

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

Meeting Location: Zoom

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

Council Member attendees: Suzann Bedrosian, Crystal Evans (Co Vice-Chair), Dennis Heaphy (Chair), Jeff Keilson, David Matteodo, Dan McHale, Paul Styczko (Co Vice-Chair), Kestrell Verlager, Chris White, Sara Willig, Darrell Wright.

Key Stakeholders and Presenters: Corri Altman Moore (MassHealth), Jennifer Baron (CMS), Laura Black (CCA), Maggie Carey (UMass), Daniel Cohen (MassHealth), Hilary Deignan (UMass), Leslie Diaz (My Ombudsman), Julie Fine (CCA), Tyler George (Cityblock), Sophie Hansen (CCA), Jonathan Holmes (CCA), Henri McGill (MassHealth), Whitney Moyer (MassHealth), Ken Preede (CCA), Alys St. Charles (UMass), Eric Weil (Cityblock), Danielle Westermann (Tufts), Shoshana Wirth (Cityblock).

Presentations/Discussions: Agenda; October 13th IC meeting minutes; MassHealth Presentation titled *Implementation Council Meeting, November 10th*; Implementation Council presentation titled *One Care (OC) Care Coordinator Model Discussion November 10, 2020*; My Ombudsman report titled *My Ombudsman MassHealth Health Plans Presentation for the One Care Implementation Council November 10, 2020*

[Documents available online](#)

Executive Summary and Action Items:

Welcome/review October 13th meeting minutes

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

MassHealth Update

Henri McGill, One Care Program Manager, presented *MassHealth Presentation Implementation Council Meeting, November 10th*, reviewing the One Care Three-way Contract provisions for Care Coordination and the Integrated Care Team, Readiness Review Highlights for Assessments and Care Coordination, and updating the Council on Service Area Expansion.

Care Coordinator Model Discussion

Dennis Heaphy, Implementation Council Chair, presented *One Care (OC) Care Coordinator Model Discussion, One Care Implementation Council, November 10, 2020* to continue the discussion on Care Coordination with Tufts/Cityblock and CCA. Tufts/Cityblock and CCA provided an overview of the qualifications and required training for care coordinators in their care model.

Eric Weil, Cityblock Associate Chief Health Officer, and Shoshana Wirth, Cityblock Director of Operations spoke on the Cityblock care model used by Tufts in select service areas and Danielle Westermann, Tufts Unify Senior Manager, Product Strategy spoke of the Tufts internal Care Coordination Model used.

Laura Black, CCA Senior Vice President, Care Partnership and Clinical Services, Julie Fine, CCA Vice President, Behavioral Health, and Jonathan Holmes, CCA Behavioral Health Educator and Staff Development Manager, spoke on the CCA care model.

My Ombudsman Presentation

Leslie Diaz, Acting Director of My Ombudsman, presented *My Ombudsman MassHealth Health Plans Presentation for the One Care Implementation Council November 10, 2020*, reviewing Quarter 2 and Quarter 3 Data for One Care Plans, Complaints, and Outreach Data.

Meeting Minutes:

Welcome/review October 13th meeting minutes

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

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Questions / Comments:

- IC member asked how MassHealth oversees the integration of plan services and social workers and supports that outreach to members who are homeless and not in a shelter.
 - MassHealth stated that this process is reviewed through contract oversight with the plans and that plan care teams are intended to be designed around integrated care planning. MassHealth further stated that the readiness review process for One Care plans will look closely at how member care teams are created.
- IC member stated that in a medical model the burden is on the “patient” to comply with the care plan. IC member further stated that the One Care model differs from the medical model in that the care coordinator is supposed to develop a trusting relationship with the member.
- IC Member asked how MassHealth measures the relationship between care coordinator and member and ensures that the care plan is member-directed and person-centered.
 - MassHealth stated that currently plans are required to report on completion of the initial assessment for care plans within the initial 90-day enrollment window, but that in the future they will also be looking at how the assessment and care plan are actually being done.
 - MassHealth stated that both the Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys and the One Care Member Experience surveys asked members about their experience with care planning and care coordination. MassHealth noted that they are behind on processing the Member Experience surveys and are working to catch up.
 - IC Chair asked how far behind MassHealth is on processing the Member Experience surveys.
 - MassHealth stated they are a couple of years behind.
- IC member asked if MassHealth is reviewing the care planning process used by the plans and if MassHealth reviews the actual care plans to confirm they are done in a way that reflects person-centered planning and goals.
 - MassHealth stated that in the future they plan to look at files directly and that they have started this process when investigating critical incident reports.
- IC member asked if MassHealth will give an update on Duals 2.0 timeline.
 - MassHealth stated that the COVID-19 pandemic has delayed start date for plans in Duals 2.0 from January 2021 to January 2022. MassHealth further stated they are reengaging

