

Slide 1: One Care: Implementation Council Meeting

Executive Office of Health & Human Services

MassHealth Demonstration to Integrate Care for Dual Eligibles

November 9, 2021, 10:00 AM – 12:00 PM

Virtual Meeting via Zoom

*Note: the following slides include this footer: INTERNAL DRAFT –
POLICY IN DEVELOPMENT*

Slide 2: Agenda

1. **One Care Updates: One Care Enrollment Approach**
2. **Additional One Care Updates**
3. **Discharge Planning to Support Members Experiencing or at Risk of Homelessness Updates**

Slide 3: One Care Updates

- One Care Enrollment Approach
 - Enrollment under the new contract will begin with **Self-selection** only in January 2022.
 - Based on lessons learned from the initial One Care implementation, we expect to begin passive enrollment with modest volumes for April 1, 2022 effective dates.
 - MassHealth will work closely with each of the plans to determine the scope of their first Passive Enrollment
 - Subject to individual plans' ongoing performance and timely assessment completion, we would expect to make passive available on a quarterly basis from April 1, 2022 forward
 - We are working to passively enroll "New Duals" (eligible individuals with MassHealth who are gaining Medicare for the first time) on a **monthly** basis. We

expect this may begin as soon as July 2022. This is usually a small number of people each month.

- One Care eligible enrollees can choose to voluntarily opt-in to any of the One Care plans available in their county
 - UnitedHealthcare Connected enrollments would be effective for 1/1/2022
 - Tufts Health Unify enrollments for new Service Areas are also effective for 1/1/2022

Slide 4: One Care Updates

- Centers for Medicare and Medicaid Services (CMS) does have a formal definition for Modifications for changes made to service authorizations. Federal regulations **42 CFR § 422.566** Organization Determinations address these changes as follows:
 - (b) Actions that are organization determinations.** An organization determination is any determination made by an MA organization with respect to any of the following...*
 - (3)** The MA organization's refusal to provide or pay for services, in whole or in part, including the type or level of services, that the enrollee believes should be furnished or arranged for by the MA organization.*
 - (4)** Reduction, or premature discontinuation, of a previously authorized ongoing course of treatment.*
 - (5)** Failure of the MA organization to approve, furnish, arrange for, or provide payment for health care services in a timely manner, or to provide the enrollee with timely notice of an adverse determination, such that a delay would adversely affect the health of the enrollee.*
- Under this regulation Modifications that increase the benefit requested (i.e. PCA hours, number of PT appointments, etc.) would be seen as an approval.

- MassHealth Managed Care Entity Bulletin 64 - [Discharge Planning to Support Members Experiencing or at Risk of Homelessness](#)

Slide 5: New Discharge Planning Toolkit Published

- Specific to assisting **people experiencing homelessness and at risk of homelessness**
- **Cross-agency initiative** involving MassHealth, Interagency Council on Housing and Homelessness (ICHH), Dept. of Housing and Community Development (DHCD), and Dept. of Mental Health (DMH)
- Developed with input from stakeholders from housing, homelessness, and health care sectors
- Direct outgrowth of the [Commonwealth's Olmstead Plan](#)
- Provides **clarity on existing regulations/contracts and includes new requirements**
 - **Detailed in 3 new MassHealth Bulletins for:**
 - Acute Inpatient Hospitals Participating in MassHealth
 - Psychiatric Inpatient Hospitals Participating in MassHealth
 - Managed Care Entities
- **Also includes tools** and resources to enhance current practices and build capacity
- All available online at: [Helping Patients who are Homeless or Housing Unstable](#)

Slide 6: Toolkit Contents

GUIDANCE

- **MassHealth Bulletins** for Acute Inpatient Hospitals, Psychiatric Inpatient Hospitals and Managed Care Entities
- **ICHH Letter** to state agencies and stakeholders announcing resources
- **DHCD Letter** to Individual Emergency Shelter Providers

- **List of Acute Inpatient Hospitals and Freestanding Psychiatric Inpatient Hospitals**
- **Form for Shelters to Report Inappropriate Discharge to Adult Individual Shelter**
- **Updated DMH discharge reporting form** for DMH licensed hospitals

RESOURCES FOR DISCHARGE PLANNERS

- **Online Housing Tool** for Hospital Discharge Staff
- **Finding Alternatives to Shelter: A Discussion Guide** for Hospital Discharge Staff
- **Shelter Realities:** Shelter living arrangements and rules
- **How to Apply for an ID** from the RMV or Social Security
- **Discharging to Shelter Question Guide**
- **Homeless Support Line for Discharge Staff**
- **Long Term Care Discharge Support Line**
- List of Contacts for **Emergency Shelters for Individual Adults**

