Updated as of: 10-14-2015

Mtg. Date	#	Approved Motions	Status	Resolution
2-15-13	1	The Ombudsman unit will be housed in an external entity, outside of state government.	Complete	The Disability Policy Consortium, in partnership with Consumer Quality Initiatives and Health Care for All, was selected as the One Care Ombudsman entity. *Announced at the 10/16/13 One Care Open Meeting*
	2	The Implementation Council will be facilitated by two Co-Chair persons.	Complete	Chair: Dennis Heaphy Co-Chairs: Howard Trachtman & Florette Willis
3-15-13	3	The Council recommends that MassHealth consider developing and adopting methodology to set capitation based on prior expenses, adopt comprehensive reinsurance and risk corridors in keeping with the ACA and recommends matching these recommendations against the current methodology and giving the Implementation Council a presentation on the MassHealth methodology.	Complete	MassHealth presented methodology at 4-12-13 Implementation Council meeting and updated the Implementation Council at 5-10-13 meeting. Revisions to the methodology discussed on 5-10-13 include: • Expansion of risk corridors to 3-20% • Changes to coding intensity adjustment factor • Changes to savings target • Changes to “bad debt” • Adjustments due to Rural Floor or “Nantucket effect” Additional revisions are included in the final 3-way contracts between CMS, MassHealth and the One Care plans

Mtg. Date	#	Approved Motions	Status	Resolution
3-15-13	4	The Implementation Council will co-inform EOHHS for criteria for auto enrollment readiness and monitor whether that is manifest in an ICO and EOHHS would provide a presentation on current processes for auto enrollment.	Complete	MassHealth presented information about auto enrollment at 4-12-13 meeting. As part of a Readiness Review Process presentation on 5-10-13, MassHealth presented draft measures that will stop passive enrollment. MassHealth invited feedback from the Council on these measures within one week due to timeline constraints (due 5-17-13). * Since this motion was made, the first phase of passive enrollment, or auto-assignment, has been limited to individuals with more than one option of One Care Plans who are in rating category C1. *At the 10-25-13 Council meeting MassHealth provided a presentation on the first phase of the auto-assignment process.

Mtg. Date	#	Approved Motions	Status	Resolution
4-12-13	5	A motion was made that the Implementation Council help co-define what functional status is and examine how it may be mediating costs and health outcomes, as an alternative to the existing federal model and look at the existing tools.	In-Progress	Activity of the Continuity of Care, Access to Providers and Transparency and Monitoring Subcommittee. * Since this motion was made the demonstration rating categories have been further refined. C2 and C3 categories have been split into C2A and C2B and C3A and C3B. Auto-enrollment for enrollees in these categories has also been delayed to CY2014.
	6	A motion was made that the Implementation Council recommends that MassHealth create at least two rating categories for C2 (Community High Behavioral Health) and supports the delay of auto assignment of rating categories C2 and C3 until CY2014.	Complete	MassHealth reported at the 5-10-13 meeting that members in rating categories C2 and C3 will no longer be included in the first auto-assignment enrollment phase currently scheduled for 2013. The second auto-assignment enrollment phase is currently scheduled for January 1, 2014. All eligible members may elect to sign up for the program in CY13 regardless of rating category. There will be two rating categories for C2 (Community High Behavioral Health).
	7	A motion was made to request a briefing from MassHealth on the readiness of the ICOs at the next Implementation Council meeting.	Complete	MassHealth presented on 5-10-13
	8	A motion was made to request a new Implementation Council meeting to be held sometime before the next scheduled meeting on May 10th to specifically discuss items pertaining to development of subcommittees.	Complete	An additional meeting was scheduled and held on April 26, 2013