- with CMS on completing the memorandum of understanding (MOU) and the three-way contract and are working internally to prepare for contract negotiations and the readiness review. MassHealth stated they are not ready to make an official announcement on a timeline yet.
- IC member requested that MassHealth bring the MOU to the IC before it is finalized so the council can consider the impact on members and providers with the new realities due to the pandemic.
 - MassHealth replied that the MOU must go through the CMS clearance process and is near finalization and that MassHealth will update the council on the MOU when it is ready. MassHealth stated that there are also a handful of topics from the three-way contract that MassHealth plans to bring to the IC to get feedback on. MassHealth acknowledged the impact of COVID-19 on health services, particularly telehealth, but stated that COVID will largely be handled through bulletins and specific guidance and should not have a large impact on the fundamentals of the One Care models.
 - IC member asked if MassHealth knows how many people will join through CCA's new geographical service expansion into Berkshire and Plymouth counties.
 - MassHealth stated that they do not have an exact number but stated they have no target for enrollment. MassHealth added that offering One Care to Berkshire County opens potential enrollment to a lot of people who did not have access to One Care previously.
 - IC member asked how plans and MassHealth identify members with substance use disorder (SUD) and what measures are in place to ensure care coordinators have the training needed to work with people with SUD. MassHealth stated that the contract sets out broad requirements for training for the integrated care team in person-centered planning processes, cultural competency, accessibility and accommodations, and in wellness, independent living, and recovery principles and plans are required to record all care coordinator training and keep them up to date. MassHealth stated that plans are required to have behavioral health specialists on their teams, to have training in SUD and mental health conditions, and to utilize peer supports and recovery coaches in their care plans.
 - IC Chair stated that the language of the contract is very broad and asked if MassHealth has minimum standards that plans are held to and/ or how MassHealth measures plan adherence to the contract.
 - IC Chair asked how MassHealth oversees the implementation of the training requirements of the contract in a meaningful way.
 - MassHealth asked if this question is about how MassHealth oversees training or documentation of the training.
 - IC Chair clarified that he was asking about both training and documentation.
 - IC Chair asked how MassHealth determines if a plan can expand to a new region.
 - MassHealth stated that plan performance determines passive enrollment. MassHealth stated that they look at whether assessments are being done on time to evaluate the plans onboarding capacity. If there are delays, then MassHealth can take action by reducing the timing or volume of members passively enrolled into a plan. MassHealth further stated they also look at call center metrics, including whether claims are being

- paid in a timely manner, the plan's ability to manage their providers and at financial capacity of plans when considering plan expansion.
- IC member asked if MassHealth takes appeals and grievances into account when approving a service expansion.
 - MassHealth stated that there are no benchmarks to review performance and they rely on comparisons within the industry and watch for outliers that go outside of industry standards. MassHealth further stated that they have never limited member ability to self-select to join a plan (except for a specific instance in 2015 when a plan left the One Care market).
 - IC member asked if the readiness review will look at care coordinator turnover and continuity within care plans.
 - MassHealth stated they had not thought about continuity of care in the instance of care coordinator turnover but that it is worth thinking about as MassHealth considers a better way to monitor care plans.
 - IC member stated they want to see MassHealth conduct a formalized investigation of care plans to determine level of person-centered care planning.
 - MassHealth stated that they will be looking closely at care plans, assessments, and the care team as part of the readiness review and will be offering technical assistance to help plans strengthen these processes. MassHealth stated they are also thinking of implementing a formal care plan review process during the interim.
 - IC member asked (regarding the announced CCA service area expansion) why only CCA coverage is available in certain areas.
 - MassHealth stated that plans determine their service areas and apply to MassHealth and CMS for approval. MassHealth stated that Tufts has the same opportunities as CCA to seek expansion.
 - IC member stated that all correspondence with their care coordinator has been handled over email and that it is hard to develop a relationship that way. Member stated they have not met their care coordinator or even seen them remotely (via Zoom).
 - IC Chair asked if communicating with a member by email with no in person meetings would meet the contract requirements of person-centered care coordination.
 - MassHealth stated that generally, correspondence between a care coordinator and a member via email is acceptable, however, plans must meet the communication needs of the member.
 - MassHealth replied that the current COVID-19 guidance is that care coordination can happen remotely. MassHealth further stated that, in the absence of a pandemic, if the member's preference is to engage in person or over Zoom, the plan needs to make sure that occurs. MassHealth stated the issue raised by the IC is that communicating through email does not meet the member's needs.
 - IC Chair stated the need for a more robust definitions of quality, care coordination, training, turn-over rates, and continuity of care.

