**One Care Implementation Council Meeting**

**Non-Profit Center, West Room – 2nd floor, 89 South Street,**

**Boston, MA**

**December 12, 2017 10:00 am – 12:00pm noon**

**Council Meeting attendees:** Crystal Evans (participated by phone), Dennis Heaphy, Jeffrey Keilson, David Matteodo, Henri McGill, Dan McHale, Paul Styczko, Howard Trachtman, Sara Willig, and Florette Willis (participated by phone).

**Key Stakeholders and Support Staff attendees:** Corri Altman Moore (MassHealth), Jennifer Baron (CMS), Maggie Carey (UMass Support), Hilary Deignan (UMass Support), Malinda Ellwood (MassHealth - participated by phone), Raymond Gomez (Tufts), Bill Henning (Boston Center for Independent Living - BCIL), Andrew Johnson (Tufts Health Plan), Joshua Krintzman (Commonwealth Care Alliance), Lisa McGlinchy (UMass Support by phone), Scott McManus (One Care Ombudsman Office), Burt Pusch (One Care Ombudsman Office), John Ruiz (Commonwealth Care Alliance), June Sauvageau (Northeast Independent Living Program - NILP).

**Unable to Attend:** Suzann L. Bedrosian, Lydia Brown, Dale Mitchell

**Handouts:** Agenda,Meeting Minutes from 11-14-17 (Draft).

Documents will be available online at <http://www.mass.gov/masshealth/duals>.

1. **Welcome and Review of Agenda**
* One Care Implementation Council Vice Chair Howard Trachtman opened the meeting and reviewed the agenda.
* Moment of Silence taken to reflect on the passing of advocate and friend *Moses Mallard*.

**2) Approval of Meeting Minutes**

* November 14, 2017 Implementation Council meeting minutes were approved by unanimous motion.
1. **De-brief on December 8th Listening Session and Next Steps**
* One Care Implementation Council Chair Dennis Heaphy and Implementation Council Member Jeff Keilson lead a de-brief on the Listening Sessions held on December 8th through-out the state.
	+ Feedback on the logistical aspects of the meetings were positive. The technology worked well though it was difficult to hear the Worcester site.
	+ There was a low turn-out in Springfield with no One Care members present at the meeting. For future meetings in the Springfield area will have to consider logistical concerns such as transportation and focus on a more targeted outreach.
	+ The Implementation Council members who were at the Listening Sessions stated they heard good feedback on what is going well and what needs improvement in the One Care Program. The data collected will be presented by UMass. The purpose of this debrief was not to focus on the content of the sessions.
	+ Plan representatives that were able to go to the listening sessions found the opportunity to connect directly with members and get deeper level feedback to be very valuable. Plan representatives were additionally able to solve a number of simple issues for some One Care members on the spot. Representatives from both plans expressed an interest in connecting directly with One Care members on a more regular basis.
* IC Member Jeff Keilson shared that the Implementation Council plans to have a state-wide telephonic town hall, partnering with Mike Festa and AARP in February, 2018. Dennis Heaphy asked the Implementation Council members to share this event with all of their networks to try and increase participation, once the date for the town hall is selected.
1. **CMS Updates**
* Jennifer Baron from CMS invited Implementation Council members to join a webinar on December 13th from 2 pm – 3 pm about a disability competent care self-assessment tool. The webinar is a resource for integrated care developed with CMS support and introduces the interactive, excel-based tool for disability competence self-assessment.
* Link to the Webinar invite with slides from the presentation: [https://www.resourcesforintegratedcare.com/DisabilityCompetentCare/2017\_DCC\_Webinar/DCCAT](https://urldefense.proofpoint.com/v2/url?u=http-3A__links.govdelivery.com-3A80_track-3Ftype-3Dclick-26enid-3DZWFzPTEmbXNpZD0mYXVpZD0mbWFpbGluZ2lkPTIwMTcxMjExLjgyMjYwNDgxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE3MTIxMS44MjI2MDQ4MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE4MTY2NTIxJmVtYWlsaWQ9amVubmlmZXIuYmFyb25AY21zLmhocy5nb3YmdXNlcmlkPWplbm5pZmVyLmJhcm9uQGNtcy5oaHMuZ292JnRhcmdldGlkPSZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm-26-26-26100-26-26-26https-3A__www.resourcesforintegratedcare.com_DisabilityCompetentCare_2017-5FDCC-5FWebinar_DCCAT&d=DwMFAg&c=lDF7oMaPKXpkYvev9V-fVahWL0QWnGCCAfCDz1Bns_w&r=uByGMayLyc0DvjV5ihJbGm-uNwlCh3HSXCjQxyFUKf0&m=B4F5ml56tREN0uBPPXyg2e0hBSERPWi5cbMgHgJxzmY&s=RBCLHLMMum1_W5m-qNFDkSFPB_tzvyktcM074A_gZHw&e=)
* Link to the Self-Assessment Tool: <https://www.resourcesforintegratedcare.com/physical_disability/dcc/tools/self_assessment>
* **Questions and Comments Raised During the Presentation:**
	+ Implementation Council member asked if the presentation would be captioned.
		- Jennifer Barron stated she was not sure.
1. **LTS Coordinator Presentation**
* The LTS Coordinator role is the focus for the December and January meetings. The purpose of these presentations is to learn more about the LTS Coordinator role and to make recommendations to MassHealth about how the program can be improved.
* Bill Henning from the Boston Center for Independent Living (BCIL) and June Sauvageau from Northeast Independent Living Program (NILP), both providers of LTS services,

lead the LTS Coordinator presentation.