Mtg. Date	#	Approved Motions	Status	Resolution
4-26-13	9	A motion was made to request an update from MassHealth on the financing for the duals demonstration by May 10, 2013 as the Implementation Council remains concerned about the financing model.	Complete	5-10-13. MassHealth is in negotiations with CMS regarding adjustments to the financing of the demonstration. See motion #3 above. Further information will be forthcoming from CMS.
	10	A motion was made that implementation issues, where possible, should be brought to the attention of the Implementation Council by EOHHS, and advice should be sought from the Council.	Complete	5-10-13. MassHealth agrees but also noted that open stakeholder meetings serve a specific purpose to MassHealth and will continue to set the agenda for stakeholder meetings.
	11	A motion was made that the Implementation Council present at open stakeholder meetings along with EOHHS.	Complete	5-10-13. MassHealth can provide an update opportunity for the Council as a standing agenda item at open meetings.
	12	A motion was made that the Charter & By-Laws subcommittee address the structure and role of Implementation Council subcommittees.	Complete	Subcommittee members: Dennis Heaphy, Howard Trachtman, & Florette Willis
	13	A motion was made to establish a Continuity of Care/Access to Providers/Transparency and Monitoring Subcommittee.	Complete	Subcommittee met on 5/24/13
	14	A motion was made to establish a Cultural Competency/Quality metrics subcommittee.	Complete	Subcommittee met on 5/29/13
	15	A motion was made to combine subcommittees “D” (Cultural Competency/Quality metrics) and “E” (Population Specific Competency/Quality metrics).	Complete	See #14
	16	A motion was made to combine the proposed subcommittee on Alignment with Healthy People 2020 with the Continuity of Care/Access to Providers/Transparency & Monitoring subcommittee.	Complete	See #13
	17	A motion was made to establish a Long-Term Services and Support (LTSS) subcommittee.	Complete	Subcommittee met on 6/26/13

Mtg. Date	#	Approved Motions	Status	Resolution
5-10-13	18	A motion was made to approve the Implementation Council meeting minutes from the 4-12-13 and 4-26-13 Council meetings.	Complete	
	19	A motion was made to accept the Implementation Council Charter and By-Laws revised by the Charter and By-Laws Subcommittee.	Complete	The Council operates under the approved Charter and By-Laws
	20	A motion was made that EOHHS fully fund 30 Implementation Council meetings with opportunity to extend the timeframe of the meetings when necessary. Resource allocation for these meetings and time extensions shall be handled by the Council Chair and Co-Chairs.	Complete	MassHealth responded that further funding has been requested from CMS in order to fund Council meetings and resources. Until then, MassHealth allocated funds for 12 fully resourced meetings. The Council may choose to 'frontload' these meetings while funding is sought for future meetings. A presentation about the budget allocation was made by MassHealth on 6/7/13 8/29/13 With implementation funding, MassHealth will fully fund 30 Implementation Council meetings
	21	A motion was made that MassHealth should provide a budget for the Implementation Council at the next Council meeting. Pending receipt of this information, the Council will extend the next Council meeting to 3 hours and have up to two subcommittee meetings with full resource and staff support prior to the next Council meeting.	Complete	6/7/13 meeting time was extended to 3 hours and scheduling Continuity of Care/Access to Providers/Transparency and Monitoring Subcommittee and Cultural Competency and Population Specific Competency Quality Metrics Subcommittee meetings. MassHealth presented budget information at the 6/7/13 meeting

Mtg. Date	#	Approved Motions	Status	Resolution
6-7-13	22	A motion was made to approve the Implementation Council meeting minutes from the 5-10-13 Council meeting.	Complete	
	23	A motion was made that the Implementation Council makes a recommendation to the Behavioral Health Taskforce requiring One Care plans to: 1) Establish electronic health records that segregate psychiatric information, including diagnosis, medication and treatment plans, and; 2) Require consent by the enrollee before psychiatric information is shared with any provider unless the enrollee is unable to give consent.	Complete	Dennis Heaphy, Chair, sent an email with the Implementation Council recommendation to the Behavioral Health Taskforce.
	24	A motion was made that the Council recommends to MassHealth that all One Care assessors receive training on cultural competency and how to interview in a sensitive and appropriate manner.		
	25	A motion was made that the Council request average wage and benefit data from Home Care agencies contracted by One Care plans.	Complete	Council members were sent two reports on direct care workforce volume, wages and stability (turnover and vacancy rates) as source of currently available information on home care agencies wages for direct care workers. This issue was tabled for a future meeting.

