Dear Nancy, Linda and Bill,

Thank you very much for sharing the concerns of DAAHR with the One Care Implementation Council (Council). The Council is committed to supporting the implementation of One Care in a manner that promotes systems change in the delivery of health care to people with disabilities. The Council is committed to the practical and seamless integration of Independent Living philosophy and the Recovery model, both to improve the quality of health of people with disabilities and for the civil rights of this population through equitable healthcare.

The Council is taking proactive steps to address the issues outlined in your letter. The Council recently engaged in a multi-month process to identify Council priorities and develop a work plan. Many of the concerns identified in your letter are consistent with objectives identified by the Council and will be informative to the Council as we engage in the work plan activities. We will also review the work plan quarterly, beginning in August, to determine if any amendments are needed and would continue to value your input at that time. First among the issues being addressed by the Council is the state auto-assignment process. The Council is also very concerned that passive enrollments are moving forward without the data needed to show that plans have the capacity and competency to take on large numbers of enrollees, particularly people with complex mental health and/or physical needs. A primary challenge faced by the Council is time.

The Early Indicator Project (EIP) work group has made significant progress in developing key indicators and carrying out surveys and focus groups to better understand how the implementation process is unfolding. Focus group reports and additional indicator reports are currently available. The EIP work group is beginning to collect additional information about the experiences of One Care enrollees, including individuals who were auto-assigned, through a survey. Results of that survey will not be available in time to impact the July 1 auto-assignment enrollment date. The Council has raised concerns about the July 1 enrollment given the current availability of data. In response, the EIP work group is working on interventions that can be put in place if data shows that consumers are being negatively impacted by the enrollment process and/or enrollment itself. The Council suggests DAAHR put forward specific indicators and interventions it believes are necessary to protect consumers and advance person-centered care within One Care.

Council members are concerned that the indicators used by MassHealth are not adequate to determine the capacity of plans to enroll additional auto-assigned enrollees. Of particular concern is the high level of unmet needs within the enrollment population and the large number of enrollees identified as C1s who are later assessed to be C2s. This requires more

attention from the Council and we have requested MassHealth to report the criteria it uses to determine plan readiness for accepting auto-assigned enrollees to the Council. Transparency in this process will enable the Council to better understand and provide guidance to MassHealth on the use of indicators.

The Implementation Council is working closely with MassHealth to ensure the privacy rights of enrollees, particularly enrollees with mental health needs, are upheld. MassHealth and the One Care plans have an obligation to ensure appropriate protections of privacy are in place prior to auto-assignment. The Council continues to engage in conversations with MassHealth around this issue and will develop recommendations regarding possible interventions that may need to take place to protect people who use mental health services. Possible interventions could include promoting the concept of "open notes" that enable enrollees to view all their doctor's notes. We will also look to incorporate key concepts of the Mental Health Legal Advisors Committee white paper, "Consumer Control of Mental Health Information," released fourth quarter 2013, that outlines the importance of consumer control of mental health information.

The Council is also concerned about the broader issue of quality metrics and how these metrics directly impact the implementation of One Care and its functions. Like DAAHR, the Council is committed to protecting continuity of care, enrollee privacy and LTSS. We are eager to receive input from DAAHR on the types of quality metrics. We are aware that RTI International and NORC at the University of Chicago are charged with the task of conducting evaluations of One Care, including providing quarterly reports. We will request a more transparent sharing of information from those two entities with the Council on a regular basis. In addition, the Council will have representatives working on a quality workgroup in collaboration with MassHealth in a similar fashion to its representation on the EIP workgroup. More details will be provided as it develops.

The Council is in full agreement with DAAHR that the cornerstone of One Care must be a robust system of LTSS, one that is guided by Independent Living philosophy and the Recovery model. We are very interested in access and increased utilization patterns over time in the use of LTSS and reduction in unnecessary acute Emergency Department and acute in-patient care. The Council will work with MassHealth through the quality workgroup to identify and analyze available data.

We support the work being done by the IL-LTSS coordinator stakeholder group convened by the Executive Office of Health and Human Services (EOHHS). The Council supports a much broader process to be undertaken by the stakeholder group, one that will tackle the challenges of educating plans, providers and consumers about the interconnection of LTSS and the relationship to Independent Living philosophy and the Recovery model. The Council will also be

more proactive in working with EOHHS in the stakeholder group to develop a strategy to educate plans, providers and consumers about new LTSS available to enrollees of One Care. Specifically, we will call for the stakeholder group to work on more fully implementing certified peer specialists and cueing and monitoring.

Culturally competent care is an ongoing priority for the Council. As part of its work plan, the Council has outlined a number of tasks to improve communication access to ethnic and minority populations about One Care. The work plan also includes tasks to help the Council better understand the communication access needs of members of Deaf and hard of hearing communities. Of particular concern are the unique needs of people in the Deaf community. We look forward to working with DAAHR as the Council begins to work on these work plan activities.

Finally, the Council is very concerned about restrictions being placed on potential enrollees who are being put in the position of having to forfeit their relationship with a primary care provider in order to enroll in One Care. Provider network adequacy and access is a priority issue that the Implementation Council is very concerned about, along with related "continuty of care" protections for those newly assigned to One Care plans. We will work with the state and broader stakeholder community to promote policies that will optimize consumer opportunity to participate in One Care without having to forfeit or compromise their present relationship with primary careor other providers.

The Implementation Council thanks DAAHR for its contributions to One Care and its leadership in protecting the rights of people with disabilities. The Council supports working with DAAHR to address the concerns raised in this letter as well as others as they arise.

Sincerely,

Howard Trachtman
Florette Willis
Dennis Heaphy