MCVC's outreach efforts are tailored to capture diversity across programs, geography, ability, race/ethnicity, age, and gender. Staff reviews MCVC's composition after each application cycle. They use this information to prioritize outreach in the next cycle, to target communities that may not be represented. Staff from Arkansas' Department of Human Services support outreach through social media platforms such as Facebook and Instagram, paper fliers in all county offices, recommendations for potential members from county administrators, and direct outreach to identified prospects. Additionally, the MCVC application is always open, allowing for a consistent pool of potential members. Staff disseminates a bimonthly MCVC newsletter to the pool of Medicaid members who have applied to participate in the MCVC (even if they aren't yet serving) to keep them involved and retain their interest in participating.

2. TARGET MEMBER RECRUITMENT

Targeted recruitment of members for a CAB is essential to ensure a diverse and representative group who can effectively contribute to the CAB's goals and objectives. To begin the recruitment process, staff should identify existing community spaces where potential members already convene. These may include community-based organizations (CBOs), faith-based organizations, cultural groups and centers, advocacy groups, libraries, and other community gathering places. Establishing new connections and leveraging existing partnerships with these organizations allows for targeted outreach to individuals who are already engaged in community activities and are likely to be interested in participating in the CAB. (See "MassHealth PFAC Recruitment Strategies" below for more information.)

> *"Even getting a splash of the right information out there can help to get people interested, motivated, comfortable, and not scared to engage."*
>
> — Sharon Chase (a MassHealth member interviewed for this project)

Using a variety of outreach methods is crucial for reaching a broader audience. Setting up information tables at clinics and community events provides face-to-face engagement opportunities to share information about the CAB and answer questions directly. Posting recruitment messages on bulletin boards, using social media platforms, sending newsletters, and using radio and direct mailers support a more comprehensive strategy that may also ensure outreach to a broader population of members. Arkansas, for example, leverages social media platforms such as Facebook and Instagram to post information on recruitment for its CAB, and has received over 100 applications through these channels as a result.

Communicating the objectives of the CAB in clear, succinct, and culturally appropriate language is vital to attracting and connecting with potential members. Clearly stating the purpose, goals, and potential impact of the CAB helps individuals understand how their input can have meaningful impacts and contribute to positive changes in programs and policies administered by MassHealth or MassHealth entities.

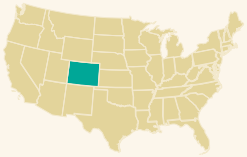
EXAMPLE FROM THE FIELD: MassHealth PFAC Recruitment Strategies

My Care Family, a MassHealth ACO, leverages "physician champions" for PFAC recruitment. Staff who support PFAC operations conduct outreach to physicians about the PFAC and request recommendations for potential PFAC members. As physician champions, the providers share information about the PFAC with patients who they think may be interested in participating. If a patient notes interest, the physician shares the individual's contact information with My Care Family staff. This facilitated connection allows staff to conduct direct outreach to the individual and share more detailed information about the PFAC.

Creating a straightforward and accessible application and selection process eliminates any potential barriers to participation. For example, requiring a statement of interest, resume, or other supplemental materials can often be a barrier to applying. The application form should be easy to understand and include a limited set of questions. This approach ensures that interested individuals can apply without difficulty and increases the likelihood of a diverse pool of applicants. The selection process, which could include an external selection committee, should be transparent, and applicants should be fully informed of what to expect and how membership decisions are made.

Establishing trusted relationships with community partners, such as CBOs, can be very helpful in the recruitment process, since these organizations can identify and engage community members who might not otherwise be reached through traditional outreach methods. Colorado's Medicaid program, Health First Colorado, offers a strong example of how to approach building relationships with CBOs that already have trusted relationships with marginalized communities—see "Colorado's CBO Ambassador Program" below for more information.

EXAMPLE FROM THE FIELD: Colorado's CBO Ambassador Program



Health First Colorado, Colorado's Medicaid program, has a CBO ambassador program that has helped Health First Colorado to build relationships with CBOs that already have trusted relationships with marginalized communities. Colorado's Department of Health Care Policy and Financing provides local CBOs with funding and logistical support to identify community ambassadors and implement the program. Ambassadors work with Medicaid-enrolled and Medicaid-eligible people within their community to share information about Health First Colorado and to directly connect with underserved communities to better understand their needs. Through statewide language access data, Colorado's Department of Health Care Policy and Financing identified Spanish- and Vietnamese-speaking communities as priorities for the ambassador program.

