

One Care Implementation Council Meeting
600 Washington St.,
Boston, MA
September 12, 2018 10:00 am – 12:00 pm

Council Member attendees: Crystal Evans, Dennis Heaphy (Chair), Jeffrey Keilson (by phone), Henri McGill, Dan McHale, Howard Trachtman (Vice Chair) and Sara Willig.

Key Stakeholders and Support Staff attendees: Corri Altman Moore (MassHealth), Dan Tsai (MassHealth), Jennifer Baron (CMS), Andrew Falacci (UMass-by phone), Raymond Gomez (Tufts Unify), Joshua Krintzman (Commonwealth Care Alliance), Donna Kymalainen (UMass), Roseanne Mitrano (MassHealth), Holly Robinson (CMS-by phone).

Unable to Attend: Lydia Brown, Suzann Bedrosian, David Matteodo, Dale Mitchell, Paul Styczko.

Handouts: Agenda; Meeting Minutes from 7-10-18 and 7-31-18, MassHealth presentation, IC Workplan 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 Co-Chair, Howard Trachtman, opened the meeting. Dennis Heaphy (Implementation Council Chair) ran the meeting.

2) Review of July 10 and July 31 IC Meeting Minutes

- The Implementation Council (IC) unanimously approved both sets of meeting minutes.

3) MassHealth Update

a. Duals Demonstration 2.0 Procurement

- Dan Tsai, Assistant Secretary for MassHealth and Medicaid Director, presented information on the Request for Information (RFI), released on September 5, 2018, related to the re-procurement of health plans (Plans) for One Care. Through the RFI, MassHealth seeks input from the Council on:
 - How to maintain the program from a federal authority standpoint;
 - How to maintain fiscal stability;
 - Maintaining innovation in One Care;
 - Thinking about health care in a broader sense than what was typically one, including engaging social determinants of health (SDOH); and
 - Empowering consumers.
- He requested feedback on scoring Plans that reapply and new plans on: innovation, empowering consumers around directing their care teams, and how they address social determinants of health.
- MassHealth wants to ensure that Plans put resources, effort, innovation, time, energy into supporting the One Care model of care. MassHealth is encouraging Plans to describe in their bids how they will push the boundaries, be innovative and show their commitment.
- Corri Altman Moore, Director of Policy, offered some additional information on what MassHealth is looking for in the bids:
 - How to ensure best practices and complex care management are driven by members;
 - Practice-based care management and flexible supports;

- How communication and coordination is continuous amongst the care team members, between the care team members and the member, as well as with other providers providing care to the member;
 - How to ensure the plan is emphasizing self-care;
 - How to make sure providers are engaged in the care model and partnering with the plan;
 - Making sure the plan is bringing in their own creativity and innovation to the table as well as encouraging alternative care approaches;
 - How best to reduce or avoid unnecessary acute hospital care;
 - How best to avoid emergency room admission and hospital stays when possible and to think about ways to emphasize and support members to live in their communities independently, making decisions about their care;
 - How better to support members (and families of members) who have ID/DD or autism;
 - How to ensure there is effective communication access and that the plans are addressing accessibility;
 - Making sure there is a focus on member outcomes and quality of life and how they tie those things to innovation;
 - How best to address social determinants of health, health disparities and inequities;
 - Assuring integration and looking at not just the cost but also the quality of services and goods.
- MassHealth used the CCA wing at Boston Medical Center (BMC) as an example of innovation.
 - One IC member said this floor worked well for her until it recently closed.
 - MassHealth said crisis stay capacity discussions between providers and Plans is a good example of how to creatively address complex sets of behavioral health care, mental health care, addiction and the need for stable housing.

- Council member commented that closed captioning, description of graphics and videos should all be part of the Facebook page for CCA and all should also be part of CCA's mobile integrated health.
 - Another Council member suggested CCA is legally required to include these accessibility features.
 - The representative from CCA acknowledged this and will take it back to CCA.
- MassHealth offered to assist with coordination of communication between Massachusetts Commission for the Deaf and Hard of Hearing (MCDHH) and the Council.
- The Chair asked about a group of people with disabilities who had participated in reviewing the plan responses in the last procurement.
 - MassHealth said the Implementation Council consumer procurement will allow an active role of consumers in the plan procurement and Plans should expect that consumers will be reviewing their bids.
- Council member asked how Plans can ensure members with autism access services from DMH and DDS.
 - Another Council member agreed saying that people with autism do not get services from DMH if they are served by DDS.
- MassHealth said the focus should be on how the Plans can demonstrate and deepen their support for individuals with intellectual or developmental disabilities and those on the autism spectrum. Plans need to make sure they understand the population, its culture and have the competency to provide services. MassHealth said there will be an opportunity for some services to be included in the three-way contract.
 - MassHealth asked the IC to submit a range of scenarios describing individual situations from a clinical standpoint and with a set of social factors) to account for a range of members served by One Care. It requested a description of how the benefits of MassHealth, with the flexibility of One Care, best serves individuals across physical, behavioral health and LTSS needs. MassHealth will try to incorporate the scenarios into the procurement if the IC can submit ideas within a week (by September 14). MassHealth also invited the IC to structure a broader list of ideas for MassHealth to consider as part of the bid evaluation or contracts with plans.

