

**One Care Implementation Council Meeting**  
**The Boston Society of Architects – 290 Congress St.**  
**Boston, MA**  
**April 9, 2019 10:00 am – 12:00 pm**

**Council Member attendees:** Francesca Abbey, Suzann Bedrosian, Crystal Evans, Dennis Heaphy (Chair), Jeffrey Keilson, Dan McHale, Henri McGill, Dale Mitchell, Paul Styczko, Kestrell Verlager and Sara Willig

**Key Stakeholders and Support Staff attendees:** Corri Altman Moore (MassHealth), Jennifer Baron (CMS), Maggie Carey (UMMS), Tim Engelhardt (CMS) (over Zoom), Andrew Falacci (UMMS), Raymond Gomez (Tufts Unify), John Ruiz (CCA), Roseanne Mitrano (MassHealth), Jennifer Morazes (My Ombudsman).

**Unable to attend:** Cathleen Connell, Elizabeth Jasse, Chris White, Darrell Wright

**Handouts:** Agenda; Draft minutes from March 12<sup>th</sup> IC meeting, MassHealth Presentation, Implementation Council One Care 2.0 3-Way Contract Response presentation, My Ombudsman April 2019 Update presentation.

Documents will be available online at <https://www.mass.gov/service-details/one-care-implementation-council>

## **Executive Summary and Action Items:**

### ***MassHealth presented on the required process of the Council determining new leadership roles***

#### Action steps:

- Determination process should be completed by June 2019
- MassHealth did not say a change was required but that the Council is expected to have an intentional conversation about leadership determination on an annual basis.

### ***Tim Engelhardt, Director of CMS Medicare – Medicaid Coordination, joined the Council for a tele-conference to listen to comments from the Council on the Duals 2.0 proposed demonstration.***

#### Action steps:

- Council agreed to create a list of priorities the Council would like to work on with MassHealth and the Plans ahead of the three-way contract process at the end of the Duals 2.0 procurement process.
- Council and Tim Engelhardt agreed to coordinate a plan with MassHealth and the One Care Plans to determine the priorities the Council sets for the program ahead of the three-way contract process. This will include creating a timeline with precise and achievable goals in mind.

### ***Plan Presentations on Care Coordination and Continuity of Care:***

#### Action steps:

- Council leadership will provide the Plans with several scenarios related to care coordination and continuity of care. The plans will present their responses to the scenarios for their May Implementation Council meeting presentations;
- The Chair said the presentations will follow the “Harvard case study method” where each scenario will be discussed by the Plans and Council to solve the issues present.

## **Meeting Minutes:**

### **1. Welcome/Review of Agenda/Introductions/Meeting Minutes**

Paul Styczko, Implementation Council Member, opened the meeting. He reminded participants to state their name before speaking in order to help people on the phone and people with vision impairments. With no comments, the March 12<sup>th</sup> Implementation Council meeting minutes were approved.

### **2. MassHealth Presentation:**

Corri Altman Moore, MassHealth Director of Policy, provided an update on the One Care Implementation Council process to consider new leadership. MassHealth anticipates the process will begin for the Council in June 2019.

- The Council Chair explained how the Council plans to complete leadership determination by June 2019.

**3. Council Tele-Conference with Tim Engelhardt, Director of the CMS Medicare-Medicaid Coordination Office, to discuss the Council's response to the proposed Duals 2.0 Demonstration and 3-Way Contract:**

Council Chair, Dennis Heaphy, introduced Tim Engelhardt. The Chair explained how he had sent documents to the Medicare-Medicaid Coordination office before the Council meeting with questions to guide the conversation. The Chair said he had collaborated with Disability Advocates Advancing our Healthcare Rights (DAAHR) and the Disability Policy Consortium (DPC) to ensure topics and concerns from many different populations, including LGBTQ, deaf and hard of hearing, recovery and homeless populations were included in the document.

- Council Member asked if the full Council had reviewed the documents.
  - The Chair clarified he had also collaborated with other Council Members and sent the documents to the full Council via email.
  - The Member stated he felt the official response to CMS should be approved by the entire Council.
  - The Chair clarified that the documents for the call with CMS is for reference purposes only.
  - Council Member asked for materials to be presented to the Council in person so to allow a complete review.
- Council Member expressed concern about being on camera.
  - The Chair explained the meeting was using a closed-circuit camera during the call with Tim.
  - Council Member asked the Council and MassHealth to provide more communication access resources in the new Duals 2.0 proposed demonstration, such as having more resources available for making documents and presentations more accessible and collaborative.
- Council Chair, Dennis Heaphy, welcomed Tim Engelhardt to the call.
- Council Member, Paul Styczko, began the presentation with a personal story from his work in the recovery learning setting. The story emphasized the importance of Certified Peer Specialists (CPSs) in One Care, especially in recovery. Often, he said, members are not aware of the available resources in One Care for recovery, such as a CPS or a recovery coach.
- Council Member, Crystal Evans, delivered a personal story reflecting on her experience with care coordination. She said she at first had five different care coordinators and then one personal care assistant made a difference and helped her progress from frequent in-patient care to predominantly outpatient services. She said this did not last when a temporary care assistant filled in, however, and she said she unfortunately went back to needing many inpatient services. Eventually, Crystal said she found a reliable care coordinator who helped better organize her services. Crystal closed her story by explaining the importance of good care coordination.
- Council Member, Jeff Keilson, delivered a personal story on the importance of communication in care coordination. He explained how enhanced communication empowers members to advocate for themselves. He said the key component to successful care coordination is a primary contact for a member or family member to contact easily.