Source: Health First Colorado. "Community-Based Organization (CBO) Ambassador Program." Available at: https://www.healthfirstcolorado.com/cbo-ambassador-program/#:~:text=The%20overall%20goal%20of%20the,Coloradans%20about%20Health%20First%20Colorado.

3. CREATE A ROBUST CHARTER

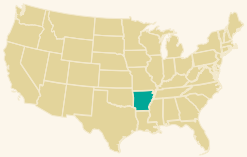
A CAB charter is an important document that outlines the goals, objectives, and governing rules of the advisory body. A charter helps formalize roles, details meeting logistics, and helps establish accountability, transparency, and expectations within the group. It can also outline shared responsibilities for MassHealth and MassHealth entities and members alike (see "Arkansas' Medicaid Client Voice Council Charter" below for more information). A charter should be co-developed with CAB members and include (but not be limited to) the following elements:

1. Description and purpose of the CAB;
2. Rules of engagement for CAB meetings;
3. Compensation structure;
4. Governance parameters (i.e., roles and responsibilities for facilitators, co/chairperson(s), presenters);
5. Transparency requirements (i.e., publishing committee member lists, meeting schedules, meeting minutes, key decisions);
6. Membership requirements (i.e., enrollment in one or more MassHealth programs, attendance, term limits, recruitment goals, and group composition);
7. Meeting logistics (i.e., meeting cadence, duration);
8. Processes for establishing subcommittees focused on specific goals or campaigns (these can help divide the work and engage members who might have particular expertise or interest areas);

"Transparency is key to helping us understand a group's focus and goals. What is that one thing we're trying to do and how do we hand out tasks based on individual skills?"

— Tamesha Bowens (a MassHealth member interviewed for this project)

EXAMPLE FROM THE FIELD: Arkansas' Medicaid Client Voice Council Charter



Arkansas' Medicaid Client Voice Council (MCVC) exemplifies transparency with its charter that clearly delineates strategic goals, governance structure, compensation and reimbursement guidelines, and meeting logistics. As a part of the charter, MCVC members also created rules of engagement outlining member commitments to each other and guests when engaging in council meetings. The charter also recognizes that changes may be needed over time and outlines a process for members to propose and vote on amendments.

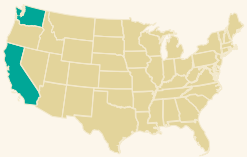
9. Accommodations (i.e., technological support, translation/interpretation, Americans with Disabilities Act (ADA) accessibility);
10. Charter amendment process; and
11. Acknowledgement of past and ongoing harm and designs for a clear path forward to healing, restoration, and mutually beneficial group dynamics.

4. ESTABLISH EQUITABLE COMPENSATION GUIDELINES FOR CAB MEMBERS

By committing to equitable compensation and providing clear guidelines, MassHealth and MassHealth entities can foster more inclusive and diverse CABs, since compensation may help reduce barriers for participation among marginalized communities. It also clearly communicates how valued member input is. Ultimately, fair compensation will lead to more robust and impactful community engagement.

Determining appropriate compensation rates and payment methods for CAB members is an essential equity consideration. When determining rates, staff should consider compensation rates that CAB members may receive for participating in similar boards and advisory groups within the state, or that align with rates paid to consultants for similar work. See "Compensating CAB Members in California and Washington" to the right for examples of compensation standards in other states.