Care Coordinator Model Discussion

Dennis Heaphy, Implementation Council Chair, presented *One Care (OC) Care Coordinator Model Discussion, One Care Implementation Council, November 10, 2020* to continue the discussion on Care Coordination with Tufts/Cityblock and CCA. Tufts/Cityblock and CCA provided an overview of the qualifications and required training for care coordinators in their care model.

Eric Weil, Cityblock Associate Chief Health Officer, and Shoshana Wirth, Cityblock Director of Operations, spoke on the Cityblock care model used by Tufts in select service areas. Danielle Westermann, Tufts Unify Senior Manager, Product Strategy spoke of the Tufts internal care coordination model used for the rest of the Tufts members.

- Cityblock provides self-reinforcing training to all Cityblock care coordinators and staff on the Recovery Model as part of their baseline training.
- Cityblock works with community partners that have lived behavioral health (BH) experiences, and work and live in the community.
- Cityblock requires all care coordinators attend their Market Academy Training throughout their employment. Market Academy starts as a multi-week training course that reviews behavioral health, primary care, and member needs. The core values of Market Training include putting the member first, integrating BH and medical health needs in care planning, “walking with members”, the stages of change, and motivational interviewing.
- Cityblock has a self-built Information and Technology (IT) system that includes the member record and member action plan. The member action plan is codesigned by the member and the Cityblock team and assessed regularly.
- Cityblock has substance use disorder training included in care coordinator training and that this is reinforced during regularly held case conferences.

Laura Black, CCA Senior Vice President, Care Partnership and Clinical Services, Julie Fine, CCA Vice President, Behavioral Health, and Jonathan Holmes, CCA Behavioral Health Educator and Staff Development Manager, spoke on the CCA care model.

- CCA trains all staff on person-centered care and each member receives a personalized care plan and communication plan. CCA also integrates long term services and supports (LTSS) into care planning and the care team.
- CCA has all staff, including providers, trained on how to best provide virtual care, trauma-informed care, and motivational interviewing.
- CCA trains staff on being member-centered, goal-focused, and empathetic to promote member empowerment.
- CCA has a strength and recovery-based model of care.
- CCA has training that acknowledges the power differential between a care coordinator and a member.
- CCA addresses problems in care planning during a 15-minute huddle each morning.

Questions / Comments:

- IC member asked how Cityblock would address a situation where a member who is Deaf or Hard of Hearing has only received communications through email.
 - Cityblock stated that as part of their “metrics for success” program they ask all their members if there is a person with whom the member has a trusting relationship in their care plan and whether they would recognize that person if they saw them on the street. Cityblock stated that for member and the care coordinator communication during COVID-19, there are telephonic meetings if necessary, video when possible, an in-person meetings when safe.
 - CCA stated that if the IC member has only communicated with the care coordinator via email, they would connect with the member through an interpreter for a face-to-face virtual meeting.
- IC member stated that some members with SUD do not agree to or engage in services due to a lack of connection with the service providers and asked how plans build trust with members who have SUD. IC member gave an example of a member who was not engaged in their care planning process and then did not receive the care that they needed.
- IC member asked why there has not been an integration of peer supports, recovery coaches or certified peer specialists (CPS) in the plans’ care teams to help with goal development and care planning for members with SUD and behavioral health needs
 - CCA stated that all their internal behavioral health staff are equipped to help people with SUD and they provide training to the full care team. CCA stated they have prioritized virtual visits during the COVID-10 pandemic.
 - Cityblock stated that training for all staff includes a baseline training in the recovery model so all staff is at the same level of competence. Cityblock stated that they partner with the community to provide recovery coaches and peer services, but they also build a recovery team internally. Cityblock further stated that they do have care coordinators and other providers who have personal experience with substance use disorders.
 - Tufts stated that peer specialists are offered to members who would benefit from that support.
 - IC member replied that they were pleased to see a job posting for a certified peer specialist at Tufts.
 - CCA stated they do not have peer supports on staff but that they plan to bring peer supports into the internal care teams and plan to increase their internal peer support program.
 - CCA stated that they provide recovery services including recovery coaches and navigators through their internal Health Outreach Worker (HOW) staff.
- IC Chair suggested CCA is using the “build model” where the plan builds the services internally rather than the “buy model” where you contract for services from community recovery services providers.
 - CCA stated yes, they are building their program internally. CCA further stated that there is a benefit in leveraging internal staff and this has been intentional through the COVID-19 pandemic.
- IC member asked if peer supports would be part of goal setting and care planning processes.

