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# COLLECTIVE INSIGHT

## *Newsletter*



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VOLUME 2, ISSUE 3

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# Engagement in Action with Beth Bostic

## *Be Authentic, Make Mistakes, Start Now*



Elizabeth (Beth) Bostic wears many hats. For one, she is an Assistant Director for the [Division of Children and Youth with Special Health Needs](#) at the Massachusetts Department of Public Health (DPH).

She is also a Faculty Instructor within the [Leadership Education in Neurodevelopmental Disabilities \(LEND\)](#) program at the Eunice Kennedy Shriver Center at the UMass Chan Medical School.

But most important, Beth is a mother who has experienced the challenges and triumphs that come with caring for a child with special health care needs. Beth knows how powerful this experience is, and she wants to ensure her voice and the voice of others are valued when designing and improving systems of care. We sat down with Beth to hear what she thinks it takes to make engagement work well.

### *How did you get into engagement work?*

Starting in high school, Beth developed a passion for engagement. She was an exchange student in Ecuador for a year, and it forever changed her world view. For the first time, she understood what it was like to be somewhere and not understand the culture or language while having to navigate systems.

One of Beth's first engagement projects was the Opening Doors Project. This was a research project focused on early detection of disabilities as well as recreational activities and college preparedness for children with disabilities.

Beth's primary role was to build trusted relationships with community-based organizations. Beth would speak about being a parent of a child with special healthcare needs. She remembers being surrounded by "fierce warrior mamas" who she felt like she had known forever. According to Beth, "sharing my story, hopes, dreams, and fears—they all identified with, which gave me the credibility that enabled me to recruit families to partner with us on our project."

Most recently, Beth designed and implemented the Caregiver-to-Caregiver Respite Network (C2C) for the Federation for Children with Special Needs. Beth and her colleagues engage multicultural communities to ensure C2C is responsive to the needs of various cultures. Beth also engages families through DPH's Care Coordination, Assistance, Training, Education & Resource Center to help build capacity for enhanced care coordination services that focus on social determinants of health rather than strictly clinical health.

### *What makes engagement work?*

To start, Beth thinks you need to be authentic, and you need to embrace mistakes. Beth often sees colleagues getting nervous about getting engagement wrong. Instead, Beth tells people to approach engagement with "a sense of curiosity and authenticity." She believes that



“people appreciate honesty” and “they can feel the fact that I am here to listen, to learn, and to understand.” Beth also feels that **being authentic requires that we be honest about where power typically sits and where power is often missing.** “Engagement requires us to really think about power imbalances.” According to Beth, “meaningful engagement includes the sharing of some power” and “that can be intimidating to many people.” Beth noted that while shifting the balance of power can take time, acknowledging power inequities is critical first step to being authentic.

### *Why is it so “intimidating”?*

Beth finds that many people approach engagement with a sense of fear—fear that they will lose something as power is negotiated. She encourages us to shift this frame of mind. Instead, Beth pushes us to get excited about what may be gained in the process. “Rather than busying ourselves with fear and defensiveness, let’s embrace the possibility of benefits all around.”

### *When is the right time to engage?*

According to Beth, you should never wait. Engagement should occur “before you start developing policies, procedures, or processes” since “we need make sure that whatever we’re setting up isn’t going to become a barrier to the people we serve.”

## Stay Tuned!

Beth had many great suggestions on how to make policy and research accessible to communities, including communities that speak multiple languages. So many great suggestions that we are dedicating **next month’s** newsletter to these amazing tips!

Beth believes we often delay engagement because we want to get it perfect. “But there’s no such thing.” Beth believes we need to move away from perfectionism since what most people want to know is that we are “just trying to do something.” According to Beth, “just a little bit of work could make all the difference in the world.”

“If you truly want to help somebody change a system, you have to spend time really understanding what makes that person or community tick. You cannot overlook the value of understanding a person or a community’s history.”

Beth Bostic

### *So, how do I get started?*

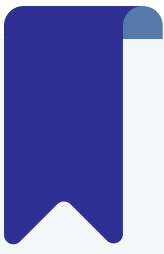
Beth’s answer is to simply have a conversation. “Sit down and ask your partners what their goals are and see if your goal aligns with theirs. If not, work with them to find what will.” She recommends questions like, “What do you enjoy doing?” and “What do you want to do in the future?”

Beth also emphasized the importance of using plain language from the start. “We need to make sure we do everything we can to level the playing field.” According to Beth, “We can’t speak with alphabet soup since this makes it harder for people to provide the input that we so desperately need.”

### *Thank you, Beth! Do you have parting words to share with readers?*

“People are finally acknowledging that engagement is something we should do. But this isn’t enough. Our value system needs to change to account for the time needed to build relationships and build trust.” According to Beth, “Engagement starts with relationships and that is often at odds with the values of our current culture. While we are not quite there yet, we are talking about it, and that gives me hope.”

# The Medicaid Final Rule: Raising the Bar on Engagement



Last month, the Centers for Medicare and Medicaid Services (CMS) released the [Ensuring Access to Medicaid Services Final Rule](#). This Rule will reshape Medical Care Advisory Committees (MCACs) across the country. [Since 1971](#), States have been required to engage Medicaid providers, participants, and government partners in [MCACS](#) to guide Medicaid services and programs.

The April 2024 Final Rule not only provides a new name for the MCAC, now referred to as the **Medicaid Advisory Committee or (MAC)**, but also new requirements for MAC membership, approach, and focus. For instance, MACs are now required to address topics such as Home & Community Based Services (HCBS) and social drivers of health.

The Final Rule also requires States to operate a **Beneficiary Advisory Committee (BAC) by July of 2025**. This BAC must:

- Be comprised of current and former Medicaid participants, their family members, and paid and non-paid caregivers
- Make up 25% of broader MAC membership by July 2026

“We have determined the requirements governing MCACs need to be more robust to ensure all States are using these committees optimally to realize a more effective and efficient Medicaid program that is informed by the experiences of beneficiaries, their caretakers, and other interested parties.”

[Ensuring Access to Medicaid Services Final Rule](#)

In 2018, [Collective Insight](#) partnered with the [UMASS Boston Leading Age LTSS Center](#) and [Community Catalyst’s Center for Consumer Engagement in Health Innovation](#) on a web-based inventory of MCACs in all 50 states and Washington D.C. This 2018 review found State operations of MCACs were inconsistent in their membership, focus, scheduling, and transparency.

While we applaud CMS for raising the bar on the effective use of advisory groups, we recognize that many States face a heavy lift on their path to compliance. Collective Insight has designed and implemented over 30 different Advisory Committee structures since our start in 2014. Visit the [Collective Insight Website](#) to learn more about our engagement support services, including comprehensive needs assessments, engagement and outreach planning, training, and technical assistance.

“Ensuring optimal health outcomes for all beneficiaries served by a program through the design, implementation, and operationalization of policies and programs requires intentional and continuous effort to engage people who have historically been excluded from the process.”

[Ensuring Access to Medicaid Services Final Rule](#)