

One Care Implementation Council  
***Key Themes Presentation***  
from COVID-19 response  
Zoom Meeting

April 14, 2020

# *Communication* is key...

- Between the **member** and their **One Care Plan** with the assistance of the **Care Coordinator** especially for those who have complex care needs.
- Between **MassHealth** and their entire **enrollee population**

# Communication *recommended practices*...

- The Care Coordinator *proactively outreach* to members asking about their medical, mental health, Medically Assisted Treatment, social, (i.e., isolation) and other needs as well as conveying information specific to the needs of each member
- How is the need for *medical supplies, medications* and *other services determined?*
- Frequent informational updates through *robocalls, emails and text messages, vlogs* (video logs)
- *Fourth grade* reading level *appropriate format*

# Communication *best practices* are also...

- *Closed Captioning, ASL, vlogs*
- *Direct access* to Care Coordinator or Primary Care Physicians (PCP)
- *Social Media* posts and updates
- Include *images* - simplify information as WHO & CDC currently does

# This pandemic has been an opportunity for the Care Coordinator to...

- Provide ***step by step directions to enrollees*** on questions about symptoms, who to contact in case of COVID-19 exposure, emergency planning for in-home personal care, and on planning and receiving medication and supplies
- Give ***specific recommendations*** for things like frequency of grocery store shopping, new take-out food guidelines, and the definition of social distancing

# COVID-19 pandemic has highlighted...

- Continued ***frustration*** around the role of the care coordinator
- More ***confusion*** on the role care coordinator
- Need for MOU and three-way contract to include ***increased guidance, oversight and transparency*** on One Care plan model implementation.

# Additional thoughts were...

- The care coordinator has moved away from promised whole person model to a medical model
- PCAs do not have training in infection control
- Questions about access to transportation (medical and non-medical) to get essential supplies
- Emergency preparedness has not been addressed
- Home care workers do not have access to PPE

# The most vulnerable populations need high touch in this crisis...

- Seniors
- Members living alone
- Members who use PCAs
- Members who are Homeless or unstably housed
- Members with ID/DD
- Members who are Medically Complex
- Members with Mental Health and/or Substance Use Disorder



# Next steps

- What measures are MassHealth using to track the quality of plan performance during this time?
- What data is MassHealth collecting to track plan performance?
- How will this data be made transparent to all stakeholders?
- How will this information be used in shaping the MOU and three-way contract?

# Next steps continued...

- Developing protocols for triaging PPE for PCAs and/or high-risk populations
- Developing protocols for COVID-19 testing for high-risk populations
- Adjusting protocols as needed - in this rapidly changing environment  
- to reduce the spread of COVID-19 among high risk populations.

# My Ombudsman: MassHealth Health Plans

- **My Ombudsman staff are available:**
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