

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

Council Member attendees: Suzann Bedrosian, Lydia Brown, Crystal Evans, Dennis Heaphy (Chair), Jeffrey Keilson, David Matteodo, Henri McGill, Dan McHale, Dale Mitchell, Howard Trachtman (by phone) and Florette Willis (Vice Chair).

Key Stakeholders and Support Staff attendees: Corri Altman Moore (MassHealth), Maggie Carey (UMass), Daniel Cohen (MassHealth), Hilary Deignan (UMass), Andrew Falacci (UMass), Raymond Gomez (Tufts Unify), Andrew Johnson (Tufts Unify), Joshua Krintzman (Commonwealth Care Alliance), Kelly Love, (UMass - by phone), Lisa McGlinchy (UMass - by phone), Scott McManus (One Care Ombudsman Office), Holly Robinson (CMS - by phone)

Unable to Attend: Lydia Brown, Paul Styczko, Howard Trachtman

Handouts: Agenda; Meeting minutes from 4-10-18 (DRAFT), Communication Access Motions (4-24-18 work group), MassHealth presentation, MassHealth Grievance Reporting Instructional Guide, OCO presentation, CCA presentation, Tufts 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.

2) Approval of Meeting Minutes

- February 13th Implementation Council meeting minutes were approved unanimously.

3) MassHealth Update

MassHealth Policy Director, Corri Altman Moore, presented a brief overview of current requirements present in the One Care Three-way Contract that ensure adequate communication access. The presentation topics included ensuring communication accessibility for persons who are Deaf or Hard of Hearing. The slide deck contains footnotes with links to the specific contract language.

Questions and Comments Raised During the Presentation:

- Council Member asked for clarification on the phrase stating that accessible media would be available “as requested” in the three-way contract.
- Answer: Plans must have procedures to provide accessible materials. Understanding the specific needs of the plans’ populations comes during the assessment period. There are both general requirements around making sure that you can provide a minimum level of range of language accessibility, including ASL. Then there are provisions to ensure member specific needs, beyond those core requirements, are also being met once you understand what the individual needs are.
- MassHealth will provide a link to the One Care Ombudsman basic health care rights video series on the MassHealth website.

4) Presentation on Cultural Competency and Communication Access

- Jill Hatcher of DEAF, Inc. and Aurora Wilber of the MA Commission for the Deaf and Hard of Hearing (MCDHH), presented an in-depth overview on Cultural Competency and Communication Access needs when working with persons who are Deaf and/or Hard of Hearing. The presentation outlined best practices for working with clients in a culturally competent way and addressed current shortcomings and successes in communication access. The presenters concluded with suggestions for how to improve current communication practices. The specific recommendations for how One Care Plans and MassHealth can improve communication access are as follows:
 1. Create “Communication Access Coordinator” role similar to the one used by the Department of Transitional Assistance.
 2. Create a communication plan that includes information on how to access numerous communication options, as well as a system to evaluate services annually.
 3. Create a separate budget line item for communication access.
 4. Increase cultural competency through annual trainings for providers. DHILS, MCDHH, and Deaf Inc. can provide these annual trainings and assistance for staff.
 5. Join the existing statewide Video Remote Interpreting (VRI) contracts through MCDHH to ensure interpreters are qualified and credentialed. (Note that VRI is not appropriate to use for intakes or during complex meetings).

6. Use of video logs (Vlogs) in addition to print materials to share and update plan information.

Questions and Comments Raised during the Presentation:

- Stakeholder asked if the Commission’s VRI contract is open to plans or only State agencies.
 - The plans, vendors and sub-contractors should be able to use the contract.
- Council Member stated the Council should view the Americans with Disabilities Act (ADA) as a benchmark and not an apex when discussing communication access and requirements.
- Council Member acknowledged the previous point, and provided a personal story about not being able to communicate after a medical procedure left her without her voice. The experience further solidified her view of hospitals not meeting communication needs.
- Culturally it can be hard for people who are Deaf or Hard of Hearing to speak up against the health system. The best practice for MCDHH has been partnerships with the deaf independent living centers (DILs), MassHealth and the Department of Public Health to provide communication access across sectors.
- Council Member asked how many of the 129 incidents of communication access non-compliance that the Commission tracked occurred in a psychiatric or substance abuse disorder hospital.
 - It is difficult to find interpreters who are willing to work in psychiatric / and recovery settings so there is a known shortage of services in those locations. It is also difficult to fully participate in treatment in these settings without an interpreter constantly available for the patients. This is a challenge.
- Council Member asked how much of a difference the Client Access Coordinator made to the Department of Transition Assistance (DTA).
 - Hiring a Communication Access Coordinator improved the quality and the efficiency of the services at DTA. Before DTA had the coordinator people who were Deaf were often hung up on, or didn’t get responses to questions, which led to delays or even lapses in benefits. The coordinator provides a point person that Deaf or Hard of Hearing consumers can contact with questions and issues. Further, having someone who is culturally competent within the system helps to create awareness among staff.
- Council Member asked if the Client Assistance Coordinator would be fluent in sign language, culturally competent and familiar with One Care and MassHealth.
 - The coordinator may be fluent in sign language, but the most important skill is the ability to determine each individual consumer’s communication needs and then providing for effective communication whatever that may be. The coordinator is the point person within the system with whom the consumer can reach out. Cultural competency is key to this being successful.
- Stakeholder asked if the Communication Access Coordinator would have all of the resources to perform each necessary communication task or if the individual would be more of a facilitator.
 - The Communication Access Coordinator would be a facilitator who would be able to effectively coordinate various types of communication and services. The role would be a point person to connect with other specific providers.
- Stakeholder asked if the presenters have received complaints about instances at Tufts Unify where an individual called a plan with an interpreter and the plan ended the call because they