Slide 7: 3 New MassHealth Bulletins

- Similar content, **designed to mirror one another**
- Focused on **members who are homeless or housing unstable prior to admission or at discharge**
- Focused on **inpatient admissions**
- Go into effect **September 1, 2021**
- Will be **incorporated into new contracts/RFAs** on a rolling basis as contracts/RFAs are issued or amended
- Hospitals and MCEs **must incorporate the discharge planning procedures into their own discharge planning processes** for MassHealth members

Goal is to promote early and frequent conversations between hospital discharge staff, MCEs, Community Partners, DMH/DDS/MRC or other

case managers, shelter providers, and family or other involved parties to problem solve together

Slide 8: New Resources for Hospital Discharge Staff

[Online Housing Tool](#)

A decision tree that helps guide hospital discharge staff by providing specific action steps tailored to the individual's unique housing situation

[Online Housing Tool \(instructions\)](#)

Short companion video provides instructions for using the Online Housing Tool

[Finding Alternatives to Shelter](#)

A discussion guide that provides examples of specific prompts and questions to help facilitate an in-depth iterative conversation between discharge staff and a member about possible housing options during discharge

[Shelter Realities](#)

A fact sheet that provides clear information about things for a member to consider before choosing to discharge to shelter, including shelter space configurations (e.g., beds, privacy, storage), and operations (e.g., rules around daytime hours, time limits).

[Discharging to Shelter Question](#)

A guide that provides a list of questions that hospital discharge staff can ask a shelter to learn more about a specific shelter's operations and resident experience

[How to Obtain Identification Documents](#)

A fact sheet that hospital discharge staff can refer to in assisting members in accessing key identification documents

HOTLINES

Contact only when all potential placement options have been exhausted, including speaking with a shelter

Homeless Support Line for Discharge Staff

Support Line staff aid with trouble-shooting benefits issues, connecting with resources not known to the facility, and coordinating with state government partners to address the member's needs

Long Term Care Discharge Support Line

Support Line staff assist hospitals discharge staff who are working with members in need of facility-based long-term care post discharge

Slide 9: Housing Tool for Hospital Discharge Staff

Note: this slide shows portions of the Housing tool.

Identifying Housing Options During Inpatient Stay

If the patient is expected to spend longer than 14 days in the hospital and was experiencing homelessness directly prior to admission, please complete the following actions during the inpatient stay.

Action Step 1

Question

Is the patient able to care for themselves independently after discharge, and is not a danger to themselves or others?

Yes No

YOUR RESPONSES

- ✓ The patient is able to care for themselves independently after discharge and is not a danger to themselves or others.
- ✓ The patient was experiencing homelessness immediately prior to admission.

- ✓ The patient was staying in a shelter immediately prior to admission.
- ✓ The expected length of stay for the patient is 14 days or more.

Action Step 4

Contact the local **Housing Consumer Education Center (HCEC)** to identify if there are any resources available to assist the patient. The HCEC may be able to connect the patient with resources including:

- Rental assistance to help cover past rent owed and future rent
- Legal services and support
- Case management

Slide 10: Next Steps for MCEs

- Review the requirements in the relevant MassHealth Bulletin
- Review all resources on the website
 - Explore the Online Housing Tool for Hospital Discharge Staff
- Review and update contracts with network hospitals to incorporate Bulletin language
- Review communications protocols with network hospitals to ensure early and frequent contact for admitted members experiencing homelessness or at risk of homelessness
- Train relevant staff so they are clear on what information to expect from network hospitals and how to work with discharge staff
- Develop reporting mechanisms to gather information from network hospitals about discharges to shelter
 - More details forthcoming from MassHealth

Slide 11: Bulletin Details

No data/content on this slide

Slide 12: Bulletin Content – Definitions

- **A Member Experiencing Homelessness** is any member who lacks a fixed, regular, and adequate nighttime residence and who:
 - has a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings including a car, park, abandoned building, bus or train station, airport, or camping group; or
 - is living in a supervised publicly or privately operated emergency shelter designated to provide temporary living arrangements, including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low-income individuals.
- **A Member at Risk of Homelessness** is any member who does not have sufficient resources or support networks (e.g., family, friends, faith-based or other social networks) immediately available to prevent them from moving to an emergency shelter or another place not meant for human habitation.