- The Chair said the IC would send scenarios to MassHealth and that a Council member is reviewing the Texas procurement that may help in designing scenarios;
- MassHealth asked the Council member to email the Texas RFP scenarios
- The Council member also said it stimulated thinking on how a member can direct their care team *and* utilize community resources.
- The Chair:
 - suggested one of the scenarios include how plans can ensure service to members over time;
 - asked Council members to provide him with examples of situations where a member did not get the services they needed, and include identifying the barriers;
 - requested Council input on making sure quality measures address distance to providers (e.g. if someone speaks Creole and is two hours from a provider who speaks Creole, a member may opt to drive that distance).
- Council member said that there are rural pockets in Massachusetts that are not currently covered by One Care.
 - Roseanne Mitrano, One Care Program Director, explained that provider participation supports network adequacy. For example, if a Plan covers a certain county, it needs to make sure the network of providers can support the members in that area.
 - The Chair asked the CMS representative, Jennifer Baron, if she saw any responses nationally to the issue of network adequacy.
 - She said other states are looking to Massachusetts for input.
- MassHealth reviewed the public process timeline for the Duals Demonstration 2.0 and highlighted:
 - MassHealth welcomes responses to the RFI that was released on September 5, 2018;
 - The questions in the RFI are similar to the questions MassHealth has been asking at the listening sessions; responses are due September 24, 2018 at 10:00 am;
 - The concept paper was officially submitted to CMS in August;

- The last listening session was on September 10 in Worcester;
- The timeline for the procurement is slightly off track but the overall timing (to have plans in place on January 1, 2020) is still on schedule.
- CMS said there was a public comment period on the original One Care procurement, which will be repeated. A 30-day comment period will occur in the next few weeks and CMS will share this with MassHealth and the Council.
 - The Chair asked if this will be posted on the One Care website.
 - MassHealth said it would be emailed since they are not sure it can be posted.
- Council member expressed concern that the Concept Paper still needs CMS' reaction and is happening at the same time as the RFP being issued. Member asked how changes would be incorporated.
 - MassHealth acknowledged the tight timeline, said it is very similar to the timeline in 2012, and it hopes stakeholders continue to stay engaged with this process with many activities occurring simultaneously.
 - The Council member said Plans will start to react to whatever is publicized but people should be aware that the proposal is not yet cemented.
 - MassHealth stated it will acknowledge this when the procurement is issued and reviewed the RFI links (on COMMBUYS and on the One Care web site and the Duals Demonstration 2.0 website).

b. Implementation Council Procurement

- MassHealth is in the process of posing an Implementation Council procurement to address consumer vacancies. MassHealth will send out an email with the link. It is seeking 2-4 individuals who are MassHealth members with disabilities or family members of MassHealth members with disabilities to serve on the Council and said Council members should make recommendations.
 - Audience participant asked whether an LTS Coordinator was eligible.
 - MassHealth responded that there may be a conflict of interest since they are contracted by a Plan but if someone has a question about this, they should contact MassHealth.

- A Council member asked a person who is a disability advocate.
- MassHealth provided some historical context on consumer participation in the One Care Plan procurement. In 2012, MassHealth procured a group of consumer consultants to form its own committee to review the Plan responses and develop recommendations. The consumer committee, and the MassHealth procurement team, met together, resulting in an alignment between the two groups. There is no need for a special procurement now that the Implementation Council already exists. MassHealth has included stipends for meetings and outreach activities, including stipends for consumers on the Council who participate in reviewing the bids from the plans. Current Council members will be considered as bid reviewers; MassHealth will address whether any of Council reviewers may have any conflicts and will make sure the consumers are available for this activity.
- The Chair asked about the role of the Council in procuring new Council members.
 - MassHealth said the current Council cannot be engaged in this procurement process. MassHealth's role is to make sure new members for the Council include good representation from consumers.
 - The Chair said he did not want to push back on this but that this was not satisfactory.
- MassHealth explained that the notice and application for new Council members would be posted on the One Care site and on COMMBUYS, the State's official procurement site. The links and instruction also will be emailed, and the due date is October 3, 2018. The application is a two-page form and a letter of support.

4) Presentation on the 2018-2019 Implementation Council work plan.