EXAMPLES FROM THE FIELD:
Compensating CAB Members in California and Washington



The California Department of Health Care Services compensates Medi-Cal Member Advisory Committee (MMAC) members with $200 per two-hour meeting (this includes any work they are asked to complete before or after the meeting). Members are given the option to note their preference of payment via check or gift card.[26]

Washington State's Office of Equity has developed statewide community member compensation guidelines for members participating in boards, commissions, task forces, committees, and workgroups to ensure members are adequately and equitably compensated for their time.[27]

Flexibility around payment type (e.g., cash, checks, direct payments, gift cards) and making the ability to receive payment as easy as possible is important, as not all members have access to bank accounts or other methods of receiving payment. Defining a clear timeframe for payment, such as after each meeting or monthly, ensures predictability and helps members plan accordingly. To minimize administrative burden, staff can establish a streamlined and automated process, such as electronic signatures for required forms like W-9s. However, staff should also provide clear guidance on the implications of compensation on public benefits eligibility, particularly for payments exceeding $600 per calendar year, which will require the organization to issue an IRS 1099 form.

Public-facing materials that clearly outline compensation requirements and processes can also be developed for CAB members. These materials should be easily digestible and readily available to help members understand the compensation structure and expectations around payment.

5. PLAN MEETING LOGISTICS AROUND COMMUNITY MEMBER ACCESSIBILITY

Identifying member preferences and providing accommodations are key considerations for ensuring meaningful participation. This can include adjusting meeting time, length, format (in-person vs. virtual) and frequency. Conducting surveys or one-on-one conversations with CAB members can help inform logistics and ensure that meeting schedules and locations are convenient for most participants.

CABs should meet as often as required to accomplish the goals set by staff and CAB members. Flexibility in meeting frequency allows the CAB to respond to emerging issues and make timely decisions. Establishing subcommittees focused on specific goals or campaigns can help divide the work and engage members who might have particular expertise or interest areas.

> *"We meet quarterly, which seems PFAC-specific. Most every other group I'm involved in meets monthly or bimonthly. Because we don't meet often, there's a big gap in between."*
>
> — G. Shaneyfelt (a MassHealth member interviewed for this project)

It is important to balance in-person and virtual meetings to accommodate member needs. With virtual platforms becoming increasingly available and user friendly, staff can more easily structure CAB meetings to meet member preferences and capabilities. Offering hybrid meeting spaces, where feasible, allows members to choose between attending in-person or virtually, enabling greater participation. For tips for engaging most productively with MassHealth members in meeting platforms, see the callout box "Strategies for In-Person and Virtual Activities" below.

> *"Meeting in person is important. You can see people, connect with others, feel their vibe. Zoom is nice, but it's missing an element of being in people's presence. Also, a hybrid option is necessary for those who cannot physically attend meetings."*
>
> — A MassHealth member interviewed for this project

Providing practical meeting supports is crucial to removing barriers to member participation. MassHealth and MassHealth entities can consider providing services such as childcare, transportation assistance, meals, and technology assistance (i.e., hardware, software, and Wi-Fi) to help address potential obstacles that might hinder members' ability to attend and actively participate in CAB meetings. Additionally, ensuring meeting materials are accessible and downloadable in a variety of open-access formats, such as housing materials within a shared Google Drive folder or sharing materials in a PDF format so that they can be viewed on any operating system, accommodates different needs and promotes inclusivity.

STRATEGIES FOR IN-PERSON AND VIRTUAL ACTIVITIES

The following offers important approaches for engaging with members both in-person and on virtual meeting platforms.

- **Meet participants' basic needs** (e.g., water, food, childcare, transportation, restrooms) while engaging their expertise.
- **Schedule meetings at convenient times**, polling members to determine the days and times (e.g., evening and weekend options) that work best for them.
- **Meet members in the community** at CBOs, local health clinics, or other community-centric locations to create safe, accessible, and welcoming spaces.
- **Address power dynamics**, in part, by avoiding formal titles, co-developing meeting materials and icebreakers, providing level-setting, sharing key terms and definitions, outlining meeting goals and objectives, allowing time and space for community building and resource sharing, facilitating open-ended discussion questions, and providing equal speaking time for participants.
- **Provide simultaneous interpretation services** for individuals whose native language is not English.
- **Provide multilingual information** on meeting logistics and in follow-up materials.

