

## Meeting Minutes February 11, 2019 – One Care Implementation Council Meeting

**Meeting Location:** The Boston Society of Architects – 290 Congress St., Boston, MA

**Date:** February 11, 2019 10:00 AM – 12:00 PM

**Council Member attendees:** Crystal Evans, Dennis Heaphy, Paul Styczko, Jeff Keilson, Sara Willig, Suzann Bedrosian, Darrell Wright, Dan McHale, Francesca Abby (via Zoom), Henri McGill, Elizabeth Jasse

**Key Stakeholders and Support Staff attendees:** Whitney Moyer (MassHealth), Corri Altman Moore (MassHealth), Jennifer Baron (CMS), Maggie Carey (UMMS), Daniel Cohen (MassHealth), Marjorie Longo (WWL), Sean Macaluso (UMMS), Roseanne Mitrano (MassHealth), Holly Robinson (CMS), Heather Friedman (Tufts), Danielle Westermann (Tufts), Maryanne Frangules (MOAR).

**Unable to attend:** Cathleen Connell, Alicia (Kestrell) Verlager, Chris White, David Matteodo

**Handouts:** *Agenda; Draft minutes from January 14, 2019 IC meeting, One Care Implementation Council Duals 2.0 Contract Recommendations, MassHealth One Care: Implementation Council Meeting 2/11/20, MOAR - Performance Requirements for addiction professionals, Work Without Limits One Care Implementation Council Presentation*

[Documents available online](#)

## Executive Summary and Action Items:

### Welcome / review January 14<sup>th</sup> meeting minutes

Paul Styczko, Implementation Council (IC) Co-Vice Chair, opened the meeting. The Co-Vice Chair asked for a motion to approve the minutes from the January 2020 meeting. Motion was made by an IC Council member and seconded. With no objection, the January 2020 Implementation Council meeting minutes were approved.

### MassHealth Updates

Daniel Cohen, Deputy Director of Integrated Care, updated the Council of the service area expansion by One Care to Barnstable County and additional coverage in Middlesex County. Daniel also provided an update to the 2019 Rate Reports and amended One Care contract documents within the One Care agreement. Corri Altman Moore, Director of Integrated Care, discussed access to peer specialists within One Care.

### Work Without Limits Presentation

Marjorie Longo, Project Coordinator, presented the group with an overview of the services provided by Work Without Limits.

### Massachusetts Organization of Addiction Recovery (MOAR) Presentation

Maryanne Frangules, Executive Director, Massachusetts Organization for Addiction Recovery, and Implementation Council Member Darrell Wright presented recommendations for the One Care contract with respect to the Substance Use Disorder community and services.

### IC's Contract 2.0 Recommendations

Dennis Heaphy, Implementation Council Chair, presented on recommendations originating from the Council's ongoing discussions on One Care for the future.

### Public Input

IC Vice Co-Chair Crystal Evans invited members of the public to speak.

## Meeting Minutes:

### Welcome / review January 14<sup>th</sup> meeting minutes

Paul Styczko, Implementation Council (IC) Vice Co-Chair, opened the meeting. The Vice Co-Chair asked for a motion to approve the minutes from the January 2020 meeting. The motion was seconded and carried.

### MassHealth Updates

Daniel Cohen, Deputy Director of Integrated Care, updated the Council of the service area expansion by One Care to Barnstable County and additional coverage in Middlesex County. Daniel also provided an update to the 2019 Rate Reports and amended One Care contract documents within the One Care agreement. Corri Altman Moore, Director of Integrated Care, discussed access to peer specialists within One Care in the presentation entitled *One Care: Implementation Council Meeting February 2020*.

### Round Robin Discussion on MassHealth Updates

Council Chair instructed members of the Council to discuss their thoughts on the updates given by MassHealth.

### Questions / Comments:

- IC member asked about the gray cities and towns within Southeastern Massachusetts on *Slide 3 of One Care: Implementation Council Meeting February 2020* presentation.
  - MassHealth representative replied that this was Plymouth County where CCA provides partial One Care coverage; Wareham, Marion, and Lakeville are currently not covered.
- IC Chair stated when looking for specific terms within the contract update, they noticed 'deaf culture' was not included.
  - MassHealth representative thanked the Chair for pointing this out and replied that they did not think that it was a defined term in the contract.
- IC member asked MassHealth representative to define "MOU."
  - Centers for Medicare and Medicaid Services (CMS) representative defined MOU as 'Memorandum of Understanding' which is the agreement of the Dual's Demonstration wherein CMS and the state agree upon what the demonstration will include.
- IC Chair asked MassHealth representative to define what they mean by the term "service-based population health and self-management" on *Slide 6 of One Care: Implementation Council Meeting February 2020*.
  - MassHealth representative replied that the example they are most familiar with comes from the Department of Public Health (DPH). The DPH funds peer support specialists who work directly in communities to share their experiences.
- IC member asked whether MassHealth would consider expanding peer support to compensate those with formal training for their services.