considered it a HIPAA violation. Tufts would be interested in getting a cultural competency audit to determine organizational shortfalls.

- Council Member brainstormed ways to survey quality of care from people who are Deaf or Hard of Hearing. Suggestions included doing something that is sign accessible/ ask the question in sign language and using independent living service providers to help facilitate the conversation.
- Stakeholder commented that there are ways Deaf individuals will tend to call, and you can train staff members to recognize that they need to wait a moment to see if someone is on the line before hanging up, or that if you hear the (TTY) device, the staff member needs to wait for the caller a little longer as well. Sometimes awareness is all it takes, and it makes all the difference.
- Council Member stated that typical efficiencies, such as short phone calls and visits, are barriers for people with disabilities. Longer medical visits may be required to accommodate people with disabilities, so who pays for that?
- Council Chair asked for a motion to set up a meeting with MassHealth to explore making a Communication Access Coordinator a contractual requirement of the plans in the new contract. *(The motion was not made.)*
 - Council Member suggested wanted more time to discuss before ready to make any recommendations.
- Council Member suggested making the communication changes broader than only the Deaf community.
- Stakeholder suggested crosschecking the job descriptions for the Client Assistance Coordinator / Communication Access Coordinator and the Long-term Services Coordinator.
 - Council Member suggested that the Communication Access Coordinator at Advocates Inc. has a broader range of responsibilities and skills beyond that of LTS Coordinator. If the LTS Coordinator were to take on communication access, it would require rewriting the LTS Coordinator role.
 - Council Member expressed that the Communication Access Coordinator and the LTS Coordinator should be separate.
- Council Chair suggested someone should make a motion to schedule a specific time to devote to the communication access and to develop recommendations to provide to MassHealth. *(The motion was not made).*
- Council Member asked for clarification on financing communication access services including information on how MassHealth and Medicare pays for interpreters. As it is now the payments for services are imbedded in the rates of reimbursement and lost over time. Delineating the services could highlight their availability and help determine funding needs over time.
- Council Member agreed that a budget line item for communication access does not exist. This makes it more difficult to really determine whether the plan or the provider pays for the service.
- CCA Representative asked if HIPAA gets in the way of some of the (ADA) requirements or if HIPAA presents an obstacle to some possibilities the presenters suggested.
- Council Chair suggested that the Council make a motion to accomplish three things:
 - 1) For the creation of a Client Assistance Coordinator or Communication Access Coordinator.
 - 2) To create a line item in the budget for communication access.
 - 3) To put in place a (VRI) contract with MCDHH and MassHealth.*(The motion was not made)*
- Council Member suggested setting a time to work on creating a recommendation to address the issues, and then report back before the end of the Summer.

- Council agreed to schedule a meeting with interested Council Members, as well as Jill Hatcher from Deaf Inc., and Aurora Wilber from MCDHH to discuss recommendations for improved communication access.

5.) Implementation Council – Next Steps (Presented by Council Chair)

- Council Chair presented updates on recent initiatives and next steps for the Council.
- The Council will work to develop recommendations for MassHealth on Communication Access.
- Council Member input is needed for the 2017 Annual Report including feedback on what is working for members and what is not.
- The March 22nd Tele-Town Hall event had a very low turnout with only 19 people who were either members or callers who could not be identified. The Council will work to figure out how to increase member participation and a more detailed report will be available at a later date.

6.) Public Input

- Council Vice Chair opened the meeting to public comment.
- Audience Member suggested there is some confusion about the age limits for participation in One Care, especially after listening to the Tele-Town Hall. (There are currently no upper age limits for people who are One Care members).
- Audience Member from the SHINE program educated the meeting attendees of a new Medicare card coming out for people who turned 65 as of April 1, or people who have had disabilities for more than 2 years who are getting Medicare for the first time. They will have a card that is different from the one people have now. The new cards do not include the person's social security number or gender, and are paper. The cards will be mailed to the address on file with social security.

7.) Upcoming Meetings:

Tuesday May 8th, 10:00-12:00
Health Policy Commission, 8th Floor
50 Milk Street
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Tuesday June 12th, 10:00-12:00
Health Policy Commission, 8th Floor
50 Milk Street
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