ADDITIONAL CONSIDERATIONS FOR VIRTUAL MEETINGS

- Provide Wi-Fi access, laptops, or other tools for participation.
- Conduct one-on-one introductory meetings to help build relationships in the virtual setting.
- Incorporate uplifting, culturally appropriate music to set the tone as participants enter the space.
- Open the virtual meeting room early for those who require additional support to ensure all participants are familiar with the hosting platform and functions (e.g., raise hand function, interpretation access).
- Use presentation tools, such as the share screen or chat functions, to display discussion questions and live polling activities to engage participants interactively.
- Use the chat function to encourage and document additional insights and ideas from all participants.

6. BUILD TRUST THROUGH SHARED POWER

One of the most important strategies when trust-building is creating a safe, comfortable, and accessible space for members. One approach staff can consider is meeting at a local CBO or other centrally located community hub that provides neutral ground and is easily accessible to all CAB members.

Language also plays a significant role in creating this safe environment. Many community members consider terms like "consumer" to be stigmatizing because the term infers access to adequate information and an empowered choice. Instead, staff can consider terms like "person with lived experience" or "community member." Staff can also engage in dialogue with members around how they would prefer to be addressed. This demonstrates staff's commitment to respecting individual identities and helps create a welcoming atmosphere.

Fostering member ownership over the CAB—for example, having members direct meeting topics and areas of focus—is critical to trust-building between staff and CAB members. Agenda co-creation, where members contribute to shaping meeting topics, demonstrates that their priorities and perspectives are valued. Co-facilitating meetings with both staff and members enhances inclusivity and equal participation and supports the professional development of community participants. This approach also helps create a space where power dynamics are acknowledged and can be openly addressed.

> *"There is a different theme for each meeting, set and organized by the facilitators, with boards, etc. The agenda is more run by the boards themselves."*
>
> — G. Shaneyfelt (a MassHealth member interviewed for this project)

Additional strategies to support fostering a trusting environment may include:

- Emphasizing co-creation and open dialogue around subjects identified as community priorities to help mitigate imbalances.
- Treating all stakeholders with dignity and respect to establish a respectful atmosphere and ensure all participants have the opportunity for equal speaking time.
- Acknowledging and attributing members' contributions to reinforce their value.
- Avoiding formal titles and using preferred names during meetings. This helps avoid reinforcing perceived power imbalances and shows a willingness to connect on a personal level.
- Regularly assessing the composition of the group and conducting outreach as necessary to ensure that all voices are included and represented.

7. SUPPORT ENGAGED MEMBER PARTICIPATION

Supporting robust and sustained member participation within a CAB requires strategies to foster engagement, information sharing, and meaningful contribution. Unstructured time within meetings for informal connections can promote relationship-building and knowledge exchange. This can contribute to a sense of community among CAB members, facilitating more open discussions and idea-sharing.

CAB member onboarding plays a pivotal role in establishing shared understanding and language among members and staff. Providing training or orientation sessions on topics relevant to the CAB's focus, such as MassHealth and ACOs, equips members to actively participate and offer informed feedback.

Preparing and supporting CAB members throughout the meeting process is equally crucial. Staff should distribute meeting materials and reminders beforehand and create a space for members to seek clarification to support them in preparing effectively. Staff should also make sure to offer definitions of key terms before the meeting begins, so all members can engage equally in the discussion. Supporting members after the meeting is equally important; staff can follow up one-on-one with CAB members to answer any questions that came up during the meeting and to reinforce next steps. For example, staff who support the Steward ACO PFAC meet with each member for a one-hour prep session prior to the PFAC meeting and schedule one-on-one follow ups with members as needed.

> *"I like to prepare for meetings by reviewing materials, like the agenda and slides, ahead of time. I consider this a part-time job and like to know the goals and structure of the meeting and what each acronym means."*
>
> — Sharon Chase (a MassHealth member interviewed for this project)

By offering translation and interpretation services, staff can ensure that all participants are able to fully engage in discussions and decision-making processes. Translation primarily deals with written content, while interpretation focuses on spoken communication, enabling real-time dialogue between individuals who speak different languages. Both translation and interpretation are required to bridge linguistic gaps, facilitate cross-cultural understanding, and ensure effective communication. Language barriers should not prevent members from contributing their valuable insights.

Staff can also consider strategies to help build the capacity of community members on their CABs. They can provide coaching and training about meeting facilitation, for example, to support meeting co-facilitation. They can also leverage institutional knowledge and professional development tools available to their own staff, making these resources available to CAB members to support their own capacity-building.

