

STATE OF CONNECTICUT MQISSP — PROPOSED COMMUNICATION PLAN DEVELOPMENT PHASE

December 8, 2015

Draft and Subject to Revision

A comprehensive communication plan is a vital component of any system transformation effort. A well-rounded and effective communication plan is one that is highly detailed, takes into account the unique needs of the populations served and includes multiple communication types and styles to ensure information is available to members, participating providers, and other stakeholders. Future iterations will build out implementation specifics and an ongoing communication strategy to employ during active program period. Communications to members must be member-centric and delivered in various geographic locations as well as formats, languages, and literacy levels that meet the needs of the diverse membership. Critical components of the Medicaid Quality Improvement and Shared Savings Program (MQISSP) communication plan include the following:

| Task | Description |
|---|---|
| Develop Communication Targeted to All Stakeholders | <ul style="list-style-type: none"> • Members • Participating service providers, including care coordination staff • Advocacy agencies • Community-based organizations (including peer and family run organizations) |
| Multiple Methods of Communication | <ul style="list-style-type: none"> • Direct mailings • Community information sessions/town hall meetings • Updates to member handbook • Online (website updates, video messaging, use of social media) • Brochures, posters, newsletters |
| Responsible Parties for Communicating with Members | <p>Primary responsibility for program communications:</p> <ul style="list-style-type: none"> • DSS and contractors (e.g. ASOs) • Direct providers and staff (case managers/care coordinators) • Member services representatives <p>Secondary responsibility for program communications:</p> <ul style="list-style-type: none"> • Stakeholder advocacy groups • Community-based organizations (Including peer and family run organizations) |

| Task | Description |
|--|--|
| Recommended Timeframes for Member Communication | <ul style="list-style-type: none"> • Start Date: Minimum of 90 days prior to implementation (program go-live) • End Date: None • Interim dates identify key milestones for communication |
| Special Considerations for Member Communication | <ul style="list-style-type: none"> • Identify mechanisms to reach rural and hard-to-reach members (e.g., those experiencing homelessness or who are transient) • Plans to offer accommodations for members with intellectual and/or developmental disabilities (e.g., those who have visual or hearing impairments and those enrollees who have limited reading proficiency) • Plans to communicate with members with limited English proficiency in both written and verbal methods of communication • Plans to ensure communications are sensitive to diverse cultural needs of members • Plans to ensure consistent and comprehensive messaging regarding MQISSP, the enhanced care coordination services, and how to access them • Mechanism for members to outreach program oversight managers with issues, complaints, or grievances with the program or participating providers |
| Proposed MQISSP Member Communications* | <ul style="list-style-type: none"> • Member MQISSP Introduction (including opt-out mechanism) • Updates to member handbook • Website updates, including MQISSP details and key contacts • Community town hall presentations • MQISSP brochure for providers and community organizations |

* Examples are presented for discussion purposes only; Potential communication solutions will require funding discussions.