Mtg. Date	#	Approved Motions	Status	Resolution
7-12-13	26	A motion was made to approve the Implementation Council meeting minutes from the 6-7-13 Council meeting.	Complete	
	27	A motion was made that the Council recommends that Support Service Providers (SSP) be included in the scope of One Care plan flexible support services.		
	28	A motion was made that the Council recommends the addition of both sexual orientation and gender identity to the assessment conducted by all One Care plans.	In-Progress	MassHealth has requested further discussion on and clarification regarding this topic. MassHealth and the Council agreed to further discuss how to operationalize the inclusion of questions regarding enrollees' gender identity and sexual orientation in One Care with a smaller work group of interested Council members. At the 9/20/13 Implementation Council Meeting, MassHealth noted that the issue of gathering LGBT status data has been discussed with One Care plans. It was noted that changes would need to be made to data collection system in order to collect the data. The conversation with plans regarding this issue is ongoing.
8-15-13	29	A motion was made to approve the Implementation Council meeting minutes from the 7-12-13 Council meeting. *Ayes: 9 Nays: 0 Abstentions: 0*	Complete	

Mtg. Date	#	Approved Motions	Status	Resolution
	30	The Implementation Council recommends that One Care plans make Independent Living – Long Term Services and Supports (IL-LTSS) coordinators available to individuals with very high behavioral health needs (C2b) during the comprehensive assessment. *Ayes: 11 Nays: 0 Abstentions: 3*	In-Progress	MassHealth convened a LTS Coordinator Stakeholder workgroup that developed a one-page member facing document for One Care enrollees on the LTS Coordinator role. As of Summer 2014, One Care plans will be sharing the document with all new enrollees and distributing the document broadly to their networks. Training is also under development. Additionally, MassHealth is working with One Care plans to collect data pertaining to member access to and use of LTS Coordinators on a quarterly basis. The first quarter of data was reported to the Implementation Council in May 2014.
	31	The Implementation Council recommends that processes be developed to ensure enrollees understand the function of the IL-LTSS Coordinator before deciding if they want to include the role on their care team. Enrollees may decline or keep an IL-LTSS Coordinator after the initial assessment and care planning process is completed. *Ayes: 13 Nays: 0 Abstentions: 1*	In-Progress	
	32	The Implementation Council recommends that the IL-LTSS Coordinator may complete the LTSS portion of the Initial Comprehensive Assessment during the first 180 days for first year of the demonstration only for individuals in the rating categories C1 and C2A. *Ayes: 11 Nays: 0 Abstentions: 4*	In-Progress	
	33	The Implementation Council moves that Dennis Heaphy, Chair, will appoint a work group of Council members to develop a list of Council member priorities. The group will circulate the proposed priorities to the full Council for discussion prior to the next meeting. *Ayes: 9 Nays: 0 Abstentions: 0*	Complete	A letter with Council priorities and requests of MassHealth was developed and sent to Robin Callahan, Deputy Medicaid Director on August 29th 2013.

Mtg. Date	#	Approved Motions	Status	Resolution
9-20-13	34	A motion was made to approve the Implementation Council meeting minutes from the 8-15-13 Council meeting. *Ayes: 10 Nays: 0 Abstentions: 0*	Complete	
10-25-13	35	A motion was made to approve the Implementation Council meeting minutes from the 9-20-13 Council meeting. *Ayes: 10 Nays: 0 Abstentions: 0*	Complete	
11-15-13	36	A motion was made to approve the Implementation Council meeting minutes from the 10-25-13 Council meeting. *Ayes: 15 Nays: 0 Abstentions: 0*	Complete	
	37	A motion was made to include a discussion on the Implementation Council priorities and an update from the Early Indicators Project workgroup at the next Council Meeting. *Ayes: 14 Nays: 0 Abstentions: 0*	Complete	
12-20-13	38	A motion was made to approve the Implementation Council meeting minutes from the 11-15-13 Council meeting. *Ayes: 17 Nays: 0 Abstentions: 0*	Complete	
	39	A motion was made to establish a standing committee as an outgrowth of the Early Indicators Project workgroup to continue assisting with the monitoring and evaluation of One Care in partnership with MassHealth. *Ayes: 13 Nays: 0 Abstentions: 1*	Complete	An Implementation Council Quality Workgroup has been convened and is scheduled to meet on a quarterly basis.
	40	A motion was made to request a regular update from One Care plans on topics to be determined by the Implementation Council. *Ayes: 11 Nays: 0 Abstentions: 0*	On-going	The Implementation Council heard updates from One Care plans at the December 2013 and May 2014 Council meetings. The Council intends to request quarterly updates from One Care plans on topics to be recommended by Council members.