Adequate staffing and capacity-building resources within organizations are essential to effectively support engaged member participation since this work can be resource and time-intensive. It is important for organizations to identify key staff members with the capacity to support CABs and build relationships with its members. For example, C3, a MassHealth ACO, identifies key staff members, including the chief people officer, to support PFAC-related activities as a part of their regular work responsibilities.

8. ENSURE SUSTAINABILITY

Ensuring CAB sustainability requires leadership commitment, funding for community compensation and staff training, and the intent to build and maintain strong, trusting relationships with community members. CABs should aim for consistent, ongoing communication with their members, as members who feel connected to their health care providers and Medicaid programs are more likely to stay engaged with the CAB.

> *"We need to see the impact we're having. We need to see what's happening and what is changing on projects based on our input."*
>
> — G. Shaneyfelt (a MassHealth member interviewed for this project)

Medicaid members often churn on and off of coverage. These enrollment status and eligibility changes can not only disrupt continuity of care, they can also present a barrier to long-term sustainability of member engagement. To address this challenge when engaging with MassHealth members, staff can consider opening CAB membership to both current and former MassHealth members.

To maintain a robust and diverse membership in CABs over time, MassHealth and MassHealth entities should consider implementing ongoing recruitment cycles for CABs. By continuously seeking new applicants and building a pool of potential members, the CAB can smoothly transition when current members leave the group and ensure a steady influx of fresh perspectives.

Finally, members are more likely to sustain their engagement with MassHealth if they can see tangible outcomes resulting from their input and understand how their feedback is being operationalized to drive positive changes in MassHealth policies and programs. The next section offers concrete suggestions for how to track and report on these impacts.

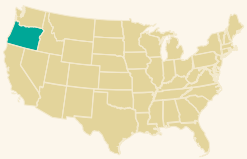
Relatedly, staff should publicly acknowledge the community members who participate on CABs on their website and in other public-facing communications, and explicitly call out CAB contributions in announcements about new policies, programs, or initiatives. This supports community members in continuing to build their portfolio of accomplishments, which has the potential to open doors to economic opportunities that may have been closed to them in the past.

9. MEASURE SUCCESS AND IMPACT

Measuring the success and impact of a CAB can support MassHealth and MassHealth entities in assessing effectiveness in achieving their goals and driving positive change. It can also support sustained member engagement. A fundamental step in this process is recording and tracking the resolution of issues and/or implementation of new policy and programmatic ideas raised by members at CAB meetings. This approach ensures that issues and ideas are not forgotten and underscores the CAB organizer's dedication to member needs and concerns. For example, staff supporting Virginia's Member Advisory Committee

log all issues or ideas raised by members and either resolve or provide a status update in subsequent meetings. Meeting minutes are posted on the Department of Medical Assistance Services webpage detailing how issues are addressed.[22] The Central Oregon Community Advisory Committee uses a similar approach (see "Central Oregon Community Advisory Council: Documenting Success" to the right).

EXAMPLE FROM THE FIELD:
Central Oregon Community Advisory Council: Documenting Success



The Central Oregon Community Advisory Council releases an annual successes document to outline their achievements. This practice showcases the tangible impact of the CAB's work for the wider community and stakeholders. By effectively communicating outcomes and successes, the CAB can reinforce its value and maintain the support of both members and leadership, ensuring continued relevance and longevity.

CABs can also measure success by co-developing evaluation and satisfaction surveys with CAB members to allow them to provide feedback on the CAB and identify areas for improvement. Documenting both successes and areas for improvement is essential for evaluating the effectiveness of CAB processes. By identifying which aspects of the CAB are working well and which require refinement, the board can continuously evolve and enhance its impact. This assessment helps steer growth and informs strategies to refine practices and optimize outcomes.

Regularly sharing updates and the impact of the CAB's work with community members and MassHealth leadership is equally essential, since celebrating successes builds a positive environment and motivates members to continue active engagement.

