

## Meeting Minutes May 12, 2020 – One Care Implementation Council Meeting

**Meeting Location:** Zoom

**Date:** May 12, 2020 10:00 AM – 12:00 PM

**Council Member attendees:** Francesca Abby, Suzann Bedrosian, Crystal Evans, Dennis Heaphy, Elizabeth Jasse, Jeff Keilson, David Matteodo, Dan McHale, Paul Styczko, Kestrell Verlager, Sara Willig, Darrell Wright.

**Key Stakeholders and Support Staff attendees:** Corri Altman Moore (MassHealth), Holly Arthur (My Ombudsman), Jennifer Baron (CMS), Laura Black (CCA), Maggie Carey (UMass), Daniel Cohen (MassHealth), Hilary Deignan (UMMS), Elise Emerson (MassHealth), Sean Macaluso (UMMS), Henri McGill (MassHealth), Prakrity Silwal-Karki (MassHealth), Bea Thibedeau (Tufts).

**Unable to attend:** Cathleen Connell, Chris White

**Handouts:** *Agenda; Draft minutes from May 12, 2020 IC meeting, CC JIA One Care Implementation Council Meeting Presentation, MassHealth Presentation Implementation Council Meeting May 12, 2020, THP Unify Implementation Council Presentation May 12, 2020*

[Documents available online](#)

## Executive Summary and Action Items:

### Welcome / review May 12<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 May 2020 meeting. The motion was seconded and carried.

### MassHealth Updates

Corri Altman Moore, Director of Integrated Care for MassHealth, presented *MassHealth Presentation Implementation Council Meeting May 12* updating the Council on developments at MassHealth around the COVID-19 pandemic. Topics included integrated care guidance issued, updates around telehealth, managed care bulletins issued, rate increases and contract amendments, enrollment continuity at MassHealth during COVID-19, and finally plan management COVID requirements.

### Best Practices for COVID

Leena Sharma, Project Manager & Senior Policy Analyst at Community Catalyst and Amber Christ, Directing Attorney at Justice in Aging, presented *Best Practices for COVID* which provided an overview of recommendations for person-centered care best practices during COVID-19.

### Tufts Health Presentation

Bea Thibedeau, Director of Care Management / Public Plans at Tufts Health Public Plans (THP), presented *THP Unify Implementation Council Presentation May 12, 2020* providing an overview of the services being provided by Tufts during COVID-19, in response to the five questions that the IC members had submitted to the plan.

### Commonwealth Care Alliance Presentation

Laura Black, Senior Vice President, Care Management and Clinical Services, updated the Council on services being provided by CCA during COVID-19, in response to the five questions that the IC members had submitted to the plan.

### Public Input

IC Chair Dennis Heaphy invited members of the public to speak.

## Meeting Minutes:

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### Questions / Comments:

- IC member replied that what was presented is not at all like the care management they receive in One Care. IC member stated that although some of the current issues in care relate to the pandemic, this is a long-standing issue where member's needs are not being met.
  - IC Chair asked member to share one specific example of this related to COVID-19.
  - IC member replied there is currently a shortage of necessary ventilator supplies and that there is no plan in place to remedy this.
- IC member stated that it is important that when collecting medical demographics to include sexual orientation because it impacts risk of social isolation, assault, and depression. Member stated that many people who use ASL are monolingual and are not as strong at reading English – and therefore health information should be relayed in ASL.
- IC member stated concern for those who are not as familiar with technology and/or are elderly or persons with disabilities – as it can be more difficult now to shop for food with delivery services during the pandemic. IC member said the pandemic highlights the technology disparities that intersect with age and poverty.
- IC member shared three points. First, the member reminded the group that entire populations – notably autistic, blind, and deaf – do not use person-centered language. Additionally, IC member highlighted healthcare literacy and stated health information needs to be conveyed in a way that is easily understandable [plain language]. Finally, in terms of their own experience during COVID-19, the member stated the only person who has provided outreach is their behavioral health outreach worker.

- IC member stated that their child has been staying at a Department of Developmental Services regional center where they have been receiving adequate testing, screening, and communication from the center around response.

