

One Care Implementation Council Meeting
Health Policy Commission, 50 Milk Street, 8th Floor, Boston, MA
July 10, 2018 10:00 am – 12:00 pm

Council Member attendees: Suzann Bedrosian, Crystal Evans, Dennis Heaphy (Chair), Jeffrey Keilson, David Matteodo, Henri McGill, Dan McHale, Dale Mitchell, Paul Styczko, Howard Trachtman (Vice Chair - by phone) and Sara Willig.

Key Stakeholders and Support Staff attendees: Corri Altman Moore (MassHealth), Jennifer Barron (CMS), Maggie Carey (UMass), Daniel Cohen (MassHealth), Hilary Deignan (UMass-by phone), Andrew Falacci (UMass), Raymond Gomez (Tufts Unify), Joshua Krintzman (Commonwealth Care Alliance).

Unable to Attend: Lydia Brown

Handouts: Agenda; Meeting Minutes from 5-8-18, MassHealth presentation, *Food as Medicine* presentation, *Women's Health* presentation.

Documents will be available online at <https://www.mass.gov/service-details/one-care-implementation-council-0>

1) Welcome/Review of Agenda/Introductions

- Implementation Council Chair, Dennis Heaphy, opened the meeting.
- The Council Chair announced Florette Willis' resignation from the Implementation Council.
- The Council Chair acknowledged the ratification of the Implementation Council's 2017 Annual Report.

2) Review of May 8 IC Meeting Minutes

- The Council approved the May 8th Implementation Council meeting minutes.

3) MassHealth Update

Corri Altman Moore, Director of Policy, presented the MassHealth update. Mass Health explained the extension of the current One Care contracts with the plans in the Duals Demonstration through 2019. MassHealth described the ongoing process for working with stakeholders, plans and CMS to design the Duals 2.0 Demonstration. Finally, MassHealth addressed both topics of the meeting, Food is Medicine and Women's Health, by describing the current policies, programs and contract language related to each topic.

- Moving forward, MassHealth will re-procure for additional member spots on the Implementation Council, with the intent to increase the member ratio to favor consumers.
- As part of the upcoming procurement, MassHealth would like Council Members to disclose their long-term plans to remain or leave the Council.
- MassHealth will also work with the Council Chair to outline a procedure to select leadership annually.

Discussion and Comments During the Presentation:

- Council member asked for clarification on the intention for the procurement for new members on the Council. She also asked if there a desire to create a more diverse and representative council?
 - MassHealth will include the information in the released document outlining the personnel procurement.
 - The Council Chair explained the important opportunity the new demonstration presents for members to reach out their own communities and find new members who are willing to join the Council.
- Council member asked for clarification on which contract the amendment at the bottom of slide 4 of the MassHealth presentation is intended for.
 - MassHealth said the amendment was intended for the old contract. The new contract for Duals 2.0 will be constructed under the upcoming Duals 2.0 procurement process.
- Council member asked MassHealth for further detail on the amendment, specifically if it includes a policy for psychiatric facilities. Additionally, the member asked if managed care would have a greater interest in the amendment.

- MassHealth explained the previous Council had the opportunity to review this amendment and add comments and how the amendment came about during the previous Council.
 - MassHealth also explained that the amendment describes the Long-Term Support Coordinators' (LTS-C) access to members is part of program integrity. Additionally, MassHealth did not recall a change to policy related to Institutes for Mental Disease (IMD).
- Council member asked for the chance to see the amendment and submit comments based on a timeline.
 - MassHealth asked to take the request back, acknowledging the difficulty in getting the actual language to members, as it is in the final stage of drafting with CMS.
- MassHealth explained the previous Council already gave comments on the amendment, but the new procurement procedure for Duals 2.0 allows members to provide input and make suggestions. MassHealth will soon come out will provide more details on the procurement timeline.
- Council member asked if there is a place to view the quality measure metrics MassHealth and CMS have for the One Care Plans.
 - MassHealth explained there are no changes to those measurements, and they can be found on the CMS webpage.
- Council member asked for birth control services for trans-sexual members to be written into the contract.
 - MassHealth acknowledged abortion and family planning services already in the contract and recalled services for the trans-sexual population potentially being stipulated in the contract.
- Council member asked for a future Implementation Council presentation on trans-sexual health.
- Council member further suggested the Council is taking a population approach to addressing similar issues.
- Council member presented a personal story where she struggled to get prepared meals from a homemaker service because the individual homemaker could not cook to meet the requirements for her strict diet.
 - The IC Chair asked MassHealth to follow-up on the question of whether homemakers are responsible for making meals in the home.
 - MassHealth agreed to talk with the member off line and investigate the specific regulation.
- Council member described the difficulty in getting nutritional supplements covered.
 - Council member suggested the LTS-Coordinator or the care manager should be able to take care of the nutritional supplements issue.