CONCLUSION

It is increasingly clear that involving the individuals directly impacted by health care in policy and program decision making is not just beneficial but essential to improving health care access, quality, and equity.[23] MassHealth is developing a robust member engagement strategy in which CABs play an important and growing role. CABs provide a unique platform for MassHealth members with lived experience to lend their voices to discussions surrounding health care access, quality, and equity. They also offer a distinct opportunity to bridge the gap between policy makers, MassHealth staff, and the members directly affected by their decisions. When implemented effectively, CABs foster a collaborative environment where diverse perspectives are heard, valued, and integrated into the decision-making process. As this report outlines, implementing CABs requires building trust with community members, which requires time and resources, thoughtful planning, and a long-term commitment.

> *"It's important to understand that MassHealth is a part of our lives every single day. This is not about inviting people to relive their trauma. This is about investing in a healing process."*
>
> — Tamesha Bowens (a MassHealth member interviewed for this project)

The payoff from these investments extends beyond improved programs and policies that are more responsive to the needs of the members they serve. CABs contribute to accountability and transparency, enabling health care and government agencies to better understand the real-world impact of their decisions and adapt strategies accordingly. In this way, CABs not only support individuals taking an active role in their health care, but also have the potential to help forge a stronger bond between communities, health care institutions, and government. They can also serve as catalysts for social change by creating spaces where community members can share their stories, advocate for their needs, and contribute to transformative initiatives to reach health equity. By fostering meaningful partnerships and new levels of collaboration, CABs can play an essential role in supporting more equitable and patient-centered health care and driving positive outcomes for all.

APPENDIX A: METHODOLOGY

To better understand current state efforts to engage members, the Center for Health Care Strategies conducted interviews with MassHealth staff responsible for overseeing member engagement activities, representatives from MassHealth entities including My Ombudsman and the One Care Implementation Council, representatives from MassHealth Accountable Care Organizations (ACOs) (including My Care Family, Community Care Cooperative, and Steward Health Choice) to learn about their approaches and promising practices for convening patient and family advisory councils (PFACs), and advocates from Health Care For All.

To better understand various state approaches to partnering with Medicaid members to design, implement, and evaluate Medicaid program and policy decisions, CHCS also conducted interviews with representatives from the Arkansas Department of Human Services, the California Department of Health Care Services, the Colorado Department of Health Care Policy and Financing, the Oregon Health Authority, and the Washington State Department of Social and Health Services.

Additionally, Equitable Spaces conducted a series of virtual meetings with 11 MassHealth members to seek their input on ways to build and implement meaningful CABs and to improve MassHealth's current approaches to member engagement. Equitable Spaces conducted two series of meetings: one series with MassHealth members and another exclusively with members actively participating in their ACO's PFAC.

APPENDIX B: INTERVIEWEES

- **Theresa Alphonse**
  Director of Health Equity, Steward Health Choice
- **Cristen Bates**
  Director, Office of Medicaid and CHP+ Behavioral Health Initiatives and Coverage, Colorado Department of Health Care Policy & Financing
- **Tamesha Bowens**
  MassHealth Member, Community Engagement Strategy Planning Consultant
- **Sharon Chase**
  MassHealth Member, Community Engagement Strategy Planning Consultant
- **Thomas Cogswell**
  Project Coordinator, Transformation Center, Oregon Health Authority
- **Sarah Davis**
  Deputy Client Officer, Colorado Department of Health Care Policy & Financing
- **Leslie Diaz**
  Director, My Ombudsman
- **Malinda Ellwood**
  Senior Manager, Member Engagement, MassHealth
- **Adela Flores-Brennan**
  Medicaid Director, Colorado Department of Health Care Policy & Financing
- **Hannah Frigand**
  Director, HelpLine & Public Programs, Health Care For All
- **Dennis Heaphy**
  Massachusetts Disability Policy Consortium; Chair, One Care Implementation Council
- **Philly Laptiste**
  Chief People Officer, Community Care Cooperative
- **Joseph Mando**
  Director of Health Equity, Community Care Cooperative
- **Henri McGill**
  Program Manager, One Care
- **Roseanne Mitrano**
  Senior Director, Member Experience and Engagement, MassHealth
- **Jason Pederson**
  Deputy Chief of Community Engagement, Arkansas Department of Human Services
- **Rafael P.**
  MassHealth Member, Community Engagement Strategy Planning Consultant
- **Viveka Prakash-Zawisza**
  Senior Medical Director, MassHealth
- **Kelly Russell**
  MassHealth Member, Community Engagement Strategy Planning Consultant
- **Monica Sawhney**
  Chief of Provider & Member Programs, MassHealth
- **Christina Severin**
  President and CEO, Community Care Cooperative
- **G. Shaneyfelt**
  MassHealth Member, Community Engagement Strategy Planning Consultant
- **Alex Sheff**
  Director of Policy and Government Affairs, Health Care For All
- **Lindsay Morgan Tracy**
  Innovator in Chief, Washington Department of Social and Health Services
- **Briana Vargas**
  MassHealth Member, Community Engagement Strategy Planning Consultant
- **Ellie Vargas**
  MassHealth Member and Community Engagement Strategy Planning Consultant
- **Evelin Viera**
  ACO Manager of Care Management, My Care Family (formerly)
- **Rebecca Wood**
  MassHealth Member, Community Engagement Strategy Planning Consultant
- **Three MassHealth members**
  Community Engagement Strategy Planning Consultants, who chose to remain anonymous.

