

## Meeting Minutes October 8, 2019 – One Care Implementation Council Meeting

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

**Date:** October 8, 2019 10:00 AM – 12:00 PM

**Council Member attendees:** Crystal Evans, Dennis Heaphy, Paul Styczko, Elizabeth Jasse, Jeff Keilson, Chris White, Sara Willig, Henri McGill, David Matteodo, Alicia (Kestrell) Verlager

**Key Stakeholders and Support Staff attendees:** Corri Altman Moore (MassHealth) by phone, Jennifer Baron (CMS), Maggie Carey (UMMS), Hilary Deignan (UMMS) by phone, Sean Macaluso (UMMS), Roseanne Mitrano (MassHealth), Jennifer Morazes (My Ombudsman), Danielle Westermann (Tufts), Leah Smith (CCA)

**Unable to attend:** Francesca Abbey, Suzann Bedrosian, Cathleen Connell, Dan McHale, Darrell Wright

**Handouts:** Agenda; Draft minutes from September 10, 2019 IC meeting, Election Leadership Slides, Round Robin Discussion Slides

[Documents available online](#)

## Executive Summary and Action Items:

### MassHealth Updates

Daniel Cohen, Deputy Director of Integrated Care at of MassHealth, announced that the Personal Care Attendant Procurement had concluded in the Office of Long-Term Services and Supports. The Personal Care Management vendors contracting with MassHealth will be released online shortly.

### Leadership Elections for IC Chair and Co-Vice Chairs

Leadership Elections were held. Dennis Heaphy will continue to be the Implementation Council Chair, and Paul Styczko and Crystal Evans will be Implementation Council Co-Vice Chairs.

### DAAHR Presentation

Bill Henning, Executive Director of the Boston Center for Independent Living, and Colin Killick, Executive Director of the Disability Policy Consortium, lead a brief presentation on common themes identified by consumers during a DAAHR forum. Topics included concerns about: Durable Medical Equipment (DME), Isolation, and Transportation.

### Round Robin Discussion

The Implementation Council held a *Round Robin* discussion on the role of the Care Coordinator in the One Care program.

## Meeting Minutes:

### Welcome/ Meeting Minutes

Paul Styczko, Implementation Council Member, opened the meeting. Paul asked for a motion to approve the minutes from the September 2019 meeting. IC Council member Sara Willig made the motion, and an IC Council member seconded. The motion carried unanimously.

### MassHealth Updates

Daniel Cohen, Deputy Director of Integrated Care at MassHealth, announced that the Personal Care Attendant (PCA) Procurement concluded in the Office of Long-Term Services and Supports. The Personal Care Management vendors contracting with MassHealth will be released online shortly.

### Questions / Comments:

- There were no follow up questions for MassHealth staff on the topics presented.

### Leadership Elections for IC Chair and Co-Chair

Dennis Heaphy, Implementation Council Chair, read the names of the candidate slate standing for Leadership Elections on the Implementation Council. The candidates were: Dennis Heaphy for Council Chair and Paul Styczko and Crystal Evans for Council Co-Vice Chair(s). IC member called for a vote. The IC unanimously voted to reelect Denis Heaphy as Council Chair and to elect Paul Styczko and Crystal Evans as Council Co-Vice Chairs.

### Questions / Comments

- Council Chair expressed his hope that in the future other IC members will join the IC leadership team.

### DAAHR Presentation

Bill Henning, Executive Director of the Boston Center for Independent Living (BCIL) and Disability Advocates Advancing Our Healthcare Rights (DAAHR) and Colin Killick, Executive Director of Disability Policy Consortium (DPC) briefly presented on common themes that were identified by consumers during the recent DAAHR forum. The topics that consumers mentioned most frequently included concerns about: Durable Medical Equipment (DME), Isolation, and Transportation – both medical and non-medical. As One Care 2.0 goes to scale, DAAHR hopes that the plans keep these issues and concerns in mind.

### Specific areas of concern included:

- Durable Medical Equipment (DME) is not being repaired in reasonable timeframes which is not particular to Massachusetts – it has become a national crisis. Access to appropriate DME is critical for reducing impacts of social and physical isolation and for injury prevention.

- Long Term Services and Support (LTSS) Community Partners (CPs) working with the ACOs and other programs are not being held to the same standards as LTSS in One Care. People are having difficulty managing the type of services and supplies that they are receiving.
- Consumers expressed concern about the possibility of national plans becoming part of One Care. In particular, there were concerns about the potential impact of national plans utilization management practice's on access to prescription drugs and other critical health resources.
- Medical and nonmedical transportation continue to frustrate consumers. Issues with transportation include rides not showing up, a lack of accessible vehicles, and a shortage of available vendors. Additionally, many consumers found the process for getting approval for rides to be confusing and inconsistent.

