

Charter

Implementation Council

Duals Demonstration – A Program of the Executive Office of Health and Human Services

May 2013

I. The Council will be called the Implementation Council. It is convened by the Executive Office of Health and Human Services (EOHHS).

II. Purposes

The Council is convened to operate during the Dual Demonstration. The key purposes of the Council include:

- Advise EOHHS on issues brought to the Council
- Provide support and input to EOHHS
- Solicit input regarding the Duals Demonstration and the implementation of the program from stakeholders
- Monitor access to health care and compliance with the Americans with Disabilities Act (ADA)
- Track quality of services
- Assist in shaping quality metrics to be used to measure Duals Demonstration outcomes
- Review issues raised through the grievances and appeals process and Ombudsperson reports
- Examine access to services (medical, behavioral health, and LTSS)
- Promote accountability and transparency
- Participate in the development of public education and outreach campaigns as deemed appropriate by the Council

III. Relationship of Council to EOHHS

It is the role of the Council to serve as an advisor to the EOHHS throughout the implementation of the Massachusetts Duals Demonstration. EOHHS is responsible for the operations and policy direction of the Duals Demonstration as well as bringing material and other relevant matters to the attention of the Council in an accurate and timely manner. EOHHS staff are not members of the Implementation Council. The Council will offer recommendations to EOHHS leadership who will take Council recommendations into account when planning and implementing the operation and policy direction of the Duals Demonstration.

IV. Membership

Composition: The Council will be comprised of 15 to 21 members at all times. A majority (at least 51%) of members will be MassHealth consumers with disabilities and/or family members of consumer with disabilities.

Term: The Implementation Council members will serve through December 2016.

V. Organizational Structure

Officers: The Council will have a chair and co-chair/s who are elected by the membership. Elections will be held at the first meeting and as necessary. The Chair and Co-Chair/s will be MassHealth members with disabilities or family members of MassHealth members with disabilities.

The Chair and Co-Chair/s will be responsible for developing agendas, facilitating Council meetings, and ensuring completion of work plan deliverables and the annual report to be submitted to the Medicaid Director and Secretary of EOHHS.

Staffing: EOHHS staff will support the Council and will handle all meeting planning, accommodations and logistics, the production of relevant documents and material, and support the consumer chair as requested.

The scope of work, as described in Purposes above, undertaken by the Implementation Council is contingent upon resources made available by EOHHS.

EOHHS Staff will attend all meetings to exchange information with the Implementation Council.

VI. Procedural Rules

By-Laws: The Council will adopt a set of written by-laws. The by-laws govern committee operation. By-laws require a two-thirds vote for adoption or change.

Meetings: The Council will meet at least 6 times per year. All meetings will be announced and open to the public. Written notices of upcoming meetings will be emailed to members at least 10 days before a meeting.

Minutes: Minutes of each meeting will be kept. Copies will be emailed to the Council within ten business days of a Council meeting.

Recommendations and Reports: Council recommendations and reports will be submitted in writing to EOHHS. Recommendations will be captured in meeting minutes which will be distributed to EOHHS. Reports will be submitted to EOHHS upon development.