

Meeting Minutes March 10, 2020 – One Care Implementation Council Meeting

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

Date: March 10, 2020 10:00 AM – 12:00 PM

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

Key Stakeholders and Support Staff attendees: Corri Altman Moore (MassHealth), Jennifer Baron (CMS), Maggie Carey (UMMS), Daniel Cohen (MassHealth), Hilary Deignan (UMMS) (via Zoom), Sean Macaluso (UMMS), Holly Robinson (CMS) (via Zoom), Heather Friedman (Tufts), Danielle Westermann (Tufts) (via Zoom).

Unable to attend: Cathleen Connell

Handouts: *Agenda; Draft minutes from February 11, 2020 IC meeting, MassHealth One Care: Implementation Council Meeting 3/10/20, One Care Implementation Council's Recommendations to MassHealth One Care 2.0 Contract*

[Documents available online](#)

Executive Summary and Action Items:

Welcome / review February 11th 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 February 2020 meeting. The motion was seconded and carried.

MassHealth Updates

Daniel Cohen, Deputy Director of Integrated Care, presented *MassHealth One Care: Implementation Council Meeting 3/10/20*. MassHealth stated the three-way contract negotiations between the state, CMS and the procured plans for One Care 2.0, have begun. MassHealth anticipates the three-way contract process will be completed and signed by participating plans no later than July of 2020. MassHealth also provided an update on the readiness review process and on personnel changes at MassHealth.

Implementation Council Contract 2.0 Recommendations

Dennis Heaphy, Implementation Council Chair, presented *One Care Implementation Council's Recommendations to MassHealth One Care 2.0 Contract*.

Public Input

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

Meeting Minutes:

Welcome / review February 11th 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 February 2020 meeting. The motion was seconded and carried.

MassHealth Updates

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Questions / Comments:

- IC member asked MassHealth if sign language videos are going to be part of the new communication requirements for One Care plans.
 - MassHealth representative replied that the new contract will have new language about communication access and requirements for meeting members' communication needs.
- IC member asked if MassHealth has considered directing One Care plan outreach towards those waiting for beds in behavioral health hospitals.
 - MassHealth responded that this is something that could be discussed internally.
- IC member asked MassHealth representative if January 2021 remains the start date for the new plans joining One Care.
 - MassHealth representative replied that it is.
- IC Chair asked MassHealth representative if there is a set timeline and process for the One Care contract negotiations. IC Chair added that MassHealth and the Council had previously discussed that Council members and members of the disability community would have an opportunity to participate in the process.
 - MassHealth replied that the IC consumer reviewers who have been working on the One Care plan procurement will be asked to provide feedback on focused areas of the contract such as "local control."
- IC Chair asked for a timeline for the Memorandum of Understanding (MOU), and if MassHealth still plans to have an open IC meeting to discuss the MOU.
 - MassHealth replied that the MOU is still on track to be signed in May. The timing of an open meeting will be established once they have a date for the signing. MassHealth has not determined the timing or the format of the MOU Open meeting.
- MassHealth representative added that the One Care contract should be finalized by the end of the month (March) so any comments should be provided to MassHealth as soon as

possible (*MassHealth One Care: Implementation Council Meeting 3/10/20 - slide 1, bullet 2, sub-bullet 1*).