- MassHealth representative replied that peer supports, mentoring, and navigation services are covered services in One Care when included in a member's care plan.
- IC member asked how a compensated peer position like the one the MassHealth representative described would be established.
  - MassHealth representative replied that this would be an operational or implementation question, adding that this feedback is helpful for the contract process.
- IC Chair asked a clarifying question about the mechanism that will be used to ensure access to services. IC Chair added this does not need to be answered now.
  - MassHealth representative answered that in the readiness review, MassHealth ensures that the plans provide adequate access to covered services.
- IC member suggested that the language around compensation for one on one peer support be removed from the MOU.
  - IC Chair asked why removing compensation language is important.
  - IC member said in terms of compensation it is important to differentiate between clinical counseling and peer support.
- IC member asked if individuals with intellectual disabilities were purposefully left out of the presentation and suggested that peer support for people with intellectual disabilities be added.
  - MassHealth representative stated that they do not think this was intentional and asked the IC member to elaborate on a peer support model that would be applicable.
  - IC member told MassHealth representative they would think more about it and send feedback.
- IC member commented that there is currently a lot of confusion around certification for peer specialists, and that there is a lack of knowledge around who is responsible for certification. IC member suggested MassHealth provide training on this issue.
  - MassHealth representative replied this was very helpful and is something that MassHealth can think about for the contract. MassHealth representative asked IC member if there is debate around whether peer recovery coach should always be certified or if there are other types of peer support that would be appropriate within this context.
  - IC member replied that from the certified recovery coach perspective, it is beneficial to have training to fall back on as well as experience and understanding of what the role entails.
  - IC member stated that as a certified recovery coach, they were required to do a five-day recovery coach training along with five additional trainings for certification.
- IC member asked if there were any services that did not meet the definitions on *Slide 6* or if the list covers all covered services.
  - MassHealth representative stated that their intention is to ensure that the presentation includes all services.

- IC member shared that as a certified peer specialist the integrity of the program needs to be maintained, and that the certification process is rigorous. IC member suggested that the contract clearly state that the certified peer specialist always represents the enrollee, and that the specialists be available for everyone with a behavioral health need on an opt-out basis (opt-out meaning that the member is automatically enrolled but if they do not want the service offered, they can say *No thank you* and opt-out). Currently, certified peer specialists are offered on an opt-in basis – meaning the member will not have to meet with a specialist unless they state they want to work with one during their intake or yearly assessment, but many enrollees do not know enough about certified peer specialist services until long after the intake process
  - My Ombudsman representative stated that the code of ethics for certified peer specialists can be shared as a resource to define the appropriate role within One Care within the contract.
  - My Ombudsman also said that certified peer specialists and certified recovery coaches are sometimes confused as to how they should work together.
- IC Chair added that they also believe it is important to make the certified peer specialists part of the care team as an opt-out service. IC Chair added that there will need to be a meeting between MassHealth and the recovery community to clarify some of these nuances to reflect the vision of One Care.
  - MassHealth representative clarified that there is a difference in definition within One Care for both “peer specialist” and “recovery coach,” and that the differentiation is made for the purpose of including both services. Representative expressed concern that if the only types of peers that are specified for mental health and recovery are certified peer specialists, that it may leave members without adequate services.
- IC member stated that it would be beneficial to have the definition of a certified peer specialist.
  - MassHealth representative said there are multiple definitions for this role with no singular source of authority in defining it.
- IC Chair added that in literature and articles licensure is different from certification and that a licensed person is not necessarily a peer. It is important to clarify that these positions have different roles and requirements.
  - My Ombudsman representative disagreed. My Ombudsman representative stated that there are licensed people acting in a peer role, though not all licensed people are peers. They added that there are also people who do not have certified peer specialists credentialing that provide peer services. My Ombudsman representative reiterated that you cannot preclude peers with licenses or peers without certifications from providing peer support because it will result in excluding some of the peer services.
- IC Chair asked if licensed versus non-licensed peer specialists have different reporting standards.

- My Ombudsman representative replied that the peer specialist's role is filled by people of varying backgrounds and certifications and that the differences in reporting standards change based on these variables.
- IC member shared their opinion that shared experience is more important in a peer specialist role than certification. IC member also added that it is important to distinguish developmental disability from intellectual disability.
- IC member stated that unlicensed peer specialists are providing a valuable counseling experience and should be compensated.
- IC member suggested that having peers on the care team to support members with independent living could be an additional service provided beyond the initial assessment.

### Work Without Limits Presentation

Marjorie Longo, Project Coordinator, presented the group with an overview of the services provided by Work Without Limits.

