



One Care: Implementation Council Meeting

Executive Office of Health & Human Services

MassHealth Demonstration
to Integrate Care for Dual Eligibles

January 12, 2021 10:00 AM – 12:00 PM

Virtual Meeting via Zoom



Topics to be discussed...

- Integrated Care Team COVID Data Update
 - COVID Positive Cases and Deaths
 - Monthly COVID Positive Cases and Deaths
 - Morbidity and Mortality Rates
 - Monthly Morbidity and Mortality Rates

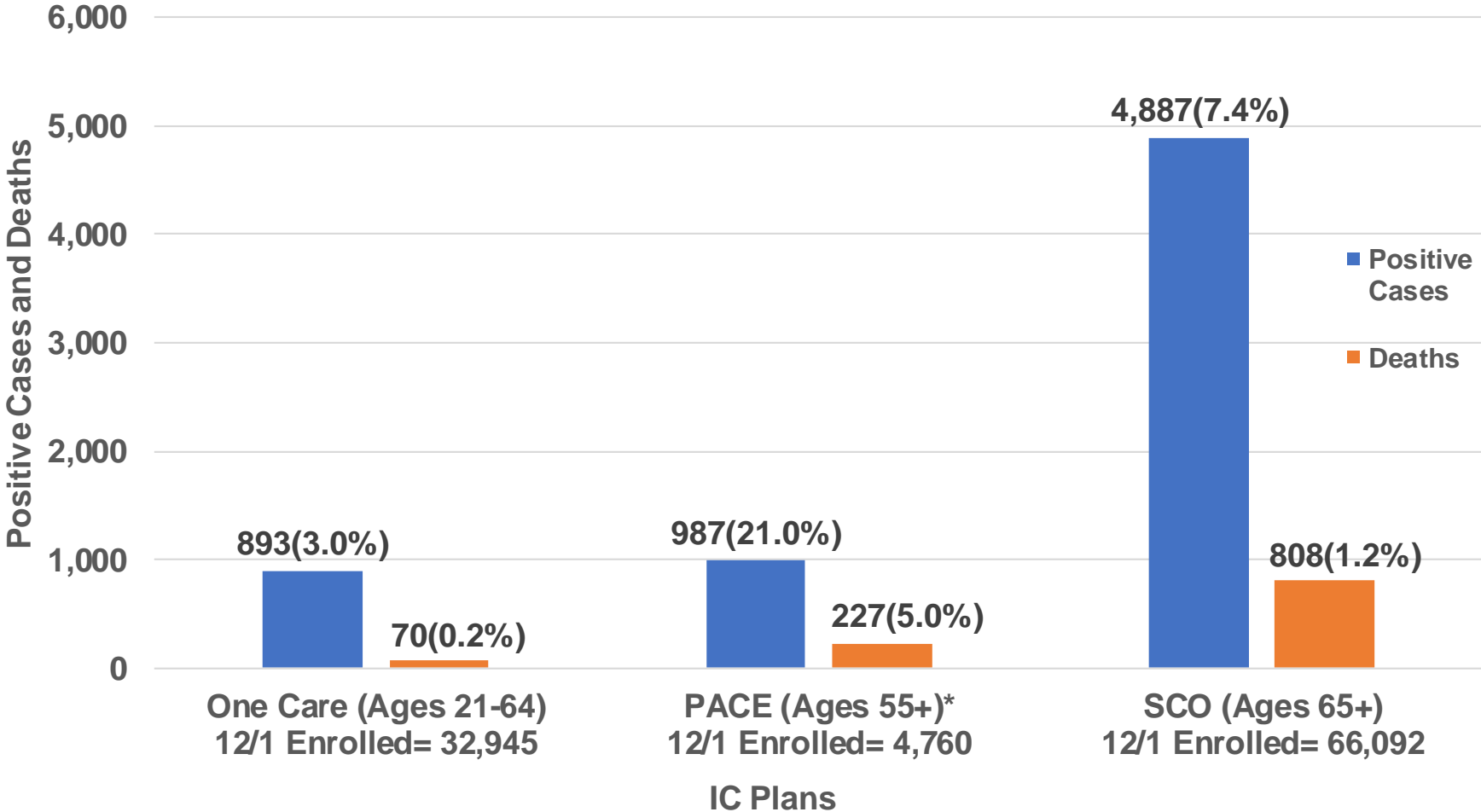
- Department of Mental Health (DMH)
 - DMH Engagement
 - The Role of the DMH Liaison
 - Covered Services

