Meeting Minutes June 11, 2019 –

One Care Implementation Council Meeting

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

Date: June 11, 2019 10:00 am – 12:00 pm

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

Key Stakeholders and Support Staff attendees: Corri Altman Moore (MassHealth), Jennifer Baron (CMS), Laura Black (CCA), Maggie Carey (UMMS), Hilary Deignan (UMMS), Andrew Falacci (UMMS), Raymond Gomez (Tufts Unify), John Ruiz (CCA), Roseanne Mitrano (MassHealth), Jennifer Morazes (My Ombudsman), Holly Robinson (CMS), Bea Thibedeau (Tufts Unify).

Unable to attend: Cathleen Connell, Elizabeth Jasse, Dan McHale, Chris White, Darrell Wright.

Handouts: Agenda; Draft minutes from May 14th IC meeting, MassHealth Presentation, Plan Presentations.

[Documents available online](#)

Executive Summary and Action Items:

MassHealth provided an update on the agency and the Duals Demonstration 2.0 procurement process:

Action steps
- *MassHealth has created an Integrated Care unit within their Office of Long-Term Services and Supports (OLTSS), responsible for One Care, Senior Care Options (SCO) program, and the Program of All-Inclusive Care for Elderly (PACE);*
- *The consumer review group has been selected for the Duals Demonstration 2.0 procurement and the group will select three meeting times throughout July and August to meet and review the Plan bids, in addition to hearing oral presentations from the respondents.*

CCA and Tufts Unify presented on continuity of care and care coordination using two case-scenarios and a series of questions the Council provided

***Action steps*:**
- The Council gathered a series of follow-up questions for the Plans to address at a future Council meeting

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 May14th Implementation Council meeting minutes were approved.

2. MassHealth Presentation:
- Corri Altman Moore, MassHealth Director of Policy, provided an update on the creation of a new unit for integrated care, explaining that the re-design is intended to improve services
- MassHealth also gave an update on the Duals Demonstration 2.0 Procurement process and said six Plans submitted bids. They also explained how the consumer review team will meet twice as a group and a third time after oral presentations before meeting with the full MassHealth Project Management Team (PMT).
- Council Member asked the number of Plans that submitted bids to the original One Care procurement.
    - MassHealth explained ten Plans initially submitted bids and three were chosen.
- Council Member asked if there would be a way for non-Council Members to participate in the bid review process.
    - MassHealth explained how non-IC members cannot participate in the review process because specific conversations regarding the bids are restricted to those participating as part of the review team who have been selected through the process. However, MassHealth agreed with the Council Chair to allow members of the review team to discuss general themes with outside individuals and bring the general feedback to the review process.
- Council Member asked why the two current One Care Plans needed to participate in the procurement process.
    - MassHealth explained the original One Care demonstration was limited in time and a procurement allows for equity and fairness.

3. Plan Presentations on Care Coordination and Continuity of Care:
Both CCA and Tufts Unify gave presentations responding to case scenarios prepared by the Council. The presentations focused on methods used by each Plan when responding to a cases similar to the two scenarios presented. The Plans based their presentations on a set of questions the Council provided along with the case scenarios. Laure Black presented for CCA and Bea Thibedeau presented for Tufts Unify. The Council then asked questions to both Plans in a "round-robin" format.

Questions and Discussion: The Council asked a series of questions throughout the "round-robin" format for the Plans to address at an upcoming Council meeting. The full list of 19 questions, written down during the meeting by Council member, is part of the appendix (below) but the following reflects some of the discussions that ensued. The Council agreed to have a follow up discussion on these points at the July IC meeting.

- Council Member suggested the Plans to not rely on a member reaching out to the Plan with needs or concerns. The Council Member explained how members, for many different reasons, are not willing or have difficulty reaching out to the Plans.
- Council Member asked the Plan representatives to provide the caseload numbers for their respective LTS-Cs.
- Council Member emphasized the importance of person-centered care and how difficult it can be to build. The Council Member acknowledged both presentations included person-centered care.
- Council Member suggested CCA change the icon on their presentation for in-patient stay to something more specific, such as a bed.
- Council Member asked each Plan to provide the case-load numbers for care managers.
- Council Member expressed concern on the procedure of determining medical necessity. The Council Member asked what would occur in the instance of a dispute between a physician and an insurance company?
- Council Member expressed concern about the negative interactions the case scenario (Bernie) had with care managers. The Council Member suggested Bernie may not be advocating for himself in an appropriate manner.
- Council Member suggested the need to enhance transportation services, especially for non-medical appointments where services like the Ride often do not work well for the Member.
    - The Council Member explained how she missed the last IC meeting because a non-medical ride never showed up.
- Council Member suggested the Plans investigate different mechanisms, so the Plans can provide acupuncture and acupressure for alternative pain relief.
- Council Member expressed concern how the presentations did not discuss ways to improve the current system and resolve the shortcomings. Specifically, the Council Members would like the Plans to address the complete procedure and regulations for determining non-medical transportation.
- Council Member expressed concern about the pre-authorization process and how the care manager or LTS-C decisions fit into the determination process.
    - The Council Member suggested the model is moving toward a more medical model.
- Council Member asked for clarification on the prior authorization process, specifically how the needs of the Member weighs against the recommendations by the care manager or ICT.
- Council Member expressed how difficult it is to determine what durable medical equipment is covered by the Plan.
    - The Council Member further explained how a Member in CCA can talk with the care partner to get their specific needs met.
- Council Member expressed frustration in how the Plans can use the denial process apart from medically specific needs, such as denying a mini-fridge or a generator.
    - The Council Member expressed the need to change the determination system to allow for some non-medical utilization instead of 100% medical utilization required.
    - A second Council Member signified how, like the case-scenario as Bernie, she too needed to buy her own equipment.

