

**One Care Implementation Council Annual Report  
2013**

**Table of Contents**

**Letter from the Chair ..... 3**

**One Care: MassHealth plus Medicare ..... 5**

Implementation Council Background..... 5

Implementation Council Charge..... 5

Roles and Responsibilities ..... 6

Members/Composition ..... 6

**2013 Year in Review ..... 8**

Meetings..... 8

Subcommittees & Workgroups ..... 9

Activities and Accomplishments ..... 9

*Soliciting input from stakeholders*..... 10

*Advising EOHHS - Examining One Care early implementation*..... 10

*Examining access to services*..... 10

*Participating in the development of public education and outreach campaigns* ..... 11

Ongoing Council Member Priorities ..... 11

What Implementation Council Members have to say ..... 12

**Attachment A: Approved Motions ..... 14**

**Attachment B: Schedule of 2013 Implementation Council Meetings..... 23**

**Attachment C: 2014 Work Plan ..... 24**

## Letter from the Chair

Dear Secretary Polanowicz,

It is an honor to represent the Massachusetts One Care Implementation Council (Council) in the submission of the Annual Report for calendar year 2013.

This Annual Report contains valuable information about the inaugural year of the Council and the start of One Care. October 1, 2013, the first date of One Care enrollments, marks a milestone for Massachusetts and its ability to improve healthcare access and outcomes for people with disabilities and chronic conditions in the state. While limited primarily to people 21-64 years of age, One Care provides Massachusetts with the singular opportunity to be a national leader in the development of innovative person-centered care and best practices in the delivery of medical care, behavioral health care, and long-term services and supports (LTSS).

The report captures only a small part of the work undertaken by state officials, advocates, and other stakeholders invested in the successful launch of One Care. Particular recognition must be given to Robin Callahan and her team at MassHealth who worked tirelessly to develop and operationalize this program. Recognition is also given to disability advocates, their allies and the three One Care plans. These stakeholders remain steadfast in their commitment to the potential of One Care even in the face of a number of unknowns and challenges yet to be resolved. People with disabilities, particularly people with complex physical, intellectual, mental health and/or substance abuse challenges have extremely thin margins of health.

The Council has pledged to partner with MassHealth to promote One Care and advance policies, practices and procedures that advance population-based, community-defined quality healthcare for people with disabilities. This pledge includes support of evidence-based practice that reduces race and ethnic-based disparities and other disparities in healthcare access. The Council will work with MassHealth to promote Olmstead and the Patrick Administration's Community First agenda, and a robust LTSS system rooted in independent-living philosophy and the recovery model of care that promotes a more just system of healthcare and the civil rights of people with disabilities.

The Council has held monthly meetings since its first meeting in February 2013. In addition to monthly meetings, the Council held a series of subcommittee meetings. Subcommittees have focused on issues around long-term services and supports, quality, cultural competency, continuity of care, and access to providers. Non-Council members are invited to participate to ensure broader stakeholder voice is incorporated into Council functions.

The Council, in order to build its capacity and effectiveness in advancing One Care, has also put forward an ambitious set of priorities that it will work on in concert with MassHealth and other stakeholders in 2014.

On behalf of the Council, it is a privilege to work with MassHealth on this important endeavor to promote the highest quality of healthcare for people with disabilities in the

## Implementation Council Annual Report

nation. I want to personally thank the support staff of MassHealth for their assistance with this report and for their work behind the scenes to support the Council at every level to ensure it functions in service to its mission.

Sincerely,

Dennis G. Heaphy M.Ed., MPH  
Chair, One Care Implementation Council

## One Care: MassHealth plus Medicare

The Executive Office of Health and Human Services (EOHHS) and stakeholders across the Commonwealth worked together to develop a demonstration program in partnership with the Centers for Medicare and Medicaid Services (CMS) to integrate care for dual eligible individuals. The initiative, which began enrolling participants in October 2013, integrates the delivery and financing of care for a group of adults ages 21 to 64 at the time of enrollment who are eligible for both MassHealth and Medicare. One Care is offered in nine Massachusetts counties by three health plans: Commonwealth Care Alliance, Fallon Total Care, and Network Health.

### Implementation Council Background

EOHHS and stakeholders agreed that the collaborative relationships that were key to policy development needed to continue throughout the implementation of One Care. Based on stakeholder input and discussions, EOHHS developed a straw model for the structure, roles and responsibilities of the Implementation Council that was further refined through stakeholder engagements. While the composition of the Council and the roles and responsibilities were determined in advance, the Council had the flexibility to further define its role and develop priority areas and a work plan. The One Care Implementation Council is the first consumer-led advisory council to be established with the purpose of informing the implementation of a demonstration to integrate care and financing for dual eligible individuals. It is the hope of the Council that it may serve as a model for other states implementing demonstration programs to integrate care and financing for dual eligible individuals.