Integrated Care Plan-reported COVID-Positive Cases and Deaths



For discussion purposes only – this data is self-reported, unofficial, and preliminary

Integrated Care Plans- COVID Positive Cases and Deaths



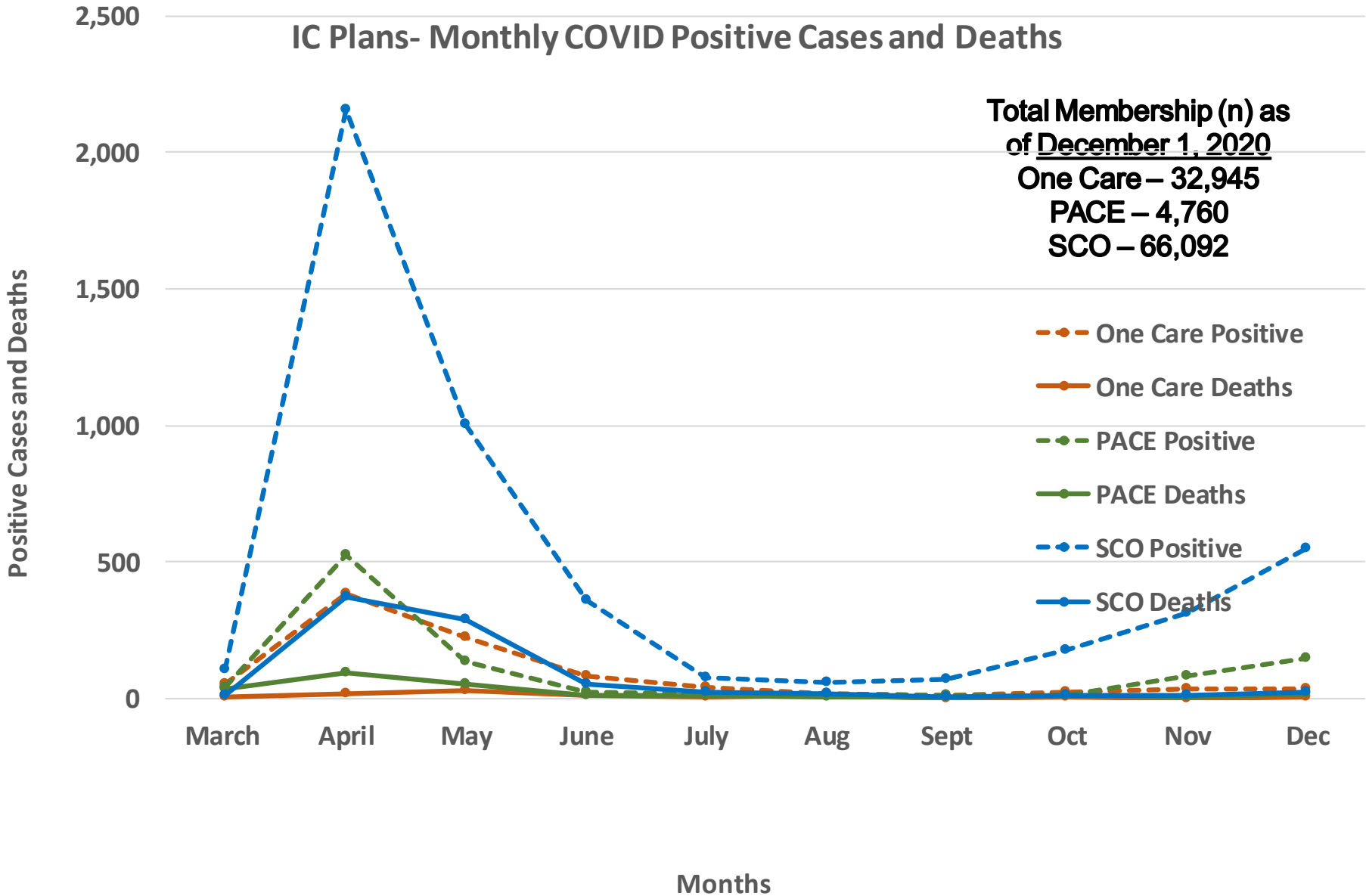
The above graph displays the cumulative number of positive cases and deaths of Enrollees in Integrated Care Plans through December 31, 2020. Percentages are cases divided by December 1, 2020 enrollments.