4) Food is Medicine Presentation – Jean Terranova

Jean Terranova presented on Community Servings, a private organization providing medically tailored meals to individuals on private and publicly supported health plans throughout the Commonwealth. Community Servings designs their meals to fit the specific needs of clients. The program has observed savings in health care costs for clients requiring many different types of medically tailored meals. Clients include One Care Members who are members of the CCA plan. Jean Terranova made three requests:

1. *The Council asks MassHealth and the Plans to make clear that nutritionally vulnerable and medically complex members have access to medically tailored, home delivered meals.*
2. *The Council works with Community Servings in developing guidelines on when medically tailored meals should be provided, along with developing a transition plan from the service.*
3. *The Council works with Community Servings in developing a plan to teach consumers, personal care attendants (PCAs) and recovery learning centers (RLCs) how to prepare medically appropriate meals, and to be able to provide bi-annual updates on One Care members' utilization of these services.*

Questions and Comments Raised During the Presentation:

- The Council Chair opened the discussion portion of the presentation by prefacing the Implementation Council's intent to work with other food providing organizations, in addition to Community Servings, to provide medically tailored meals to members.
- MassHealth asked if they were being asked to share information about the services Community Servings provides or if MassHealth should be covering these services.
 - The Council Chair explained the first request is for MassHealth to cover the service. He added Community Servings may provide the service, but MassHealth and the Council should work with additional companies offering similar services.
- Council member asked for Community Servings' annual budget.
 - Jean Terranova explained Community Servings' annual budget is seven million dollars, with One Care clients representing 18% of the total population served.
- Council member asked if Community Servings' One Care population is a subset of all of One Care?
 - The One Care population Community Servings delivers meals to is a sub-population of the entire One Care enrollment.
 - There is ambiguity over how Commonwealth Care Alliance (CCA) selects members to receive service from Community Servings.

- Council member commented how Plans already contract with vendors who provide meals, but all members who are nutritiously at-risk need to have access to home-delivered meals and nutritional counseling services.
- Council Member asked if Aging Service Access Point (ASAP) meals are medically tailored.
 - Council member explained how the ASAP meals are medically tailored but are not as complete as those offered by CCA. Additionally, it may be helpful to collaborate with ASAPs.
- Council member asked why Community Servings does not support a Ketogenic diet and if it is possible to offer one in the future.
 - Currently Community Servings does not offer a Ketogenic diet, but it is open to the possibility in the future and always is looking for new science and diets to incorporate.
- Council member asked if there is a way to get more support for her Ketogenic diet, which would dramatically reduce her health care costs as proper nutrition has aided some of her health conditions.
- Council member asked if there is a way to pair food service with medication services. This could potentially include medical marijuana.
- Council members explains the importance of investing in nutrition instead of paying for hospitalizations. The Member asked if there is currently a problem where MassHealth or the plans do not provide adequate food delivery services to members?
- Council member explained the need to mandate food delivery services similar to the meals Community Servings provides, while also having flexibility in measuring members' quality of life. This includes further understanding the evidence required to evaluate a members' quality of life.
- Council member asked about food services for high functioning individuals who could benefit from added nutrition support and cooking classes. She explained the catering needs currently affecting her health.
- Council member further explained her personal story of a PCA who refused to cook because she felt it outside of the scope of work. This left the Council member forced to eat prearranged deli meats and other non-wholesome foods. The Council member explained the importance of nutrition education for diabetics and individuals who need help learning how to use cooking equipment.
- Council member mentioned the importance of culture in food service programs and acknowledges the evidence showing the important role these meal programs play for medically complex members. Additionally, the member suggested increasing the food stamp program beyond farmers' markets and in the spirit of the service's importance, take a more mandated approach than a simple pilot study approach.