- Highlights included:
 - The Council's mission statement: To ensure the quality of services and unique features of One Care are maintained while the program grows to scale;
 - The new work plan is built off the Council's 2017-2018 workplan;
 - Accomplishments from 2017-2018 were reviewed;
 - A Council member wanted to make sure skills like those from recovery coaches and community health workers (CHWs) were part of the LTS Coordinator role;

- For women’s health, the Chair said women from the Council and women experts in the field of providing care to women with disabilities will be part of the work group. The work group goal is to figure out best practices the Plans should implement to support the overall health of women, including social all other aspects of a woman’s life, (not just the medical), as well as care planning, goal-setting and how to engage with women to address their unique needs. The Chair hopes the Plans can present on best practices for providing care to women, and how that is part of the care planning process, giving the example that the innovative ideas from CCA would be helpful to fully understand.
 - A Council member said that some women “with female parts” may not necessarily identify as female but still need access to women’s health care.
 - The Chair asked that individuals representing the transgender communities may be able to present on their needs around how best to approach care planning and goal setting.
 - A Council member said she knows several transgender people, some who are autistic and disabled.
 - MassHealth suggested that an email to the Plans on the details of what the Council is looking for would be helpful. A follow up phone call on this subject can then be planned.
 - MassHealth reminded Council members that members of the Council are either a MassHealth member with a disability or are a family member (or guardian) of a MassHealth member with a disability; the individual does not need to be a member of One Care.
- A Council member asked if the concepts around *Food as Medicine* will be included in the Duals 2.0 procurement.
 - MassHealth is considering how to address the potential innovation/best practices that the Council has raised and how to frame them. If an idea is not included in the procurement, there is another opportunity for it to be included in the three-way contract.
- The Chair said the Council needs to figure out how the Plans can be a more integral part of future town hall meetings where there are robust conversations with One Care members. He said Plans could possibly communicate with their members to let them know of the town hall.

- A Council member said CCA is communicating via text, so that may be a good way to promote the next town hall.
- The Chair asked if there were any additional ideas to be included in the 2018-2019 work plan.
 - A Council member said that digital accessibility with social media is important, as is captioning and image descriptions.
 - The Chair suggested that more work plan work group meetings be scheduled and will discuss with UMass team.
 - One Council member was not sure of the topics or when the work group meetings occur.

5) Additional Discussion about procuring new Council members

- The Chair asked current Council members the best process to ensure a high number of consumer applicants to ensure a competitive process, statewide and representing diverse communities. He invited the Plan representatives to encourage applications from members of their Consumer Advisory Committees (CACs).
 - MassHealth said involvement in a plan CAC does not constitute a conflict of interest.
 - It agreed that text messaging to targeted audiences may be a good way to push out a message on this.
 - A Plan representative suggested that new Council members represent some geographic diversity, as the Council is currently Boston-focused.
 - A Council member suggested that webinar technology (like Zoom) or having meetings in other parts of the state can ensure that representatives from outside Boston are involved.
 - MassHealth said it can offer transportation for Council members with disabilities.
- The Chair asked if Council members had any ideas for representatives who are chronically homeless.
 - A Council member offered to bring this to his homeless tenancy advisory board and staff. He said that one-on-one outreach may be helpful in communicating the importance of their participation with the Implementation Council.

- Another Council member said she could reach out to someone in their mid-20's in the homeless community and will get back to the Chair.
- The Chair recommended all Council members download the application form and then email it out widely. The goal (by Friday September 21st) is to get names from current Council members of people who may be interested in applying.
- A Plan representative said there appears to be no Tufts Health members on the current Council and offered to reach out to some Tufts members.
- MassHealth asked Council members to look for candidates able to devote the time necessary to do the work of the Council. It encouraged the Council to help find members with leadership skills or who want an opportunity to develop leadership skills since by the end of October 2018, the Council will have lost both Co-Chairs MassHealth seeks members with strong analytic skills, good reading skills, and interpersonal skills, and ability to work constructively with MassHealth. In addition, candidates must be residents of Massachusetts and not employed by a One Care Plan.
- A Council member expressed desire for applicants involved in the disability community, an Independent Living Center (ILC), a Recovery Living Center (RLC) or living with a substance use disorder (SUD).

6.) Public Input / Meeting adjourned

- The Co-Chair asked if there were any comments or questions from audience members but there were none.
- The meeting was adjourned.

7.) Upcoming Meetings

- Tuesday, October 9, 2018
10:00 AM – 12:00 PM
Department of Public Health (DPH)
Public Health Conf. Room, 2nd Floor
250 Washington Street, Boston, MA
- Tuesday, November 13, 2018
10:00 AM – 12:00 PM
Health Policy Commission (HPC)
8th Floor Conference Room
50 Milk Street, Boston, MA