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- The Tufts presentation addressed the following questions:
  1. What criteria are you using to triage high risk populations' needs and what process are you using to ensure their health needs are being met?
  2. How do you identify who needs COVID-19 testing? What is your process if someone needs a COVID-19 test?
  3. What do you do if a One Care member tests positive for COVID-19?
  4. What are you doing to educate members and provide PPE, supplies, etc. to prevent COVID-19 transmission?
  5. What are you doing for members who had been attending day programs to ensure they are getting their needs met? Do you have a schedule for these members that you could share?

### Commonwealth Care Alliance Presentation

Laura Black, Senior Vice President, Care Management and Clinical Services, updated the Council on services being provided by CCA during COVID-19, in response to the five questions that the IC members had submitted to the plan.

- CCA representative gave the following updates:
  1. CCA set up a wellness script inside of their care management platform early in the pandemic. The expectation of this change was that care partners reach out to 100% of their caseloads over a one to two-week period.
  2. In the pursuit of the 100% outreach goal CCA brought community-based clinicians off the road and had them work remotely. This was in effort to lower caseloads by 30% and allow them the ability to provide extra time and attention to members to address acute needs.
  3. CCA set up multiple task forces throughout their organization to address issues that arise around PCA and long-term services and supports. CCA reported that those teams have been needed on a very small volume basis.
  4. CCA reported that care partners have reached out and had 87% successful engagement with their One Care population. This means that there is a "documented telephone engagement encounter or a wellness script, some sort of piece of evidence inside of the system that they have successfully engaged with the members." CCA representative added that the 87% rate is unprecedented and that typically the number is in the low 70s, so the nearly 90% rate is exciting and heartening.

5. CCA ran an algorithm to determine the highest risk members, highest risk meaning not the members who were at risk of contracting COVID but potential ramifications if they do contract the virus. CCA representative reported that they successfully reached out to 96% of those members.
6. CCA representative reported that the plan is starting a campaign in the coming weeks to deploy robocalls for members at lower levels of risk. The robocalls will give members the opportunity to reach back out to the plan and give care partners the chance to recontact the member if a need is identified.
7. CCA is planning to leverage other pieces of technology that will allow for better connectedness between the plan and the member to let the members engage without the care partner needing to make the phone call. This will let the member initiate contact with the plan instead of needing the care partner to initiate.
8. CCA representative reported that 96% of members who they have called have reported adequate access to food and medication.
9. CCA has started a task force surrounding food security specifically with health outreach workers who are able to leverage home delivery meals and engage with community resources to ensure members' food security is being met. CCA representative added that 75% of members report they have informal supports that can help.
10. CCA has had 11% of members reporting disruption in PCA service or long-term services and supports. Of this subset, they have had instances where members do not want people entering their homes so the disruption in service is not necessarily a gap in service, it is requested by the member.
11. The task force set up by CCA to address disrupted LTSS services is responsible for identifying alternative care plans for members when necessary, and on average is receiving 2.5 referrals per day.
12. CCA has set up an additional task force specifically for PCA issues. It was dedicated to individuals where great needs were anticipated, and the task force has seen less than ten reported referrals.
13. CCA has set up a task force to focus on issues around congregated living.
14. 98% of CCA members report they are doing the best they can to adhere to social distancing guidelines and know how to get in touch with a PCP if there is a need.
15. 94% of CCA members reported they have adequate social and emotional support and CCA is working to help the other 6%.

#### Questions / Comments:

- IC Chair stated that there seems to be a disconnect between what the Council is hearing from members and what is being reported by the plans in terms of communication, outreach from care coordinators and getting the personal protective equipment (PPE) that member's need for their medical care.
  - CCA representative asked what the Council has been hearing.
  - Chair representative stated that members have been sharing stories about not being able to access basic PPE like sanitizer and masks. IC Chair asked how the plans can connect their outreach work with these unmet needs. Chair emphasized the

importance of a member hearing from their actual care coordinator and not a person they have never met.