### Implementation Council Charge

Prior to the start of One Care enrollment, EOHHS convened a working committee called the Implementation Council to play a key role in monitoring access to health care and compliance with the Americans with Disabilities Act (ADA), tracking quality of services, providing support and input to EOHHS, and promoting accountability and transparency. The Implementation Council was formed through a Request for Responses (RFR) process. Interested individuals submitted nomination forms to EOHHS for consideration in December 2012. Selection criteria were established to ensure diversity of membership on the Council.

## Implementation Council Annual Report

### Roles and Responsibilities

In their capacity as a working group convened to assist EOHHS in the implementation of One Care, the Implementation Council meets monthly to fulfill its roles and responsibilities which include: advising EOHHS; soliciting input from stakeholders; examining One Care plan quality, reviewing issues raised through the grievances and appeals process and Ombudsman reports, examining access to services (medical, behavioral health, and LTSS), and participating in the development of public education and outreach campaigns. The Implementation Council provides a vital structure for those affected by the program to participate in the development and improvement of this complex and far reaching health care reform initiative.

### Members/Composition

The composition of the Implementation Council must be 15 to 21 members, at least half of whom are MassHealth members with disabilities or family members or guardians of MassHealth members with disabilities. Membership also includes advocates and peers from organizations such as community-based organizations, consumer advocacy organizations, service providers, trade organizations and unions. Currently, 21 members make up the Implementation Council. Members of the Implementation Council and each person's affiliation are listed below.

The following individuals serve as consumer representatives (MassHealth members with disabilities or family members or guardians of MassHealth members with disabilities):

- Suzann Bedrosian
- Myiesha Demery
- Joseph Finn
- Anne Fracht
- Dennis Heaphy (Chair)
- Denise Karuth
- Vivian Nunez
- Jorge Pagan-Ramos
- Olivia Richard
- Howard Trachtman (Co-Chair)
- Florette Willis (Co-Chair)

The following individuals serve as representatives of community-based organizations:

- Theodore Chelmow- Consumer Quality Initiatives
- Audrey Higbee – Center for Human Development
- Jeffrey Keilson – Advocates, Inc.

## Implementation Council Annual Report

- Dale Mitchell – Mass Home Care
- Robert Rousseau – Transformation Center / Fellowship Health Resources
- Peter Tallas – The Arc of Massachusetts

The following individuals serve as representatives of providers and trade organizations:

- Bruce Bird – The Collaborative: Association for Behavioral Health Care, Association of Developmental Disabilities Providers, and the Provider’s Council
- David Matteodo – Massachusetts Association of Behavioral Health Systems, Inc.
- Daniel McHale – Massachusetts Hospital Association

The following individual serves as a union representative:

- Rebecca Gutman – 1199 SEIU

While individuals selected to be on the Council are the only voting members of the Implementation Council, the Council is dedicated to providing a forum for broader stakeholder input in regards to all aspects of the implementation of One Care. This is achieved by having all meetings in public locations, including time on the agenda for participation from meeting attendees at most meetings, and Council members raising issues heard in the community.

## 2013 Year in Review

### Meetings

The Council began meeting in February 2013. Since then, the Council has convened as a full Council twelve times (in 2013). Meetings occur monthly and are 2 hours in length.

Staff support to the Council is provided by staff from the University of Massachusetts Medical School. Staff members assist with meeting planning, accommodations and logistics; producing meeting materials; and supporting the consumer chair, as requested. Accommodations are provided to support all members' full participation on the Council. Communication Access Realtime Translation (CART) and American Sign Language Interpreters are available at each Council meeting. Stipends and travel reimbursement are made available to Council members who are MassHealth members with disabilities and family members or guardians of MassHealth members with disabilities, who are not paid by a community-based or consumer advocacy organization, provider/trade association, union or another organization/affiliate to represent them.

MassHealth staff attends each Implementation Council meeting and present on One Care activities as requested by the Council. In 2013, the Implementation Council requested and received updates on several topics relevant to the implementation of One Care including:

- The One Care plan readiness review process,
- The financing of the Duals Demonstration (One Care),
- The Implementation Council budget,
- One Care quality measures,
- The Early Indicators Project,
- One Care plan and provider training, and
- Auto-assignment processes and schedule.

At the request of the Council, an agenda item for Council updates and business is presented by a member of the Council at each One Care open meeting held by MassHealth on a near monthly basis.