#### Questions / Comments:

- IC Chair thanked Work Without Limits representative for their presentation and added that the Council recognizes how important it is to help people understand their rights.

### Massachusetts Organization of Addiction Recovery (MOAR) Presentation

Maryanne Frangules, Executive Director, Massachusetts Organization for Addiction Recovery, and Implementation Council Member Darrell Wright presented on recommendations for the One Care contract with respect to Substance Use Disorder (SUD) services.

#### Questions / Comments:

- IC Chair asked MassHealth and the CMS representative about their thoughts on the requests made in the presentation. Chair added that the goal is to ensure there is integration of behavioral health and recovery coaches at the start of a member's engagement with the care team. This will ensure that the One Care member has continuous care while transitioning out of the hospital.
  - MOAR representative expressed the importance of understanding the role of a recovery coach for a member.
  - MassHealth representative replied that they are not aware of any intention of changing the minimum access period of 90 days (*Slide 2 of MOAR's Certified – Performance Requirements for Addiction Professionals*).
  - Further, the MassHealth representative replied to the Chair's comments on transitioning out of the hospital. They said the MOU specifies that a member would have access to a peer across all settings.
- IC Chair emphasized that importance of coordination between peer specialists from both the plan and the hospital. Chair stressed that there is opportunity to work contractually

within the plans with entities who provide recovery coaching and peer specialists so there is a smooth transition once the member is discharged.

- MassHealth representative replied that it is important to include of different types of peers and that there should be better and clearer connections when a member is being discharged from the hospital to the next level of care.
- IC Chair added that the presentation demonstrated that a 24-hour hand-off is too late and asked how a warm hand-off could be included in the plan contracts.
  - MassHealth representative added that if a 24-hour hand-off is to become part of the contract, operationalization needs to be considered. The ability to get data, the ability to share data, and interlinking them is very challenging.
  - MOAR representative referenced the current federal debate over 42 CFR about whether to loosen the regulation or to maintain its parameters in order to share data.
  - IC Chair admitted he does not know how to address MassHealth's concern but has faith it can be worked out in the contracts with the plans. He added that trust between the peer specialist and the member is very important.
  - CMS representative stated they support everything MassHealth has said.
- IC Chair asked MOAR representatives how they feel about the process.
  - MOAR representative expressed gratitude to be discussing issues with representatives of the Council, MassHealth, and CMS, and said this is the way to lead to positive change.
- IC Chair added the caveat that for the contract to develop there may be ambiguity with ensuring that appropriate voices are heard, and this presentation was simply an overview – not an in-depth presentation. IC Chair referenced specific issues raised by consumers in the role of Care Coordination and decision making (*Slide 4 of the MOAR presentation*).
  - MassHealth representative agreed with the Chair. MassHealth representative then stated that they believe that *Bullet 2, Slide 4* is an oversight and management issue and that it is now required in the MOU.
- IC member questioned whether information would be passed along to consumers in ways other than written texts, as members believe they are overly inundated currently.
  - IC Chair agreed that this should be a minimum standard when receiving services.

### IC's Contract 2.0 Recommendations

The IC Chair presented recommendations originating from the Council's ongoing discussions for One Care for the future in slide deck called *One Care Implementation Council - Duals 2.0 Contract Recommendations*.

#### Questions / Comments:

- IC Chair reiterated that the slides (*One Care Implementation Council - Duals 2.0 Contract Recommendations*) are based on what is being requested nationally, and that they should be required in the MOU.

- CMS representative thanked the Chair and the Council for their input. They added that in respect to the quality measures in the MOU, they plan to frame the measures in a way that they can go back and revisit if necessary.
- IC Chair expressed desire to build more MassHealth oversight of the plans in the MOU in order to ensure the information is being reported, that quality measures are meaningful, and that they advance One Care as a model.
- IC member reminded those present that the Council put forward to CMS and MassHealth a formal set of recommendations in Spring of 2019.
- IC member asked MassHealth and CMS about the timeline of the MOU.
  - MassHealth representative stated they are in an internal review sign off process after which CMS will go through their own sign off process.
  - CMS representative added that the MOU is not going to interfere with the points brought up from the discussion today. CMS representative also added that by design the MOU has flexibility. Representative then reiterated that Implementation Council feedback is welcomed.

### Public Input

Crystal Evans, Implementation Council Vice Co-Chair, invited members of the public to speak.

- Member of the public who is a community organizer with the Boston Center for Independent Living stated their support for all the recommendations for the contract made by the Council.

### Upcoming Meetings:

#### **Tuesday February 25, 2020**

10 am – 12 pm

IC Member Zoom Conference Call

Dial in phone option

#### **Tuesday March 10, 2020**

Monthly IC Meeting

10 am – 12 pm

Boston Society of Architects (BSA)

290 Congress Street

Suite 200 – Pearl Street Conference Room

Boston, MA 02210