Jeff also explained how this enhanced communication, and following support, creates health equity in the One Care program.

**Discussion and Question Period:**

- Tim Engelhardt responded to the personal stories from the Council Members and explained his office hopes to work with the Council and MassHealth to execute care coordination in a competent, reliable and culturally appropriate way. He emphasized the importance of health equity and affirmed how the CMS office will work with the Council to identify the elements necessary in One Care to achieve it.
- Council Chair thanked Tim for listening to the presentations and stated the Council's desire to create a list of priorities the Council plans to work on with MassHealth. The Chair mentioned his desire for the Plans to create their own process for achieving care coordination goals on a three-year schedule.
- The Chair stated all aspects of this collaborative effort must address the needs of each of the sub-populations of One Care previously mentioned (including the LGBTQ and deaf and hard of hearing populations, the recovery community and homeless populations).
  - Council Member mentioned the review process must include American Sign Language (ASL) and interpretation services because members need accessible videos and documentation to participate in the process.
- Council Member explained how technical oversight and poor case management often leads to members receiving poor care.
  - The Chair stated the issue of care coordination is a reason why the three-way contract with CMS, MassHealth and the One Care Plans must be more robust, with heightened quality measures and processes to create better care for the many populations in One Care. The Chair explained the importance of having strong care coordination for aspects of the One Care program such as Long Term Services and Supports (LTSS), SUD services and services to address Social determinates of health (SDOH). This strong care coordination should include educating members about all of the different types of services and assistance offered within the program.
  - The Chair mentioned One Care will need greater transparency if it is going to be grown to scale during the proposed 2.0 demonstration. He proposed MassHealth build a quality measure dashboard and suggested having the Implementation Council assess what information and quality measures should be part of the dashboard. The Chair suggested beginning a 3-year project with MassHealth and CMS where the Council would help to create priorities and provide guidance on quality measures in the One Care program
  - Council Member suggested shortening the timeline for the project from three years to one year. The Member emphasized how the concerns should be organized into a specific list of priorities.
  - Tim agreed a shorter timeline would be better, especially if there could be a strict timeline put in place. He mentioned the possibility of breaking the three-year timeline into shorter intervals with specific checkpoints along the way.

- Council Member followed up with a suggestion of establishing consistent and achievable goals throughout the three-year timeline to have a greater impact on One Care members.
- Tim asked the member if he had an idea for a specific priority.
  - The Member suggested addressing loneliness and isolation could be one area because it is achievable through extending the Plans' flexibility in delivering services and care coordination.
  - Council Member explained the type of care coordination needed to address loneliness would not be achievable under the current narrow definition of medical necessity in One Care. The Member suggested MassHealth work to create an expanded definition of medical necessity, which could include more creative care services for their members. The Member explained the next step would be to design a review system to hold the Plans accountable for maintaining higher quality measures through innovation.
- Tim explained the issue with the definition of medical necessity is specific to state requirements. He clarified how it would be important to outline a specific goal for designing a medical necessity definition and other innovations in collaboration with MassHealth. Additionally, he mentioned the importance of finding a way to measure progress and to regulate the methods used.
- Another Council Member emphasized how the first step in the process is changing the definition of medical necessity to allow the Plans more flexibility.
- Council Member stated the need for members to have access to information, care and education. The Member explained how other members need these items to be able to advocate for their own rights within the One Care program. The Member suggested designing a direct process for getting members the information they need about the services offered to them. He suggested this be a part of the three-way contract.
- Council Member suggested the goal is to keep members out of in-patient care. The Member explained how this should include better social care to enhance community involvement, which will help reduce isolation.
  - Council Member added how medical issues often result from social issues, and key social services can help mitigate medical problems like depression.
  - Another Council Member supported these ideas and added how better coordination and care comes from person-centered planning, as members will eventually be able to advocate for themselves and get the care they need once they are familiar with the processes.
  - Council Member suggested not only focusing on the present flaws in One Care but focusing on the urgency to improve programs within One Care.
- Council Member critiqued the Plans for focusing too heavily on the medically specific needs of members with rare diseases, instead of their overall needs. The Member suggested spending more time focusing on the holistic needs of individuals with rare diseases to find ways to provide services and provide better care, even if the need is not specific to the individual's disease.