Periodically, the Council has invited guest speakers to attend and present on topics relevant to the Council's work. Guest speakers and topics have included:

- The BD Group (March 2013)
  - *Problems and Improvements for the Financing of the Massachusetts Duals Demonstration*
- Dr. Lisa Iezzoni, Mongan Institute for Health Policy (July 2013)
  - *Quality Metrics for Individuals with Disabilities*
- Roxanne Reddington-Wilde, Action for Boston Community Development, Inc. (November 2013)

## Implementation Council Annual Report

- *Outreach Strategies*
- One Care plan representatives (December 2013)
  - *Successes and challenges during early implementation of One Care*

### Subcommittees & Workgroups

In addition to full Council meetings, the following three subcommittees were formed and held a total five meetings:

- Continuity of Care, Access to Providers and Monitoring and Transparency Subcommittee;
- Cultural Competency, Population Specific Quality Metrics Subcommittee; and
- Long Term Services and Supports Subcommittee.

Subcommittees included Council members and other stakeholders.

Four working groups of Council members were formed to target specific issues including:

- By-Laws and Charter;
- Council Priorities;
- Early Indicators Project; and
- Provider Strategy.

### Activities and Accomplishments

Throughout 2013, the Council was actively engaged in each phase of the implementation of One Care. The Council's accomplishments have been robust and targeted toward the Council charge as requested by EOHHS. The primary mechanism used by the Council to make formal requests and recommendations to MassHealth is through motions brought forth and voted upon by Council members. Motions carried by the Council in 2013 and status updates are included in Attachment A: Approved Motions.

Additional accomplishments were realized through discussions with MassHealth staff at Council meetings. The Council expressed strong interest in participating in the early monitoring of One Care. An Early Indicators workgroup (EIP) was formed in October 2013 to develop and implement metrics of early indicators. The EIP workgroup is a collaborative effort between the Implementation Council, MassHealth and the University of Massachusetts Medical School. The workgroup has been tasked with assessing early perceptions and experiences of One Care enrollees.

Below is a summary of Council activities and accomplishments as they relate to each charge of the Council.

## Implementation Council Annual Report

### Soliciting input from stakeholders

All Implementation Council meetings are open to the public and well attended by a wide range of stakeholders including eligible One Care enrollees, advocates, providers, trade associations, One Care plan representatives, and MassHealth and other state agency staff. In 2013, stakeholders were invited to provide input, voice concerns and ask questions related to One Care on a periodic basis. In 2014, the Council has committed to dedicating time during every meeting for stakeholder input and comment. Additionally, Implementation Council members often bring forth concerns and issues heard from their networks related to One Care.

Council members have diverse experiences and perspectives. Through Council member contacts within their networks, members are able to regularly bring forth a wide range of stakeholder input at Council meetings. Through discussion and the passing of motions, agreed upon by a majority of Council members, the Council brings these issues to the attention to EOHHS, as one way to fulfill its charge to solicit input from stakeholders.

In addition to hearing feedback from the broad stakeholder community, the Council has requested updates from One Care plans on a quarterly basis on topics of interest. The first report back from One Care plans on the topic of early successes and challenges occurred in December 2013.

### Advising EOHHS - Examining One Care early implementation

Implementation Council members requested and shaped the formation of the Early Indicators Project workgroup in October 2013. The workgroup developed metrics of early program indicators and uses a mixed method approach to collect data on enrollee experiences through focus groups, surveys and secondary data sources such as information collected from SHINE (Serving the Health Insurance Needs of Everyone), MassHealth Customer Service, the One Care Ombudsman, and the One Care plans. Implementation Council representatives report results of data collection back to the Council on a monthly basis.

The Council uses data collected and analyzed by the EIP workgroup to inform recommendations to EOHHS in regards to the early implementation of One Care.

### Examining access to services

A priority area of the Council is examining access to services. As part of the work of the EIP workgroup, the Council monitors secondary data in order to uncover any disparities in access to care. The EIP workgroup is also conducting two surveys in 2014 to examine the enrollment process, assessment and care planning, care plans, care teams, and overall perception of One Care.

## Implementation Council Annual Report

In addition to the work of the EIP, the Council formed and convened a Continuity of Care, Access to Providers and Monitoring and Transparency Subcommittee. The subcommittee met once in 2013 and made three recommendations to the Council relating to enrollee privacy and data collection.

Involvement in the roll-out of the Independent Living and Long-Term Services and Supports Coordinator (LTS Coordinator) role is an additional way in which the Council examines access to services. A subcommittee dedicated to the issue of the LTS Coordinator role was convened and made several recommendations to the Implementation Council regarding education about and access to the LTS Coordinator role. The Council continues to work with MassHealth on the successful implementation of the new role.