Slide 13: Bulletin Content – Hospital Discharge Planning Activities at the Time of Admission

- Must **assess each admitted member's current housing situation** to determine whether such member is experiencing or at risk of homelessness
 - Screen admission data, including but not limited to age, diagnosis, and housing status, **within 24 hours of admission**
 - For any member determined to be experiencing or at risk of homelessness, **discharge planning activities must commence within three working days of admission**
- Must **invite and encourage to participate in or otherwise contribute to discharge planning activities**: the member; the

member's family members, guardians, primary care providers, behavioral health providers, key specialists, Community Partners, case managers or other representatives, emergency shelter outreach or case management staff, or care coordinators; and any other supports identified by the member

- For any such **member who is a DMH, DDS, MRC client**, must invite and encourage designated staff from each such agency to participate in discharge planning activities
- If enrolled with a MassHealth MCE, **must contact the member's MCE** to work together to identify resources to assist the member's housing situation.

Slide 14: Bulletin Content – Hospital Discharge Planning Activities at the Time of Admission

- Must determine whether any non-DMH, non-DDS, or non-MRC-involved member experiencing or at risk of homelessness may be eligible to receive services from these agencies
 - **Within two business days of admission, offer to assist the member with completing and submitting an application** to receive services
 - Bulletin includes about the process of applying to receive services from [DMH](#), [DDS](#), and [MRC](#)
- Must determine whether any member experiencing or at risk of homelessness has any **substance use disorder and contact the DPH-sponsored [Helpline](#)** (800) 327-5050) to understand the available treatment services and their options

Slide 15: Bulletin Content – Hospital Discharge Planning Activities at the Time of Admission for Expected LOS < 14 days

- **Members who experienced homelessness prior to admission and who are expected to remain in the hospital for fewer than 14**

days may be able to return to a shelter if they do not have a skilled care need or need assistance with activities of daily living

- In these situations, the **hospitals must contact the emergency shelter** in which the member most recently resided, if known, to discuss the member's housing options post discharge
- If the member has not resided in an emergency shelter, or if the emergency shelter in which the member most recently resided is unknown, the hospital must contact the local emergency shelter to discuss the member's housing options post discharge
- **Contacting the emergency shelter should occur at time of admission**
- [Emergency shelters information](#)

Must seek consent to the extent that any applicable federal or state privacy law or regulation requires member consent as a prerequisite to any activity

Slide 16: Bulletin Content – Hospital Assessing Discharge Options

- **Must ensure that their discharge planning staff are aware of and utilize available community resources** to assist with discharge planning for members experiencing homelessness or at risk of homelessness.
 - Must **provide regular training** to discharge planning staff on available resources and/or up-to-date resource guides
- Must make all reasonable efforts to **prevent discharges to emergency shelters** of members who have **skilled care needs**, members who **need assistance with activities of daily living**, or members whose **behavioral health condition would impact the health and safety of individuals** residing in the shelter
- EOHHS has established a [website](#) to assist provider hospital discharge staff when helping **patients with skilled nursing or other long term care needs**

Must seek consent to the extent that any applicable federal or state privacy law or regulation requires member consent as a prerequisite to any activity

Slide 17: Bulletin Content – Hospital Discharging to Shelter

- For members with short inpatient stays (<14 days) or for those situations **when discharge to an emergency shelter or the streets may be unavoidable** despite the best efforts of the Hospital, must
 - Discharge the member **only during daytime hours**
 - Provide the member **a meal prior to discharge**
 - Ensure that the member is **wearing weather appropriate clothing and footwear**
 - Provide the member a **copy of their health insurance information**
 - Provide the member with a **written copy of all prescriptions and at least one week's worth of filled prescription medications**
 - Provide **at least 24 hours advance notice to the shelter** prior to discharge
 - Provide the member with **access to paid transportation**
 - **Ensure that the shelter has an available bed** for the member.
 - In the event that a shelter bed is unavailable on the planned discharge date, but a bed will be available soon, **delay discharge until a bed is available and bill MassHealth at the administrative day rate** for each such day on which the member remains in the Hospital.

Must seek consent to the extent that any applicable federal or state privacy law or regulation requires member consent as a prerequisite to any activity

Slide 18: Bulletin Content – Tracking and Reporting

- Must **document in each member's medical record all efforts** related to the discharge planning activities, including:
 - options presented to the member
 - if applicable, the member's refusal of any alternatives to discharge to the streets or emergency shelters
- Must **track discharges of members to local emergency shelters or the streets** in a form, format, and cadence to be specified by MassHealth (*forthcoming*)
- **For Psychiatric Inpatient Hospitals**, DMH has revised the reporting form to better capture data related to discharges to the streets and shelter
- **For Shelters**, new online form to report discharges from hospitals that may not be appropriate

Slide 19: One Care

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