- The Member then shared a story about asking a Plan for a generator to prepare for times when the power might go out. The generator would allow her to remain in her home, instead of needing to go to a hospital to ensure her ventilator would keep working. She explained the generator is an example of a simple fix, resulting in saving thousands of dollars in hospital expenses.
- Council Member suggested one possible solution to these care coordination issues within the BH area of care could be ensuring all members meet with a CPS or a recovery coach when a member enters the One Care program. The Member suggested the next step would be having a member meet with their care provider to determine a long-term care plan, using a preventative lens to design the necessary care needs of the member.
- Council Chair invited Bill Henning from DAAHR to comment on the discussion and summarize the report DAAHR sent to MassHealth as a response to the RFR for the Duals 2.0 proposed demonstration.
  - Bill explained the main topics of the DAAHR report were:
    - Increasing use of peer specialists
    - Enhancing communication
    - Reviewing the grievances process
    - Emphasizing person-centered care
- Council Chair explained the next step is for the Council to continue the conversation with MassHealth about the feasibility of outlining priorities and working with them in a collaborative way.
- The Chair then thanked Tim for taking the time to speak with the Council and ended the tele-conference.

#### **4. My Ombudsman Quarterly Update Presentation:**

Jennifer Morazes provided the My Ombudsman Quarterly Update presentation to the Council. The presentation consisted of a summary of the office's activity over the last quarter of 2018 (October 2018 – December 2018) and the first quarter of 2019 (January 2019 – March 2019). The presentation also offered documentation on feedback and concerns members experienced with the One Care program, as well as a summary of the office's outreach efforts during the last six months.

#### **Discussion and Question Period:**

- Council Member asked for a definition of the term "member experience" when used as a reason for leaving the One Care program.
  - Jennifer clarified how, the term "member experience" may have been used to describe a member's reason for leaving One Care if they left because of a lack of perceived agency or involvement in care planning, or if they expressed a desire to leave a Plan because they were overwhelmed by trying to get care or transportation services. She added how "member experience" would also represent instances where there was something about the One Care plan that the member believed had a negative impact on their quality of life.

- Council Member asked if the “scheduling issue” category should be classified as a care coordination issue.
  - Jennifer explained a “scheduling issue” may be a care coordination issue if the issue with scheduling came about due to a problem with the member’s care coordination. She further clarified how the two issues were not combined while collecting the data for the presentation.
- Council Member asked how individuals would have accessed the My Ombudsman office before all the staff was trained in ASL this past quarter.
  - Jennifer said the staff would have relied on virtual interpreting services because of the difficulty in getting the entire office trained in ASL previously.
- Tufts Unify Representative requested to see the data in future My Ombudsman presentations to be identifiable to better serve the members who are experiencing difficulties in the program. He explained it would be an opportunity to learn from members.
- Council Member suggested the My Ombudsman office visit the Plan Consumer Advisory Councils (CACs) to learn from their work and perspectives, and to provide the CACs with the valuable insights present in in the My Ombudsman presentation.
- Council Chair asked if people know about the My Ombudsman office when they talk to representatives at One Care outreach events.
  - Jennifer stated only about 20% understand what My Ombudsman is and what they do.
  - Council Chair asked how the Council can help the My Ombudsman office in a greater way or if there is a way Council Members could help with the outreach efforts.
  - Jennifer offered to give all Council Members magnets to help spread the office’s contact information.
  - Council Member agreed to offer help set up outreach opportunities for My Ombudsman at recover learning centers (RLCs).
  - Representative from SHINE (Serving the Health Insurance Needs for Everybody) asked if there was a way to partner with the My Ombudsman office to coordinate an outreach event with a NAMI (National Alliance on Mental Illness) project SHINE is working on.
  - My Ombudsman office agreed to look into collaborating.

**5. Update on Care Coordination and Continuity of Care Plan Presentations:**

- Council Chair stated at the May Council meeting, the Plans will be responding to case scenarios the Council will develop that address care coordination and access to services. He explained there will also be some questions to guide the conversation and the presentation will follow the “Harvard case study method.”
  - MassHealth asked the Council to promptly deliver the scenarios to the Plans so they will have adequate time to prepare.

- Council Chair stated the scenarios will be sent to the Plans before the planning call on Wednesday April 10<sup>th</sup>.

#### **6. Public Comment:**

- Council Member asked if the participant survey for the consumer review of the Duals 2.0 proposed demonstration had been released.
  - MassHealth explained the survey is still under review because MassHealth is working on releasing a more accessible version of the RFR, but the survey will be released shortly.
- Council Member asked for clarity on why autism is classified under the Department of Developmental Services (DDS) and not the Department of Mental Health (DMH). The Member asked the Council to follow up and work on getting DMH services to those individuals.
  - The Council Chair acknowledged the problem with individuals not being able to get services from DMH. The Chair restated the Council needs to prioritize changes in One Care before the three-way contract for Duals 2.0 (between CMS, MassHealth and the One Care Plans) is established.

The meeting was adjourned. Future meetings include:

#### **Tuesday May 14, 2019**

10:00-12:00

Boston Society of Architects (BSA)  
290 Congress Street  
Suite 200 – Pearl Street Conference Room  
Boston, MA 02210

#### **Tuesday June 11, 2019**

10:00-12:00

Boston Society of Architects (BSA)  
290 Congress Street  
Suite 200 – Pearl Street Conference Room  
Boston, MA 02210