Council members also raise concerns to and share anecdotal data with MassHealth representatives during the meeting. This sharing of information allows MassHealth to further explore problems or successes and to engage Council members in sharing important information with their networks.

### **Participating in the development of public education and outreach campaigns**

Several Implementation Council members have been actively involved in One Care outreach through their representative organizations. Council members provide regular updates on inquiries fielded and concerns raised in outreach efforts. In November 2013, the Council invited community leader, Roxanne Reddington-Wilde, from ABCD, Inc. to facilitate a discussion on One Care outreach.

Council members also provided feedback to draft documents targeted to both eligible enrollees and providers. Feedback included appropriate content, messaging, layout, readability and languages.

### **Ongoing Council Member Priorities**

As the Council plans for the second year of their term, an 18-month work plan was developed and approved. Priority areas and activities are described in detail in Attachment C: 2014 Work Plan.

## What Implementation Council Members have to say

“I am very appreciative of the Council’s attempts to be transparent in all discussions and dialogues among its members, stakeholders, advocates, and other important people. Everyone, no matter their position in the Council or participation level, has an opportunity to share their experiences and provide beneficial feedback to One Care and the One Care plans during these early stages.”

- *Suzann Bedrosian, Consumer member*

“The implementation of One Care has been an ambitious project in Massachusetts. Although there have been challenges—concerns about the rate structure and integration of long term services and supports with physical health and behavioral health—this initiative has already had a tremendous impact on the quality of life on thousands of people throughout the Commonwealth. Equally as important as a successful start-up is ongoing improvement and sustainability. The collaboration between the state, the plans, the Implementation Council, and other key stakeholders has created a strong foundation for success in the future.”

*Jeff Keilson, Advocates Inc.*

“The Implementation Council is an important opportunity to give consumers and stakeholders a strong voice in reforming the delivery of health and long-term care services for younger disabled people. The challenges are daunting but the determination firm. Together, we will insure the best system possible.”

- *Dale Mitchell, Mass Home Care*

“Despite my profound sadness that dual eligibles from Bristol and Barnstable counties do not currently have the opportunity to choose One Care in its present form, I am grateful that so many of our other MA citizens with severe physical and mental health disabilities throughout the state can benefit, if they so wish, from integrated health care. The Implementation Council has been diligent in its responsibility to provide both MassHealth and participating ICOs with critical issues and concerns that have arisen and when addressed collaboratively will contribute to the effectiveness and success of this innovative endeavor in improving the quality of health care of a high risk population while reducing the cost.

It is important to make sure Recovery Learning Communities are robust service providers in One Care. RLCs and the recovery model are new to many people with lived experience of mental illness. MassHealth, One Care plans, and the Council must be committed to developing strong relationships with RLCs and educating enrollees about the benefits of certified peer specialists and recovery services available through RLCs.

## Implementation Council Annual Report

There is too much stigma and discrimination against people with lived experience of mental illness in the system. MassHealth and all stakeholders must address these barriers to healthcare for people with lived experience of mental illness head-on. This includes protecting enrollee privacy and making sure enrollees are not overmedicated with unnecessary psychiatric drugs and that barriers are not put in place that prevent enrollees from accessing name brand medications."

- *Robert Rousseau, Transformation Center / Fellowship Health Resource*

"Although we've had our share of challenges this year, we're the first state to start and lead in the [capitated model] demonstration process. Therefore, we're paving the way thanks to viable options offered by our subcommittees. Nevertheless, insufficient preparation surrounding LTSS service coordination and marketing materials not being reader-friendly impacts progress. Since LTSS is the lynch pin, decisions made to shape the LTS Coordinator's role, assessment tool(s) used to determine enrollee needs, and methods used by coordinators to navigate the new integrated system will be key. Finally, the minimal outreach and marketing methods has presented a barrier. However, the decision to improve marketing and training materials as well as a targeted outreach approach will simultaneously increase stakeholder understanding and involvement. "

- *Florette Willis, Consumer Member*

### Attachment A: Approved Motions

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. <i>Announced at the 10/16/13 One Care Open Meeting</i>
	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	<p>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:</p> <ul style="list-style-type: none"> <li>• Expansion of risk corridors to 3-20%</li> <li>• Changes to coding intensity adjustment factor</li> <li>• Changes to savings target</li> <li>• Changes to “bad debt”</li> <li>• Adjustments due to Rural Floor or “Nantucket effect”</li> </ul> <p>Additional revisions are included in the final 3-way contracts between CMS, MassHealth and the One Care plans</p>

Implementation Council Annual Report

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	<p>MassHealth presented information about auto enrollment at 4-12-13 meeting.</p> <p>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).</p> <p>* 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.</p> <p>*At the 10-25-13 Council meeting MassHealth provided a presentation on the first phase of the auto-assignment process.</p>
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	<p>Activity of the Continuity of Care, Access to Providers and Transparency and Monitoring Subcommittee.</p> <p>* 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.</p>

Implementation Council Annual Report

Mtg. Date	#	Approved Motions	Status	Resolution
	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
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.

