Table of Contents

- I. One Care Implementation Council mission statement
- II. AREA OF FOCUS #1: Communication Access for One Care members
 - Goal
 - Accomplishments from 2017-2018
 - Next steps

III. AREA OF FOCUS #2: Quality of Care

- Goal
- Accomplishments from 2017-2018
- Next steps

IV. AREA OF FOCUS #3: Sustainability of One Care

- Goal
- Accomplishments from 2017-2018
- Next steps
- V. Discussion
- VI. Appendix Motions passed by Council

One Care Implementation Council mission statement:

It is the responsibility of the One Care Implementation Council to ensure the quality of services and unique features of One Care are maintained while the program grows to scale.

AREA OF FOCUS #1: Communication Access

<u>Goal</u>: Provide opportunity for ongoing communication with the deaf community.

Accomplishments from 2017-2018

 Presentation on April 10, 2018 from DEAF Inc. and the MCDHH.

Three motions passed (unanimously)*.

* See Appendix for motions

Proposed next steps:

By Nov, 2018, create a work group to make a job description for the communication access coordinator position (*name TBD*).

By Dec 31, 2018, determine annual costs for this position, as well as for communication access services (ASL interpreters, VRI, other) and other costs associated with providing communication access as needed.

By Dec 31, 2018, create suggested language to be included in MassHealth contract with the Plans (2-way) for adequate communication access.

AREA OF FOCUS # 2: Quality of Care

<u>Goal</u>: Support integration of Long Term Services and Supports (LTSS) providers and LTS Coordinators into larger care teams; gain a better understanding of access issues to Durable Medical Equipment (DME); and focus how members can gain better access to behavioral health supports.

Accomplishments from 2017-2018

LTS Coordinator presentations were given by Bill Henning (BCIL) and June Sauvageau (NILP), both providers of LTS services on December 12, 2017.

CCA and **Tufts** made their presentations on their perspective of the role of the LTS Coordinator role and their respective practices on Feb 13, 2018.

MassHealth also provided an overview of the requirements of the LTS Coordinator in the current contract and some rich Q&A discussions ensued.

Women's Health presentation/discussion with one IC motion passed*.

Food As Medicine presentation/discussion by Jean Terranova from Community Servings with one IC motion passed*.

* See Appendix for motion

Proposed Next Steps:

LTS Coordinator – By June 30, 2019, obtain utilization data for the LTS Coordinator and prioritize best practices. Also, determine best ways to communicate role to One Care members and ensure to include Peer Specialists, Recovery Coaches and CHWs.

Women's health - IC work group to determine top 2-3 priorities for developing policies, practices, and procedures during FY20 that will ensure the competency of Plans to assist female members of One Care.

Food as Medicine - IC work group to determine current practices for providing nutritional meals and educational support for nutritionally vulnerable One Care members and then identify the top 2-3 priorities to pursue in FY20 with the Plans.

AREA OF FOCUS #3: Sustainability of One Care

<u>Goal</u>: Support the sustainability of One Care.

Accomplishments from 2017-2018:

The IC sponsored two One Care IC Listening /Town Hall events, part of an effort to listen to consumers talk about their experiences with One Care.

Dec 8, 2017 - multi-site event

Mar 27, 2018 - interactive conference call

Proposed next steps:

- 1. Procure new IC members.
- 2. Provide feedback to MassHealth on Duals Demonstration 2.0.
- 3. Presentations on alignment of complaints and grievances from MassHealth, the Plans and the *My Ombudsman* office.

Discussion

Appendix

Implementation Council motions passed - Communication Access:

Motion #1: Request MassHealth require that Plans create a communication access coordinator position (for Deaf/HoH members). It will be the job of the coordinator to support the onboarding of Deaf and Hard of Hearing members identified as needing communication access services and to provide ongoing coordination of the members' communication access needs at the members' choice. The coordinator will work in collaboration with the member and the member's care coordinator. In hiring the coordinator, the plans will work with MCDHH and DHILs as part of the hiring and training of the coordinator.

Motion #2: Representatives from the IC work with representatives from MCDHH and MassHealth to develop contract requirements in provision of communication access for people who are Deaf or Hard of Hearing.

Motion #3: Representatives from the IC meet with representatives from MCDHH, representatives from the One Care plans, and MassHealth to develop a budgeting process to be implemented by plans. The budget should include funding for a dedicated communication access coordinator (name to be determined) and communication access services (ASL interpreters, VRI, other) and other costs associated with providing communication access as needed.

Implementation Council motions passed - Women's Health:

The IC will create a limited work group charged with developing policies, practices, procedures that will ensure the competency of Plans to assist women. The work group should include IC members, One Care members in the field of women's health and MassHealth.

Implementation Council motions passed - Food As Medicine:

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