Mtg. Date	#	Approved Motions	Status	Resolution
1-31-14	41	A motion was made to approve the Implementation Council meeting minutes from the 12-20-13 Council meeting. *Ayes: 10 Nays: 0 Abstentions: 0*	Complete	
	42	A motion was made that the Implementation Council recommends that MassHealth look into issues raised and decide whether some modifications can be made as the second round of auto-assignment begins *Ayes: 9 Nays: 0 Abstentions: 1*	Complete	MassHealth presented additional information on Auto-Assignment at the February 28th meeting.
2-28-14	43	A motion was made to approve the Implementation Council meeting minutes from the 1-31-14 Council meeting. The motion was seconded. Ayes: 16 Nays: 0 Abstentions: 0	Complete	
	44	The Council recommends that MassHealth conduct a series of meeting with providers, advocates, One Care plans and Implementation Council representatives to investigate issues and concerns around provider contracts with One Care plans. Ayes: 15 Nays: 1 Abstentions: 1		
3-28-14	45	A motion was made to approve the Implementation Council meeting minutes from the 2-28-14 Council meeting. The motion passed unanimously.	Complete	

Mtg. Date	#	Approved Motions	Status	Resolution
	46	A motion was made that the Chair and the Priorities Workgroup develop a workplan proposal to be presented to the Council at the April 25, 2014 Council meeting. The motion passed unanimously.	Complete	The Priorities Workgroup and Chairs developed a 2014 work plan. The work plan was approved by the Council and submitted to EOHHS on May 30th, 2014.
	47	A motion was made that the Implementation Council Chair send a letter of support to the Centers for Medicare and Medicaid Services (CMS) on behalf of the Council, supporting the Ombudsman Office request for additional staff through the duration of the demonstration. The motion passed unanimously.	Complete	Dennis Heaphy submitted a letter of support to CMS on behalf of the Council regarding the request for additional funds.
4-25-14	48	A motion was made to approve the Implementation Council meeting minutes from the 3-28-14 Council meeting. The motion passed unanimously	Complete	
5-30-14	49	A motion was made to approve the meeting minutes from the 4-25-14 Implementation Council meeting. The motion was passed unanimously.	Complete	
	50	A motion was made to approve the 2013 One Care Implementation Council Annual Report. The motion passed unanimously.	Complete	

Mtg. Date	#	Approved Motions	Status	Resolution
	51	A motion was made to approve the 2014 Implementation Council Workplan. The motion was passed unanimously.	Complete	
	52	A motion was made that at a near future meeting, MassHealth report on plan strategies to educate members on the LTS Coordinator role and provide updated LTS Coordinator data. The motion passed unanimously.	Complete	MassHealth presented LTS Coordinator member education information at the June 27th meeting.
6-27-14	53	A motion was made to approve the meeting minutes from the 5-30-14 Implementation Council meeting. The motion was passed unanimously.	Complete	
7-25-14	54	A motion was made to approve the meeting minutes from the 6-27-14 Implementation Council meeting. Ayes: 10 Nays: 0 Abstentions: 1	Complete	
	55	A motion was made that Council request from MassHealth a process for adding and removing Council members from the Implementation Council. The motion was passed unanimously.	In-progress	