ENDNOTES

1 J. M. Zhu, R. Rowland, R. Gunn, S. Gollust, and D. T. Grande. "Engaging Consumers in Medicaid Program Design: Strategies from the States." *Milbank Quarterly,* 99 (1). March 2021. Available at: https://doi.org/10.1111/1468-0009.12492.

2 National Academy of Medicine. "Assessing Meaningful Community Engagement: A Conceptual Model to Advance Health Equity Through Transformed Systems for Health." Available at: https://nam.edu/assessing-meaningful-community-engagement-a-conceptual-model-to-advance-health-equity-through-transformed-systems-for-health/.

3 Office of the Assistant Secretary for Planning and Evaluation. "What Does it Look like to Equitably Engage People with Lived Experience?" U.S. Department of Health and Human Services. Available at: https://aspe.hhs.gov/reports/equitably-engage-people-lived-experience.

4 D. Arnos, E. Kroll, E. Jaromin, H. Daly, and E. Falkenburger. *Tools and Resources for Project Based Community Advisory Boards.* The Urban Institute. October 2021. Available at: https://www.urban.org/sites/default/files/publication/104938/tools-and-resources-for-project-based-community-advisory-boards_0.pdf.

5 American Hospital Association. "Patient and Family Advisory Councils: Resources for the Field." Available at: https://www.aha.org/patient-and-family-advisory-councils-podcasts-and-blueprint.

6 Institute for Patient and Family Centered Care. "Effective Patient and Family Advisory Councils." Available at: https://www.ipfcc.org/bestpractices/sustainable-partnerships/engaging/effective-pfacs.html.

7 EOHHS. Bid Solicitation: BD-22-1039-EHS01-ASHWA-71410, Accountable Care Organizations Request for Responses. February 16, 2022. Available at: https://www.commbuys.com/bso/external/bidDetail.sdo?docId=BD-22-1039-EHS01-ASHWA-71410&external=true&parentUrl=closehttps://www.commbuys.com/bso/external/bidDetail.sdo?docId=BD-22-1039-EHS01-ASHWA-71410&external=true&parentUrl=close.

8 Ibid.

9 The Massachusetts Health Policy Commission (HPC) also established licensing standards for Massachusetts ACOs, which apply to any ACO in the state (not only ACOs serving MassHealth members). In 2022, the HPC updated its ACO certification standards, ACO Learning, Equity, and Patient-Centeredness 2022–2023. These updated certification standards require ACOs to "collect and use information from patients to deliver and improve patient-centered care." ACOs can satisfy this requirement through a variety of methods: consistent monitoring of patient experiences through focus groups or surveys; data collection on patients' culture, language, literacy level, and other care-related preferences; or the implementation of an ACO-specific PFAC.

10 Commonwealth of Massachusetts. Fifth Amended and Restated MassHealth Managed Care Organization Contract by and Between the Executive Office of Health and Human Services and Boston Medical Center Health Plan, Inc. March 2023. Available at: https://www.mass.gov/doc/5th-amended-and-restated-mco-contract-bmchp-ar5/download.