- IC Chair asked MassHealth to confirm that they are referring to the 3-way contract (between CMS, MassHealth and the Plans) being signed by the end of the month and not the 2-way contract (between the Plans and MassHealth). IC Chair further stated that the Council would like to see the completed MOU before providing feedback for the 3-way contract.
- MassHealth representative confirmed that they are referring to the 3-way contract. The 2-way contract is a small document that addresses specifics between each plan and MassHealth. The 3-way contract contains the majority of the program information similar to how it looks today.
- IC member stated it was great to see on *Slide 1 bullet 1, sub-bullet 3* of the *MassHealth One Care: Implementation Council Meeting 3/10/20* presentation that MassHealth is continuing to focus on the individual care planning process which is foundational to One Care. IC member reminded the group that the Council has consistently stated that the current One Care plans have not done an adequate job applying the person-centered care model to One Care services. Member added that other states have been aggressive in instituting tools that measure the degree of person-centered care for consumers – such as by requiring certain questions to be asked and by limiting caseload size.
 - MassHealth stated that this area is important for all plans joining One Care and added that MassHealth will remain focused on person-centered care.
- IC member asked if there was a way to streamline the two One Care assessments – the MDS and the comprehensive assessment. IC member said they lost services while awaiting the MDS reassessment.
 - MassHealth representative clarified that the purpose of the Minimum Data Set (MDS) assessment is to ensure that MassHealth can accurately pay the plan, and that it is not a comprehensive tool for determining service needs. The comprehensive assessment is the main tool plans are required to use for person-centered care planning and setting member goals. Both assessments can be completed together, but nothing can substitute the full comprehensive assessment. Additionally, the MDS should never result in the change of services, only the comprehensive assessment should impact what services are being offered. The comprehensive assessment should be done yearly and whenever a member has a change of needs.
 - IC member stated that their service approvals ended in January and the plan stated in-house services were on hold until the MDS assessment was completed and the service approvals renewed. The member said that once this was completed in March, the services restarted.
 - MassHealth representative expressed concern that services were stopped while awaiting the MDS assessment. MassHealth representative asked to speak to the member further after the meeting.

- IC member stated that they have historically had difficulty finding ASL interpreters for assessments.

Implementation Council's Contract 2.0 Recommendations

Dennis Heaphy, Implementation Council Chair, presented *One Care Implementation Council's Recommendations to MassHealth One Care 2.0 Contract*.

Questions / Comments:

- Member of the public stated that within the past week they received a letter stating hand sanitizer will no longer be a CCA covered benefit. This commenter stated that this is concerning as hand sanitizer is especially important, and increasingly more difficult to acquire with the spread of the coronavirus. Public commenter stated that they require hand sanitizer for a medical procedure they need to conduct each night.
 - IC Chair asked the member of public to clarify if hand sanitizer was previously a CCA covered service for the member.
 - Member of the public stated that was correct – hand sanitizer has been covered for the member in the past as it is a medical necessity for them.
- IC member shared that their care plan does not address their concerns and goals. In addition, they said the current care planning process does not provide the opportunity for members to identify meaningful goals for their own care. They said their plan is not working with them to come up with appropriate solutions. Additionally, the One Care plan does not address the member's needs as a parent. They said the care plan must fit with the family plan and help the member with parenting needs. Lastly, IC member shared that decisions about their needs, such as an accessible kitchen, are taking so long the members is missing alternative funding opportunities.
- Member of the public shared that they had recently been approved for a MyoCycle for occupational therapy. Member of the public had the vendor contact their doctor and then waited. After waiting and multiple attempts to communicate over the course of weeks, the member was told that the device was no longer covered because the vendor was out of network. The member was informed of this through contacting the MyoCycle vendor – not from their care manager, Tufts or the primary care doctor. Member of the public stated that One Care members should have the ability to use an out of network vendor one time a year to get things like the MyoCycle which are not available in many places.
 - MassHealth representative clarified that One Care already states that if a covered service is not available within a member's existing network then the member is permitted to go out of network to get the service. This is not a one-time benefit – but rather applies any time this issue arises. MassHealth representative encouraged the member to contact the One Care email account (OneCare@MassMail.State.MA.US) or to contact My Ombudsman directly (info@myombudsman.org).