Mtg. Date	#	Approved Motions	Status	Resolution
9-12-14	56	A motion was made to approve the meeting minutes from the 6-27-14 Implementation Council meeting. The motion passed unanimously.	Complete	
	57	A motion was made that the Implementation Council should convene a workgroup on performance data. The Workgroup will include Implementation Council Members, MassHealth and the One Care Plans and will recommend a data set, including financial data, be submitted to the Council on a regular basis. The workgroup will meet prior to October meeting. The motion passed unanimously.	Complete	Council representatives met with MassHealth, One Care plan and CMS staff on 9-24-14 to discuss the One Care plan reporting metrics proposed by the Council.
10-17-14	58	A motion was made to approve the minutes from the September 12, 2014 Implementation Council meeting. The motion was approved unanimously.	Complete	
11-21-14	59	A motion was made to approve the minutes from the October 17, 2014 Implementation Council meeting. The motion was approved unanimously.	Complete	
	60	A motion was made requesting that MassHealth, prior to implementing any future addendum to One Care plan financing, seek input from the Implementation Council on risk corridors and other important factors regarding the One Care financial model.		

Mtg. Date	#	Approved Motions	Status	Resolution
	61	A motion was made in support of the Implementation Council chair writing a Letter to the Editor of the Boston Globe in response to the article on One Care published on November 10th 2014.		
1-9-15	62	A motion was made to approve the minutes from the November 21, 2014 Implementation Council meeting. The motion was approved unanimously.	Complete	
	63	A motion was made in support of request that the Implementation Council Chairs be involved in the process of selecting new Implementation Council members. The motion was approved unanimously.		
3-13-15	64	A motion was made to approve the minutes from the January 9, 2015 Implementation Council meeting. The motion was approved unanimously.	Complete	
4-24-15	65	A motion was made to approve the minutes from the March 13, 2015 Implementation Council meeting. The motion was approved unanimously.	Complete	
	66	A motion was made that MassHealth reconvene the LTS Coordinator Stakeholder Workgroup. The motion was approved unanimously.	In-Progress	

Mtg. Date	#	Approved Motions	Status	Resolution
	67	A motion was made to amend Goal 2 on the 2015 Work Plan template to include "housing" after "behavioral health." The motion was approved unanimously.	In-Progress	
5-29-15	68	A motion was made to approve the minutes from the April 24, 2015 Implementation Council meeting. The motion was approved unanimously.	Complete	
	69	A motion was made to accept the 2014 Implementation Council Annual Report for submission to the Executive Office of Health and Human Services (EOHHS). The motion was approved unanimously.	Complete	
	70	A motion was made to request that the One Care plans make a formal response to issues raised in the Early Indicators Project report, including what they plan to do in response to the findings during the September Implementation Council meeting. The motion passed unanimously.	In-progress	

Mtg. Date	#	Approved Motions	Status	Resolution
6-19-15	71	A motion was made to approve the minutes from the May 29, 2015 Implementation Council meeting. The motion was approved unanimously.	Complete	
	72	The Council requests that MassHealth initiate no new auto-assignment until it develops a transparent, objective process that will include the Implementation Council, to determine One Care plan capacity to take on new enrollees.	In-progress	
	73	The Council recommends that the approximately 5,500 Fallon Total Care enrollees not be auto-assigned to another One Care plan	In-progress	
	74	The Council recommends no current Fallon Total Care enrollee lose any benefit they are currently receiving.	In-progress	
	75	The Implementation Council requests that MassHealth report to the Council on a quarterly basis the finances of each plan, including medical services and long-term services and supports expenditures.	In-progress	

Mtg. Date	#	Approved Motions	Status	Resolution
	76	The Implementation Council recommends that MassHealth consider allowing Fallon Total Care (FTC) to enter into an Administrative Services Organization Agreement which would allow FTC a minimum of a six-month transition timeframe from the end of the contract on September 30th to protect enrollees.	In-progress	
9-11-15	77	A motion was made to approve the minutes from the July 24th, 2015 Implementation Council meeting. One Council member abstained. The motion was approved.	Complete	
	78	A motion was made to approve the 2015-2016 Work Plan as presented to the Council on September 11, 2015. The motion was approved unanimously.		