*All PACE participants are at a Nursing Facility Level of Care

Integrated Care Plans – Monthly COVID-Positive Cases and Deaths



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Morbidity and Mortality- What is the difference?

Morbidity is the proportion of a population that has a condition or illness. It can either be calculated at a specific point in time or over a specified period of time. It is often expressed as a percentage. Morbidity rate is often expressed in population units, typically as “per 100,000 people.”

Mortality refers to the number of deaths that have occurred due to a specific illness or condition. Mortality is often expressed in the form of mortality rate. This is the number of deaths due to an illness divided by the total population at that time. As with morbidity, mortality rate is often expressed in population units, typically as “per 100,000 people.”

Integrated Care Plans - Morbidity and Mortality Rates

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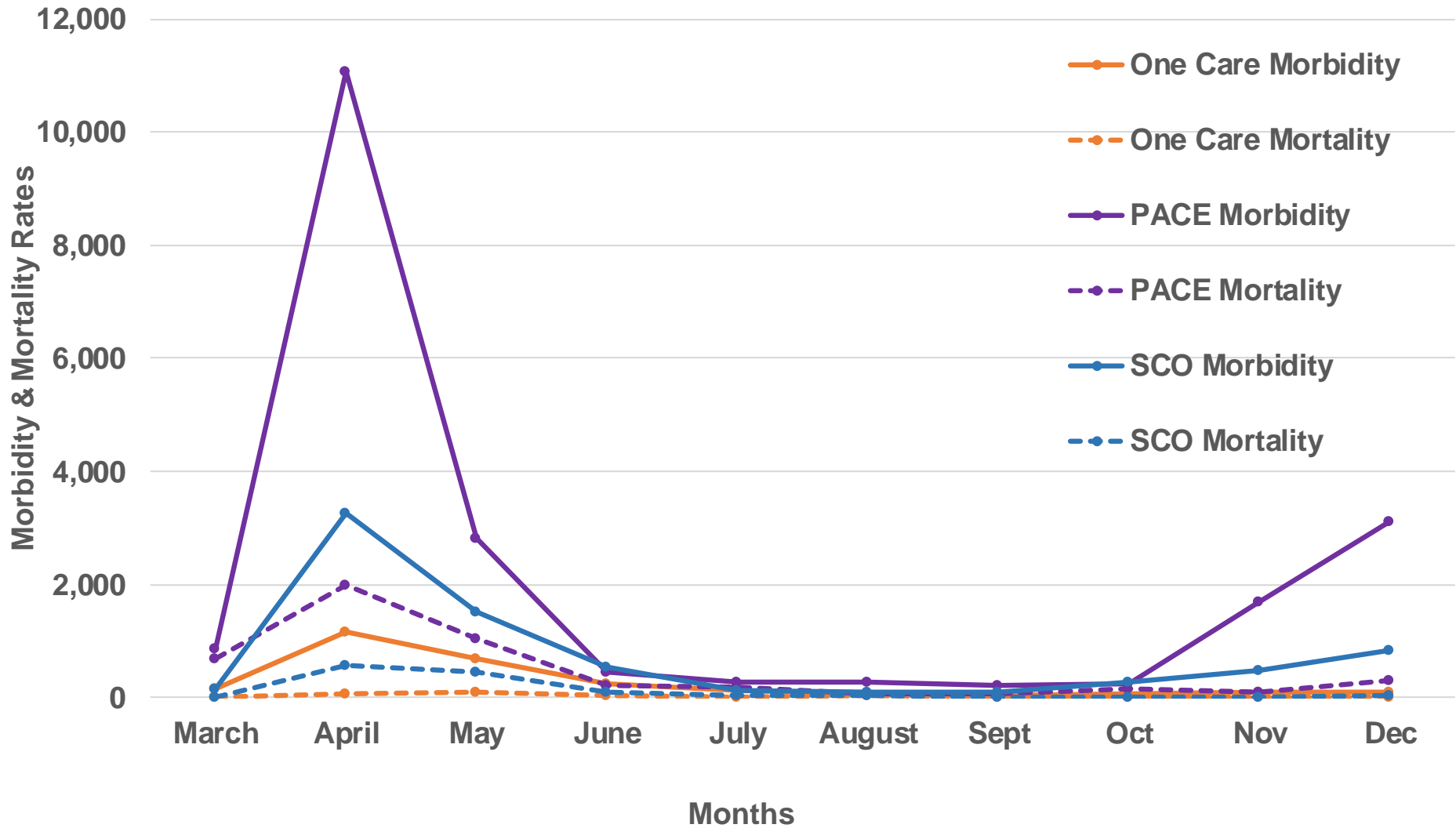