- Council member made a motion for:

The Council to mandate the One Care Plans provide nutritionally vulnerable and medically complex One Care members access to medically and culturally tailored meals.

- The motion was passed unanimously.
- MassHealth asked the One Care Plans to provide their viewpoints on nutrition services.
 - The Tufts Unify representative explained their support for providing meal services but suggested the need for more clarity on the process for developing guidelines with MassHealth concerning the limitation, definitions and qualification circumstances of the service.
 - The CCA representative agreed the evidence shows the services work but suggested a need to sort through costs and coverage as part of designing the mandate.
- The CMS representative acknowledged the Council’s emphasis on the service and suggested the Council continue to provide guidance during the process, as this is important to the program.
- Council member explained that there is an opportunity in the One Care demonstration to look at best practices and evidence-based studies in order to push ideas from pilots to mandates. He said diet and access to food together represent a large aspect of health and both are connected to many aspects of public policy. He also said there is a need to look at how tangential aspects of health care are connected to address health successfully.

5) Women’s Health Presentation

Maggie Sheets from the Disability Policy Consortium (DPC) presented on Women’s Health. The presentation was a joint effort and included several One Care members. The presentation focused on ways to make women-centered care more accessible and comprehensive.

Questions and Comments Raised During the Presentation:

- Council member asked for clarification from MassHealth on whether PCAs were able to provide support while the client is in an exam, to be in accordance with the new Electronic Visit Verification (EVV) contract.
 - MassHealth asked to take the question back to reference it with the MassHealth EVV contract.
- Council member raised a comment on anti-epileptic medication affecting women and leading to behavioral health issues. The member asked the Council to look into

it in further meetings, and to acknowledge how medication can affect women differently.

- Council Chair made a motion for:

The Implementation Council to create a limited work group charged with developing policies, practices, procedures that will ensure the competency of plan to assist women. The work group should include council members, One Care members in the field of women's health facility.

The motion was passed unanimously.

- CMS representative asked if the work group would be Council-led.
 - The Chair responded that the Council will lead the work group.
- Both the One Care Plans and MassHealth agree to participate.
- MassHealth asked if the work group could begin in the Fall.
- Council member asked the work group to focus the issue of medication (specifically anti-seizure medication) affecting women in specific ways, which was discussed during the DPC presentation. Additionally, the member suggested a woman lead the work group.
- Council member suggested pregnancy issues for women with disabilities and parenting need to also be covered in the work group.
- Work Group volunteers (current):
 - Suzann Bedrosian, Sara Willig, MassHealth Representative, CCA Representative, Tufts Representative.

7.) Public Input

- Council member highlighted the April presentation on Communication Access, specifically addressing the CMS representative to describe the motions passed by the Council aimed to enhance communication access. The member expressed the desire to push for more internet access, presenting video and text together and continuing the process of making sign more accessible. She said this could even include using on-line avatars to sign.
- Council Chair asked MassHealth if it could provide an update on communication access in September.
 - Council member suggested the Women's Health Work Group could work on communication access.
- Council member proposed bringing the request to increase communication access to CMS.
- MassHealth asked if there is technology to convert text to sign by an avatar.
 - The Council member responded there is, but it needs further development.

The Chair stated that the meeting be adjourned.

Upcoming Meetings

Tuesday July 31, 2018

10:00-12:00

One Ashburton Place

21st Floor, Conference Room 3

Boston, MA

Wednesday September 12, 2018

10:00-12:00

600 Washington Street

4th Floor Conference Room

Boston, MA