11 MassHealth. Model Contract for Senior Care Options Plans. Available at: https://www.mass.gov/doc/2023-sco-model-contract-0/download.

12 Commonwealth of Massachusetts. Contract Between United States Department of Health and Human Services Centers for Medicare and Medicaid Services in Partnership with The Commonwealth of Massachusetts and Commonwealth Care Alliance, Inc. January 1, 2022. Available at: https://www.mass.gov/doc/2022-one-care-three-way-contract-extension-through-2023-cca/download.

13 Community Catalyst. "Center for Community Engagement in Health Innovation." Available at: https://www.healthinnovation.org/resources/publications/body/One-Care-Implementation-Council-Review-June-2018-1.pdf.

14 Ibid.

15 Funded by MassHealth, My Ombudsman is an independent program operated by the Disability Policy Consortium that supports members in addressing conflicts with enrollment or barriers in accessing MassHealth programs and services.

16 EOHHS. Bid Solicitation: BD-24-1039-EHS01-ASHWA-97691, Notice of Opportunity to Participate in MassHealth's Community Feedback Forum for Health & Justice. January 29, 2024. Available at: https://www.commbuys.com/bso/external/bidDetail.sdo?docId=BD-24-1039-EHS01-ASHWA-97691&external=true&parentUrl=close.

17 EOHHS. Bid Solicitation: BD-24-1039-EHS01-ASHWA-89778, Request for Responses to Provide Support on MassHealth Member Engagement Initiatives. September 11, 2023. Available at: https://www.commbuys.com/bso/external/bidDetail.sdo?docId=BD-24-1039-EHS01-ASHWA-89778&external=true&parentUrl=close.

18 MassHealth, "MassHealth Member Advisory Committee (MAC) Notice of Opportunity (NOO.)" Available at: https://www.mass.gov/info-details/masshealth-member-advisory-committee-mac-notice-of-opportunity-noo.

19 Centers for Medicare & Medicaid Services. "Ensuring Access to Medicaid Services (CMS 2442-F)" April 22, 2024. Available at: https://public-inspection.federalregister.gov/2024-08363.pdf.

20 Centers for Disease Control and Prevention. "Infographic: 6 Guiding Principles to a Trauma-Informed Approach." Available at: https://www.cdc.gov/orr/infographics/6_principles_trauma_info.htm.

21 M. Steward, C. Roman, and K. Church. "Designing Medi-Cal Consumer Advisory Committees." California Health Care Foundation. July 2023. Available at: https://www.chcf.org/publication/designing-medi-cal-consumer-advisory-committees-insights-survey-medi-cal-mcps/.

22 Virginia Medicaid. "Member Advisory Committee." Available at: https://www.dmas.virginia.gov/for-members/member-advisory-committee/.

23 A. H. Krist, S. T. Tong, R. A. Aycock, D. R. Longo "Engaging Patients in Decision-Making and Behavior Change to Promote Prevention." In *Studies in Health Technology and Informatics*, Vol. 240: Health Literacy, 284-302. Available at: https://doi.org/10.3233/978-1-61499-790-0-284.

24 B. Lewis. "Success of Patient and Family Advisory Councils: The Importance of Metrics." *Journal of Patient Experience.* 2023. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10103250/#:~:text=Twenty%2Dthree%20percent%20of%20responding,hospitals%20to%20have%20a%20PFAC.

25 Massachusetts Executive Office of Health and Human Services (EOHHS). Circular Letter. July 8, 2009. Available at: https://www.mass.gov/doc/09-07-514-patient-and-family-advisory-councils-782009/download.

26 M. Steward, C. Roman, and K. Church. *Medi-Cal Member Advisory Committee: Design Recommendations for the California Department of Health Care Services.* Center for Health Care Strategies. July 2023. Available at: https://www.chcf.org/wp-content/uploads/2023/06/Medi-CalMemberAdvisoryCommittee.pdf.

27 Office of Equity Washington State. "Community Compensation Guidelines." Available at: https://equity.wa.gov/resources/community-compensation-guidelines.

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