Morbidity & Mortality Rate (per 100K pop.) for IC plans (n=Total members in each plan)		
One Care	2,711	212
PACE	20,735	4,769
SCO	7,394	1,223

Monthly Morbidity & Mortality Rate(per 100K pop.) for IC plans										
	March	April	May	June	July	August	September	October	November	December
One Care Morbidity	161	1,160	683	240	118	52	30	70	100	97
One Care Mortality	3	55	82	27	3	21	0	18	0	3
PACE Morbidity	861	11,071	2,815	441	273	273	210	252	1,702	3,109
PACE Mortality	693	1,996	1,050	210	168	63	63	147	84	294
SCO Morbidity	162	3,267	1,516	543	117	85	107	263	469	832
SCO Mortality	11	563	436	80	29	24	9	12	18	36



IC Plans Monthly Morbidity & Mortality Rates (per 100K pop.)





One Care Contract Language for DMH Engagement

■ Care Delivery Model – Behavioral Health Section 5.2.3.3.1 indicates that;

- *The Contractor must ensure that Enrollees with serious and persistent mental illness have access to services in keeping with the recovery principles, including ongoing medication review and monitoring, outpatient treatment, rehabilitation, recovery and support programs, Peer Support/Counseling/Navigation and other milieu alternatives to conventional therapy. The ICT must coordinate services with additional support services as appropriate. For such Enrollees, a qualified behavioral health clinician (see Section 2.5.2.2.2) must be part of the ICT. As necessary, care coordination with the DMH and its contracted programs that serve the Enrollee must be provided.*

■ The Contractor shall ensure that services provided to Enrollees with DMH affiliation as follows (Section 2.5.8.2 – 2.5.8.2.5.2);

- *Ensure that Covered Services are delivered to all Enrollees;*
- *Ensure that the ICT communicates with the DMH caseworker(s) assigned to Enrollees and informs them of the services provided through the Contractor's plan;*
- *Ensure that for all DMH clients, a release of information is requested to be used to inform the agency of the Enrollee's current status;*
- *Ensure that for all DMH clients, the ICP specifies all Behavioral Health Services required during any acute Behavioral Health Inpatient Services stay, identifies discharge plans and, when appropriate, indicates the need for DMH Community-Based Services or continuing inpatient psychiatric care as part of the ICP; and*
- *Designate a DMH liaison to work with MassHealth and DMH*



DMH One Care Liaison Contract Language

- **One Care contract section 2.5.8.2.5.2.1. – 2.5.8.2.5.2.5. indicates that a DMH liaison shall;**
 - *Establishing and maintaining contact with designated DMH case managers, as identified by DMH, and assisting MassHealth and DMH in resolving any problems or issues that may arise with a DMH-affiliate DMH-affiliated Enrollee;*
 - *Upon request of DMH, participating in regional informational and educational meeting meetings with DMH staff and, as directed by DMH , family members and peer support workers;*
 - *As requested by DMH, providing advice and assistance to regional directors or case managers on individual cases regarding Covered Services and coordinating non-Covered Services;*
 - *If requested by DMH, working with providers of twenty-four (24) hour inpatient or diversionary services to coordinate discharge planning; and*
 - *As requested by MassHealth, actively participating in any joint meeting meetings or workgroups with MassHealth or other EOHHS agencies*

- **The DMH liaison must have previous care management experience working with persons in need of significant Behavioral Health Services**



DMH-Affiliated Covered Services -

■ **Emergency Services Programs (Section 2.8.6.3)**

- Plans must contract with Emergency Service Providers (ESPs) located in their contracted service areas.
- One Care Plans do not have to contract with DMH ESPs, but they must coordinate admissions and triage with DMH ESPs as they would with any contracted ESPs.

■ **DMH operated hospitals (Section 2.8.6.5)**

- One Care Plans must contract with hospitals operated by DMH.

■ **Two DMH services fall outside the One Care plan capitation and scope of covered services:**

- DMH Targeted Case Management (TCM) services
- DMH contracted Adult Community Clinical Services (ACCS) services (rehabilitative services provided by DMH)

For One Care enrollees receiving TCM or ACCS, the plan must coordinate with DMH as described above, and make an LTS Coordinator available to the enrollee (Section 2.5.3.6.9)



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