- Council Member asked what the flexibility of dollars in the One Care program is and who can authorize and administer it, and additionally, if there is a cap to the dollar amount?
  - Council Member explained how the flexible dollar system is limiting because it relies on functionality and medical definitions for services (especially non-mobility disability services within MassHealth.
  - The Council Member explained the issue is not specific to MassHealth, as it is also difficult to get services from other agencies.
    - CCA asked what is meant by other agencies?
    - Council Member gave other examples, such as Easter Seals and Mass Rehab, which only helps if a consumer is not working or in school. One specific example of the issue is being able to get software and computers which are compatible with one another.
- Council Member explained how direct service staff in One Care does not have enough training to give culturally competent care.
  - The Council Member further explained how care managers are not as focused on relationships as they should be, and how the care managers seem to be rushed and working with too large of a caseload.
- CMS asked the Council and agencies to work together on changes to prevent the negative issues from the scenarios to be prevented. CMS suggested considering reasons why a Member may not want to share issues they are experiencing with care partners.
- Tufts Unify expressed how it was helpful to hear how Members experience care in their own way.
  - Tufts Unify explained how there is flexibility in the care plan design, as the Member is the touch point in the care process. However, Tufts Unify did appreciate seeing the outlier cases where there are needed improvements.
- My Ombudsman Office explained how care coordination is one of the top three complaint categories received quarterly by One Care Members.
  - The representative explained how many callers have tried to resolve issues on their own with care managers prior to calling.
  - The Ombudsman Office did explain the Office's first response is to try and connect with the Member with their care manager, however sometimes the relationship is not strong, and a Member needs a new care manager.
- Council Member explained how as a disability technology advocate, there are different perspectives on technology, and care managers should not view technology as medical equipment but more as a life stream.
  - The Council Member further explained how care managers do not have the knowledge of different technologies and DME.
  - The Council Member also expressed concern how providers often see these technologies as optional medical needs instead of required equipment.
- Council Member explained how non-medical transportation needs to be regulated to ensure the provider assists Members to the door of the destination when they need assistance.

- o The Council Member further expressed the need for additional training and higher expectations for non-medical transportation services.
- Council Member emphasized the need to focus on consumer needs in developing the provider workforce, especially regarding technologies and non-medical transportation.
- UMass Medical School agreed to synthesize the questions and notes from the meeting and present them to the IC exec team.

4. **Public Comment:**
- Guest asked CCA to describe the path of an identified concern through the Plan's internal system. The guest specifically asked the Plan to discuss feedback it receives on the internal systems from the Plan's 300-person member consumer network; which is designed to provide the Plan with feedback from the member's perspective.
  - o The guest also expressed how transportation needs to work better.

The meeting was adjourned.

Up-coming meetings:

Tuesday July 9, 2019 (10:00-12:00 PM)
Boston Society of Architects – Pearl St Conference Room
290 Congress Street
Boston, MA

Tuesday September 10, 2019 (10:00-12:00 PM)
Boston Society of Architects – Pearl St Conference Room
290 Congress Street
Boston, MA

Appendix A:

Draft: Implementation Council: June 11, 2019

Questions Following Plan Presentations

Recorded by Jeff Keilson

1. Currently, directing the care planning process and goal setting as well as navigating the health care system is dependent upon the ability of the person to reach out. What if the person for various reasons cannot advocate for themselves?
2. What is the "caseload" For care coordinator /care partner and how is it determined? What is the turnover rate? Are their problems with recruitment and retention?
3. What is in place to insure access for people who are deaf?
4. For BH needs – how are medical necessity issues resolved?
5. People tend not to reach out due to negative past experiences. What is being done to supporting a person to feel comfortable in speaking out?
6. Existing transportation systems don't work (e.g., The RIDE) and should not be relied on. What are some of the initiatives to address transportation issues?
7. What is the approval process and access to alternative remedies (pain management)?
8. What do we need to do to improve provision of care to individuals with complex needs?
   a. What can I get transportation to?
   b. What is the preauthorization process? Is it member friendly and clearly understood?
   c. What is and can be done to assist people who can't get to appointments, due to depression or for another reason?
9. How can information of what is covered be more accessible and easier to understand? Very time consuming for person and care partner.
10. What is the process rational for denials?
11. What is the connection between what is approved and what is needed (for example, walker type)?
12. What is the availability and access to flexible dollars to respond to a critical need for a member?
13. DME need that is connected to medical needs, which can limit the approval for assistive technology that is critical for daily life. What can be changed to make DME more available?
14. What is training for direct contact staff? Staff have a lot of responsibilities and some of the responsibilities take away from their focus on the person.
15. How do we prevent issues from happening?
    a. What is done proactively?
    b. From care coordinator?
16. How do we improve member experience on all fronts?
17. How do the plan address "outliners" to ensure that all peoples needs are addressed?

18. How can technology be viewed as more than medical and helps us survive?
    a. How can staff be trained to understand this? There needs to be education on technology and how to use.
19. There needs to be clearer paths that are more easily understood on how identified concern is addressed. How can this be accomplished?