#### Questions / Comments:

- MassHealth stated that transportation, DME and the other issues raised by the DAAHR forum are issues that MassHealth takes seriously. MassHealth did want to clarify for IC members and others that the DAAHR forum includes members from all MassHealth programs – so the important issues that were raised are not all related to One Care plans.
- Council member stated the takeaway is that One Care sets a high bar and is a best practice that all programs should strive towards.

#### Round Robin Discussion

Dennis Heaphy, Council Chair, facilitated a round robin discussion on *The Role of the Care Coordinator in One Care*. Crystal Evans, Council Co-Vice Chair, described the round robin process, and each member was told they would have two minutes the first time around to discuss the role of the care coordinator. Council members Jeff Keilson and Henri McGill took notes on the discussion.

#### Question: ***What should the ideal role of the Care Coordinator be?***

- IC member said that it is important for the Care Coordinator to be a strong advocate for the needs of the member - such as getting member needed medical supplies.
- IC member said a good Care Coordinator will be an advocate and run interference for a member. IC member said it is also important to inform and educate a member on what they can do themselves to get better care.
- IC member said the Care Coordinator is the “glue” of the model, keeping the member at the center and advocating for their unique needs.
- IC member reiterated that the Care Coordinator needs to know the member and the member's needs well in order to help the member and their family navigate the healthcare system. Additionally, the Care Coordinator is crucial to ensuring the person-centered care planning process is done in a meaningful way.

- IC member said that as a representative of hospitals in the state he believed that the Care Coordinator needs to be a coach to support people who have been discharged from the hospital, to reduce hospital readmissions - especially for behavioral health populations. Helping members obtain necessary medical supplies and transportation to aftercare appointments are important parts of this work.
- IC member representing Pine Street Inn said that the Care Coordinator should help with care transitions by communicating complex discharge instructions to the member and helping the member navigate next steps in care once they are home. This may include locating a shelter, picking up member medications, making follow up appointments for the member and other tasks. The Care Coordinator should also talk through changes to a person's treatment plan – both with the member directly and with other providers.
- IC member stated that a person shouldn't have to "prove" they have an illness in order to get the services they need. The Care Coordinator should make a member feel safe to talk about health care needs. Member stated that their first care coordinator under One Care was really responsive to their needs and made sure their transition to One Care went smoothly. The member no longer has that Care Coordinator and has yet to meet their new Care Coordinator.
  - Council Chair clarified that the first round of comments should focus on positive Care Coordinator traits but that there will be opportunity to discuss areas of improvement during the meeting.
- IC member noted that it is difficult to understand the roles of the different team members in One Care plans from their titles.
  - Council Chair clarified that the council discussion is focused on the role of the Care Coordinator, the person "Quarterbacking" the team.
  - IC member asked if the Care Coordinator was the same role as the Care Manager.
    - Council Chair said that it was not.
  - MassHealth representative stated they would like to discuss the specific issue that the IC member had with their Care Coordinator after the meeting.
- IC member stated that they are currently in the Dual Eligible Fee for Service plan due to a lack of available providers on the North Shore and therefore the member has been their own Care Coordinator for 30 years. That said, a Care Coordinator should organize appointments, manage specialists to ensure efficient care, and handle prescription changes for the One Care member.
- IC member stated they had a history of major depression and substance use disorder. Through the use of peer services, member has maintained long-term sobriety and has not needed any inpatient hospitalizations. Member credits their success in society to their work with sponsors, peer specialists and recovery coaches. Care Coordinators should make sure that members are aware of these services and ensure all members who would benefit from peer supports are able to access services.