- IC member shared that their care coordinator is a vital part of their care and actively advocates for their needs. However, the member did not always have this wonderful care coordinator. Member stated they were able to get their preferred care coordinator back with help from members of the IC. Member stated that not every One Care member would know to ask to switch care coordinators in that situation.
- IC member stated that in January their spouse had a medical emergency and was in the hospital for some time. Their care coordinator worked closely with the member to arrange transportation to visit their spouse over the weekend – finding a way to provide transportation despite the standing rule that transportation requests must be made 2 days prior to the transportation need – to get approval. However, the driver did not show up to take the member to the hospital on the arranged weekend day. Because this happened over the weekend there was not a number that member could call to talk to the transportation vendor or to contact their care coordinator.
- IC member stated that they are at a time of transition in her care – being 65 years old. Member’s greatest difficulty is with isolation due in part to a lack of reliable transportation and other services. Member has had difficulty getting services at times and asked if it was possible to get covered services out of network if they could not be received in network.
 - MassHealth representative replied that members can in fact go out of network to get covered services if they are not available in network.
- IC Chair stated they have a lot of care through a care coordinator who doesn’t always understand the One Care model but who does an amazing job of getting services in place. Even having a good care coordinator, when the IC Chair encountered an urgent medical complication over a weekend the member chose to delay treatment until Monday to ensure treatment would be provided by a known provider. Chair then shared that they receive over the counter medications at no cost, but other One Care enrollees are paying out of pocket for the same over the counter medications.
 - MassHealth clarified for all IC members that any medicine that is covered by MassHealth should be covered with no out of pocket costs for One Care members that meet the medical necessity guidelines. This includes over the counter medicine.
- IC member suggested that the medical necessity guidelines seem to be population-based and not specific to the individual. Member stated that the proactiveness of the care coordinator seems to determine who and what services a member gets. Member added that not all members are aware of what is covered by One Care and that they can appeal service denials.
- IC member shared that they needed a potassium prescription filled over the weekend but were told to wait until Monday because the medicine was not a prescription “drug.” The members plan is also very specific about what brand of generics are covered which is very burdensome for pharmacies and causes delays in getting needed medications.
- IC member noted that a lot of the complaints today were for services that were once covered but are no longer. IC member suggested that One Care needs clear guidelines that clarify what is covered. Additionally, they said too much time is going by before people are

getting answers to questions about service coverage. Member stated that there are probably many One Care members who don't know their rights.

- IC member agreed that they would like to have a list of covered One Care services—especially as the mother of a One Care recipient.
- IC member asked if it would be possible to have a doctor put in an official authorization to necessitate that members receive services like hand sanitizer during the shortage.
- IC member noted that a lot of issues heard today are related to the shortage of care coordinators across the state and that there needs to be incentives for care coordinators to stay in the care coordinator role.
- IC member stated they were concerned for all the One Care members who don't have a voice to express their needs.
- IC member added that healthcare needs more advocates.
- IC member stated they have had difficulty getting over the counter medications paid for. Sometimes they don't have an out of pocket payment for these medications.
- CMS representative asked members to let CMS, MassHealth, and the One Care plans know when there are unmet needs. CMS representative added that it has been very helpful to hear these stories during the MOU and contracting period.
- IC Chair added the goal of the IC is to make sure that people have adequate services while continuing to improve One Care because One Care is such a vital and important program for people.
- MassHealth stated that they will try to find ways to address IC concerns which won't always be done through the contracts.
- IC member asked if it would be possible for the state to stop counting SSDI as income since, they said, it makes it harder to acquire SNAP benefits. Member stated that increasing access to food would affect the lives of many members positively and referenced the value of food as medicine.
- IC member stressed that navigating the system to get health needs met puts a lot of pressure on caregivers and other One Care members.
- IC Chair added that the care coordination recommendations in the presentation are directly applicable to the One Care population with waiver level needs.
- Plan representatives from both CCA and Tufts thanked everyone for sharing their stories.
- Tufts plan representative stated that they will be following up with Tufts members who shared stories during the meeting.
- IC Chair stated we need to look outside of the medical model, shift the paradigm of care and rebalance spending. Services seem to be getting more medicalized, getting in the way of One Care achieving its care goals.

Public Input

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

Upcoming Meetings:

Tuesday March 24, 2020

10 am – 12 pm

IC Member Zoom Conference Call

Dial in phone option

Tuesday April 14, 2020

Monthly IC Meeting

10 am – 12 pm

Held on Zoom due to social distancing guidelines

Dial in phone option