Updated as of: 7-11-2013

Mtg. Date	#	Approved Motions	Status	Resolution
2-15-13	1	The Ombudsman unit will be housed in an external entity, outside of state government.	In-Progress	RFR under development
	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"
	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.	In-Progress	MassHealth presented information about auto enrollment at 4-12-13 meeting. As part of a Readiness Review

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				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).
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
	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.

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	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 duals demonstration by May 10, 2013 as the Implementation Council remains concerned about the financing model.	Complete	As of 5-10-13, MassHealth is in negotiations with CMS regarding adjustments to the financing of the duals 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 MassHealth 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.
		Subcommittee-Related Motions		
	12	A motion was made that the Charter and 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

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	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 incorporate the proposed subcommittee on the Alignment with Healthy People 2020 goals into the Continuity of Care/Access to Providers/Transparency and 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
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.	In-progress	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

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				allocation was made by MassHealth on 6/7/13
	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	Exploring extended meeting time for 6/7/13 meeting 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
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.	In-progress	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.	In-progress	
	25	A motion was made that the Council request average wage and benefit data from Home Care agencies contracted by One Care plans.	In-progress	Council members were sent two reports on direct care workforce volume, wages and stability

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				(turnover and vacancy rates) as source of currently available information on home care agencies wages for direct care workers.