Implementation Council Annual Report

Mtg. Date	#	Approved Motions	Status	Resolution
	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

Implementation Council Annual Report

Mtg. Date	#	Approved Motions	Status	Resolution
<b>5-10-13</b>	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	<p>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.</p> <p>A presentation about the budget allocation was made by MassHealth on 6/7/13</p> <p>8/29/13 With implementation funding, MassHealth will fully fund 30 Implementation Council meetings</p>
	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	<p>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.</p> <p>MassHealth presented budget information at the 6/7/13 meeting</p>

Implementation Council Annual Report

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	<p>A motion was made that the Implementation Council makes a recommendation to the Behavioral Health Taskforce requiring One Care plans to:</p> <ul style="list-style-type: none"> <li>1) Establish electronic health records that segregate psychiatric information, including diagnosis, medication and treatment plans, and;</li> <li>2) Require consent by the enrollee before psychiatric information is shared with any provider unless the enrollee is unable to give consent.</li> </ul>	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.

Implementation Council Annual Report

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	<p>MassHealth has requested further discussion on and clarification regarding this topic.</p> <p>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.</p> <p>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.</p>

Implementation Council Annual Report

Mtg. Date	#	Approved Motions	Status	Resolution
8-15-13	29	A motion was made to approve the Implementation Council meeting minutes from the 7-12-13 Council meeting. <i>Ayes: 9 Nays: 0 Abstentions: 0</i>	Complete	
	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. <i>Ayes: 11 Nays: 0 Abstentions: 3</i>	In-Progress	
	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. <i>Ayes: 13 Nays: 0 Abstentions: 1</i>	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. <i>Ayes: 11 Nays: 0 Abstentions: 4</i>	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. <i>Ayes: 9 Nays: 0 Abstentions: 0</i>	Complete	A letter with Council priorities and requests of MassHealth was developed and sent to Robin Callahan, Deputy Medicaid Director on August 29 <sup>th</sup> 2013.

Implementation Council Annual Report

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. <i>Ayes: 10 Nays: 0 Abstentions: 0</i>	Complete	
10-25-13	35	A motion was made to approve the Implementation Council meeting minutes from the 9-20-13 Council meeting. <i>Ayes: 10 Nays: 0 Abstentions: 0</i>	Complete	
11-15-13	36	A motion was made to approve the Implementation Council meeting minutes from the 10-25-13 Council meeting. <i>Ayes: 15 Nays: 0 Abstentions: 0</i>	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. <i>Ayes: 14 Nays: 0 Abstentions: 0</i>	Complete	
12-20-13	38	A motion was made to approve the Implementation Council meeting minutes from the 11-15-13 Council meeting. <i>Ayes: 17 Nays: 0 Abstentions: 0</i>	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. <i>Ayes: 13 Nays: 0 Abstentions: 1</i>		
	40	A motion was made to request a regular update from One Care plans on topics to be determined by the Implementation Council. <i>Ayes: 11 Nays: 0 Abstentions: 0</i>	In-Progress	

## Attachment B: Schedule of 2013 Implementation Council Meetings

### Schedule of Council Meeting, Subcommittee and Workgroup Meetings:

Meeting	Date
Implementation Council Meeting	February 15, 2013
Implementation Council Meeting	March 15, 2013
Implementation Council Meeting	April 12, 2013
Implementation Council Meeting	April 26, 2013
Implementation Council Meeting	May 10, 2013
Subcommittee: Continuity of Care, Access to Providers, & Transparency and Monitoring	May 24, 2013
Subcommittee: Cultural Competency, Population Specific Quality Metrics	May 29, 2013
Implementation Council Meeting	June 7, 2013
Subcommittee: Long Term Services and Supports	June 26, 2013
Implementation Council Meeting	July 12, 2013
Subcommittee: Long Term Services and Supports	August 6, 2013
Implementation Council Meeting	August 15, 2013
Implementation Council Meeting	September 20, 2013
Implementation Council Meeting	October 25, 2013
Implementation Council Meeting	November 15, 2013
Workgroup: Provider Strategy	December 13, 2013
Implementation Council Meeting	December 20, 2013

**Attachment C: 2014 Work Plan**