- Cityblock stated that during the initial assessment members are made aware of peer resources and told that they can be brought into the care team and care plan process at that time.
- IC member asked if a member does not have a trusted family or friend and only paid staff to be a member of their care team, and they would like an advocate, what strategies do the plans use to ensure the member can have nonpaid members on their care planning team to help meet their goals and also decrease isolation and loneliness.
 - CCA stated they make sure members have meaningful relationships in their community. CCA stated that supports are identified during a conversation with the member and there are many community-based resources that CCA connects members to including clubhouses, faith-based organizations, and other informal supports. CCA stated they also have many members who are caregivers themselves and CCA works to support members in that role as well.
 - Cityblock stated that helping members identify formal and informal supports falls under the member-driven care plans and is something that they update over time. Cityblock further stated that they use tools like motivational interviewing to encourage the member to think more broadly about who can support member's in reaching their goals.
- IC member stated that research has shown a direct correlation between the number of nonpaid supports on a care team and the person-centeredness of the care planning process and that this is something that should be measured and supported in care planning.
- Cityblock stated they implemented COVID screening at regular intervals that includes questions on loneliness, social isolation, and social supports and that they connect their members to as many supports as possible.

My Ombudsman Presentation

Leslie Diaz, Acting Director of My Ombudsman (MYO), presented *My Ombudsman MassHealth Health Plans Presentation for the One Care Implementation Council November 10, 2020*, reviewing Quarter two and Quarter three Data for One Care Plans, Complaints, and Outreach Data.

Questions / Comments:

- IC member asked if the member assessment discussed in the presentation was resolved to the member's satisfaction.
 - MYO stated there was not a reassessment done but helped the member connect with their care team to review the assessment and make the assessment meet the member needs.
 - IC member asked if the member benefitted from this process.
 - MYO stated yes.
- IC member stated that in the past, MYO presentations have included underlying causes for the complaints filed, i.e., whether it was an issue with the care coordinator, provider, or vendor. IC member asked if it would be possible for MYO to continue doing this at future presentations.
 - MYO replied yes, they can present the underlying source of each complaint. MYO further stated that in this update, reasons for complaint varied between inaccurate information and members not understanding processes like expedited prior approvals.

MYO stated they looked for approaches or resolutions, such as improved communication, better training of care coordinators, and more accurate member information. MYO suggested one approach would be to increase care coordinator knowledge so they can help members with, for example, changes to LTSS services or help facilitate getting claims paid. MYO further stated that getting claims paid is something that can be addressed by the plan so the burden is not placed on the member.

- IC member asked what MYO meant by stating they were unsure of the role of the care coordinator in facilitating payment of claims and asked if it would be accurate or inaccurate to say that the role of the care coordinator is “muddy” in these situations.
 - MYO stated that while they have a general understanding of what the care coordinator role it would be helpful to know in concrete terms how the care coordinator can and cannot assist members. It would be helpful to have it communicated how the care coordinator can and cannot assist members.
- CMS asked MYO if they were able to talk to the plans about times when members are billed for authorized services to educate them on how to prevent further claim denials.
 - MYO replied that they spoke to the plan billing departments and asked billing to communicate directly with the providers to help resolve the claims issues.
- CMS asked plans to do additional outreach to provider billing offices to provide additional education.
 - CCA and Tufts suggested this conversation be taken offline.
- IC member stated it would be helpful to have a pamphlet with information for members on services available as well as contact information for the care team and plan.

The meeting was adjourned.