* The LTS Coordinator works out of the Independent Living Centers, an ASAP or a Recovery Center, with the role of connecting the One Care member to resources in the community. Ideally, a One Care member would be able to choose their LTS Coordinator. Choice is key to the success of this program, which makes it difficult in areas where only a single One Care plan is offered. The LTS Coordinator fills a valuable role using the peer connection to assist members with a variety of often non-medical issues that impact health (social determinants of health).
* Providers are now looking for ways to improve member access to LTS Coordinators. It is important to ensure that all One Care members are aware of what the LTS Coordinator does, and has access to a Coordinator of choice. Often LTS Coordinators only contact people who state in their intake that they want a coordinator, so some One Care members may be missing this opportunity.
* An LTS Coordinator from BCIL said her role does not include talking with or meeting with the medical team but that it was the care manager’s responsibility.
* This LTS Coordinator also said members are expected to be responsible for reaching out to her/his LTS Coordinator and that the primary focus of the LTS Coordinator is getting access to social determinants of health (SDOH) like housing, transportation, community classes, social activities, access to services, “connecting the dots” with services, etc.
* One Care members are also able to access Recovery Coaches, Peer Specialists, and Older Adult Peer Specialists through the Independent Living Centers, though these are under-utilized services.
* **LTS Coordinator BEST PRACTICES Identified by June and Bill:**
	+ Consumer control in Care Planning
	+ “Meet the consumer where they are at” / Relationship building
	+ “Connecting the dots” for the consumer and the professional team
	+ One Care Enrollees don’t fit into neat boxes – individualized / Person-Centered Care is important
	+ Human Connection is important for quality of life – LTS Coordinators can help with this
	+ Enrollee must have access to LTS Coordinator – and Coordinator must access care team
	+ Regular meetings and communications between LTS Coordinator and Care Manager / Care Team key for success of program
	+ Cultural Competency important in building relationships
1. **Plan Presentations in January** – reviewed by Dennis Heaphy
* In January the discussion on LTS Coordinators will continue with a presentation from the Plans (Tufts and CCA).
* In January the IC council will also introduce topics of isolation, intimacy and women’s health including consent and abuse.
1. **Questions and Comments Raised During the Meeting:**
	* IC Member commented that requiring the One Care member to contact the LTS Coordinator, or to ask for the service can be a method for limiting inclusion since the One Care member and the LTS Coordinator and other members of the Care Team are not on equal ground.
	* OCO has been told that many One Care enrollees are not aware of what the LTS coordinator does.
	* IC member asked if the medical team ever consults with the LTS coordinator when making medical decisions or decisions about medication.
		+ Answer: If the consumer calls the LTS Coordinator to advocate or assist with these decisions then the LTS Coordinator will engage with the medical care team. It is a best practice that the whole team work together but medical decisions are often made without the LTS Coordinator.
	* IC member asked what the directors of the Independent Living Centers are doing to ensure that the LTS Coordinators are able to get messages to One Care clients that are part of the homeless community and lack permanent addresses, phone numbers etc.? IC member asked if the agencies were working with any homeless advocacy organizations to help with communication access?
		+ Answer: If the LTS Coordinator is aware that a consumer lives in a shelter the Coordinator will leave messages at the shelters. If the Coordinator knows the One Care member, they will sometimes physically look for them at the shelter. However, the intake sheet does not always indicate that the One Care member is homeless. Often these members cannot be reached.
	* Corri Altman Moore asked why utilization of the LTS Coordinator is dropping off over time? To assist in finding a solution to these issues it would be helpful to identify possible causes. Corri asked if it was a lack of resources, a lack of staff, if the connection is just not being made, or if it is something else?
		+ Answer: There are numerous factors at play. As far as staffing, it is difficult to retain staff, there is high staff turnover, and it is always a challenge to pay competitive wages. There also appears to be a general lack of knowledge among OneCare members about what the LTS Coordinator does.
	* OCO stated that that many One Care Members have reported that they didn’t know that they could contact the One Care Ombudsman to resolve issues with their Plan.
	* IC member went to summit discussing the negative health impacts of isolation and loneliness and suggested this could be an area that an LTS Coordinator could help One Care members with. Also would like to have a broader discussion on this during a future IC meeting.
	* IC member noted that many women’s health providers do not have accessible exam tables or mammogram machines.
2. **Public Input – T**here were no comments made.
3. **Upcoming Meetings:**
	* Tuesday, January 9, 2018, 10:00 AM – 12:00 PM,

Health Policy Commission (HPC), 50 Milk Street, 8th Floor, Boston, MA

* + Tuesday, February 13, 2018, 10:00 AM – 12:00 PM

Health Policy Commission (HPC), 50 Milk Street, 8th Floor, Boston, MA