**Question: *What has been a less than ideal experience in working with the Care Coordinator?***

- IC member stated the care coordinator role is to help the member reach their own goals and not to tell the member what they should be doing.
- IC member stated that they had a negative experience with a Care Coordinator who was working with their family member who had autism. Care Coordinators need to understand the different needs that different populations might have.
- IC member stated Care Coordinators can be too task focused on completely required paperwork and not focused enough on the process of working with the member to identify priorities through person-centered planning.
- IC member stated that when working with homeless individuals the Care Coordinator needs to be available to meet shelter guests in safe spaces; such as at the public library, or going out for lunch, as the shelter itself is not a good space to talk to a member about complex health needs.
- IC member stated the Care Coordinator needs to communicate to members in ways that work best for the member. Member also stated it would be helpful to better understand the Care Coordinators administrative tasks in creating the care plan.
- IC member stated the Care Coordinator needs to adapt to the member's needs – and to remember the member is the expert on their own health needs.
- IC member stated the Care Coordinator should not be a gatekeeper. A Care Coordinator should be open to (outwardly) exploring creative options to ensure that a member's care needs are met.
- IC member thinks it is important that Care Coordinators are not overwhelmed by large caseloads. The Care Coordinator should understand that their focus should be on helping the member. This is an important role and the Care Coordinator needs to have good training.

**Question: *How should a Care Coordinator address nonmedical transportation?***

- IC member stated that nonmedical transportation is an important tool for reducing isolation.
- IC member stated they only have experience with "The Ride" personally.
- IC member uses medical and nonmedical transportation often. Member recently was disenrolled from One Care due to a lack of premium payments – and so the member does not currently have access to transportation. This has led to cancelled medical appointments, missing religious services and missing other activities.
- IC member stated it is difficult to schedule rides. Additionally, the transportation can be unreliable. For example, the member has been stranded in places when the return transportation did not show up. IC member suggested that transportation might be

improved if the plans provided transportation themselves instead of through an outside vendor.

- IC Chair asked IC member to clarify what role the Care Coordinator plays in terms of determining what transportation is covered.
- IC member stated that the Care Coordinator only approves rides and puts them in the system, but member was not sure what other role the Care Coordinator might have.
- IC member stated that volunteer efforts are growing to help meet transportation needs through community centers, senior centers, churches and other areas. Part of the Care Coordinator role should be to assess what resources are available in a community. Transportation and community links are especially important for combatting isolation and the Care Coordinator having the ability to work within these networks would be very beneficial.
- IC member agreed that the Care Coordinator needs to have strong training about available resources.
- IC member stated that Care Coordinators need to understand what services are available to different populations. Member hopes that in the future One Care adds additional One Care transportation vendors.
- IC member stated their “Care Manager” encouraged them to interact socially but that without access to nonmedical transportation it is not possible to do this often. The “Care Manager” only facilitates medical transportation. IC member has started to lose faith in the One Care transportation system.
  - IC Chair asked if the transportation was through Tufts.
  - IC member replied that difficulty occurred within both the Tufts network and rideshares (Uber / Lyft). Their Care Manager entered into the Uber and Lyft apps that the member was blind, which was helpful when acquiring rides.
- IC member stated that nonmedical transportation can be critical for helping people access recovery services such as 12 step programs.
- IC member stated the Care Coordinator should use the community as an essential resource. For example, in Western Massachusetts it is much more difficult to obtain transportation than in Metro Boston and the Care Coordinator would need to understand that. IC member said that in theory it is good to have community and volunteer drivers available but like with Uber and Lyft members are not familiar with the drivers and can't be sure if they have had experience working with people with disabilities.

Question: ***How can the Care Coordinator act as a facilitator and not a gatekeeper?***

- IC member stated that the Care Coordinator should advocate for the member. When there is network inadequacy, such as exists with transportation, it is difficult to provide adequate services for members.

- IC member stated that as either gatekeeper or facilitator, the Care Coordinator needs to explain next steps to the member and elaborate as to why a service may have been denied.
- IC member stated the Care Coordinator should be aware of how their attitudes effect the member. Being humorless can make things depressing.
- IC member suggested the Care Coordinator needs to be proactive in identifying enrollees that may be at risk of losing MassHealth eligibility and should work with members to make sure they maintain coverage.
- IC member stated they hope that the Care Coordinator makes a difference and makes them feel as though they are not lost trying to navigate the system. The Care Coordinator can be someone who helps with all services and is working well with the member.

#### Questions / Comments

- Jennifer Baron, Senior Advisor of the Center for Medicare & Medicaid Services, thanked everyone for sharing their personal stories.

#### Public Comments

- There were no public comments.

#### **The meeting adjourned.**

#### Upcoming Meetings:

##### **Tuesday November 12, 2019**

10:00-12:00

Boston Society of Architects (BSA)

290 Congress Street

Suite 200 – Pearl Street Conference Room

Boston, MA 02210

##### **Tuesday December 10, 2019**

10:00-12:00

Boston Society of Architects (BSA)

290 Congress Street

Suite 200 – Pearl Street Conference Room

Boston, MA 02210