- CCA representative stated that ideally members would hear from their care coordinator, but CCA is attempting to ensure that they are reaching out to the largest possible volume of members. This is the rationale for lowering the patient panels for care coordinators – it is being done to allow them more time to meet member’s immediate needs. CCA representative added that in regards to PPE that the supply chain issues, and shortage have been a barrier.
- IC Chair asked both plan representatives to comment on how the system they are using to triage members translates into the direct experience of what they are hearing from members.
  - Tufts representative replied that there is often a disconnect between what is being heard by members on the ground versus what the plan is hearing. Representative stated that part of that is because despite best efforts to reach 100% of plan members, there are some members who are not or cannot be reached. The plan representative stated that they have had successes such as modifying where food is dropped off for a member, connecting members to remote AA meetings and arranging for member to get blood drawn in the home to avoid a trip to the clinic.
- IC Chair stated that there have been instances of members being unable to get PPE such as medically necessary hand sanitizer, gloves and masks from plans, even though it is available from online vendors for those who can afford it. IC Chair asked plans to speak to why this is available in retail stores but not through members plans.
  - MassHealth representative replied that some of these products available online are of unknown quality and come at high prices due to no bulk purchase options and price gauging. MassHealth representative then questioned how the purchasing strategy would work for a business entity.
  - IC Chair replied that members are finding necessary, legitimate products and yet they cannot buy them because they are only available in bulk.
  - MassHealth representative replied that they have not been able to find hand sanitizer brands that they would purchase and do not agree that these products are readily available.
  - IC member added that there are necessary medical supplies that cannot be purchased by individuals during this time and are only available to medical providers / clinics. Member stated they have asked their clinic to help them acquire the needed supplies but so far have had no response.
  - IC Chair replied that this is a good example of the disconnect between what members are hearing on the ground and the reports the IC is getting from the plans.
- IC member stated that plans are doing incredible work in trying to respond to the pandemic crisis and asked if the plans could share an example of one particularly difficult challenge they are facing. IC member added that at their organization they have been working to ensure adequate staffing levels in group homes with the increasing numbers of staff members out sick.
  - CCA representative replied that the largest issue they are dealing with remains securing adequate PPE and that they have had to get creative as a response to it.

CCA representative stated that some of the creative approaches they have taken include using the PPE sanitizing plant in Somerville and purchasing PPE from a hospital in California that was discovered through a Facebook professional group page. CCA representative stated there have been many challenges – such as a shipment of PPE they purchased only to have it seized at the Canadian border. CCA representative added that they understand that there is an anecdotal disconnect and that in the future the team would like to work with the Council to come up with creative ways to identify solutions.

- Tufts representative replied that the existing challenges in serving complex populations are becoming even more difficult with the COVID pandemic. Tufts representative added that they are seeing an increase in behavioral health conditions, such as more relapses among people with substance use disorders, and higher admissions into psychiatric facilities. Tufts representative stated that they are also seeing less emergency room visits for medical conditions than in the past which is also concerning as they want to be sure people are getting the care they need. Tufts representative said that they are working to rapidly increase access to teletherapy for members with BH conditions. Tufts representative stated that because they are not providers, they rely on the visiting nurse agencies to provide PPE to members who need it for medical procedures / reasons but that they are preparing for when the state reopens and are working to obtain masks for members to use when going into public [as is required by the state], and for home health providers.
- IC Chair added that these changes due to COVID-19 are long term and will become the new normal and, because of this, there needs to be an understanding of procuring PPE and how it fits into providing care.
- IC member asked CCA if they are seeing a similar issue around relapse in behavioral health.
  - CCA representative replied they have not seen a large shift in overdose numbers, but they would need to get back to the IC with data about relapses.
- IC Chair stated it would be helpful to understand how the plans are dealing with capacity issues around social distancing at detox centers as well as how social distancing is being accomplished in homeless shelters. IC Chair then said they are aware of time constraints so opened the floor to comments.
- IC member offered assistance to help seniors who have difficulty with technology.
  - MassHealth representative thanked IC member and stated that they understand how important access is so any suggestions would be appreciated.

## Public Input

IC Chair Dennis Heaphy invited members of the public to speak.

- Member of the public stated that in their state of Rhode Island there is an abundance of PPE. Member of the public suggested plans and members reach out to members of government in their cities and towns, as in RI the city provided PPE for all 100 residents in their building.

- IC member added that in their community in western Massachusetts there is a supply company giving out masks. IC member also added that Comcast is offering a deal for those on limited income to provide intern access which is helpful for reaching members.
- IC Chair thanked everyone for their attendance and adjourned the meeting.