One Care Implementation Council - Long Term Services & Supports (LTSS) Subcommittee

April 29, 2016 1 – 2:30 PM

600 Washington St. Rooms 7004-7005

Boston, MA

Attendees:

- **Council Members:** Dennis Heaphy (Chair), Jeff Keilson, Dale Mitchell, Paul Styzcko, Sara Willig

- **Stakeholders from:** Ethos, Northeast Independent Living Program, Boston Center for Independent Living, Center for Living and Working, Elder Services of Merrimack Valley, Mass Home Care, AARP, DAAHR, Community Catalyst, Joint Committee on Public Health, Centers for Medicare and Medicaid Services, Seven Hills Foundation, Massachusetts Developmental Disabilities Council, CCA, Community Health Link, Brain Injury Association of Massachusetts, Massachusetts Legislature, Health Care for All, Resource Center

Handouts: Agenda, Summary of Discussion from 1-29-16 LTSS Subcommittee Meeting

Overview: The Implementation Council Long Term Services and Supports (LTSS) Subcommittee met to continue discussion with One Care stakeholders on the current state of LTSS in One Care, in particular the promising practices and barriers experienced by Long-term Services and Supports Coordinators (LTS-Cs). As the Council is preparing to provide suggested revisions to the One Care 3-way contract to MassHealth, there is particular interest in hearing directly from LTS-Cs and their employers. LTS-Cs and their employers in attendance shared their current experiences, recent improvements in communication with One Care plans, especially with recently launched data sharing systems, and preliminary promising practices. The LTSS Subcommittee will share a summary of the meeting with the full Council and will propose recommended changes to the 3-way contract in order to clarify LTS-C and other coordinator roles and processes and procedures for working with One Care care teams. Full details on the LTSS Subcommittee recommendations and discussion are included below.

Intro

The LTSS Subcommittee last met in January 2015. Implementation Council members heard testimony from various stakeholders primarily on current challenges being experienced by LTS-Cs. Several recommendations came out of the last meeting, including the reconvening on the LTS-C Workgroup by MassHealth. Attendees were asked to share what they hoped to accomplish in attending the LTSS Subcommittee meeting. A summary of attendee responses are included below:

- Updates on Implementation Council activities around LTSS broadly and in reaction to the recommendations made during the LTSS Subcommittee meeting in January;

- An update from MassHealth on the anticipated timeline for reconvening the LTS-C Workgroup to hear directly from LTS-Cs and their employers;

- Clarification around the goals and functioning of the Implementation Council LTSS Subcommittee;

- A discussion around equal access to LTSS for individuals with behavioral health issues; and

- A discussion around One Care and broader MassHealth LTSS system that is informed by consumers of services and is responsive to the needs of individual members.

Comments from LTSS Stakeholders

The Implementation Council Chair framed the discussion by noting that the Council will be providing input to MassHealth on suggested changes to the 3-way contract. The Council is especially interested in how the Council can help to bring clarity to the LTS-C role through suggested changes to contract language.

How does an LTS-C assess for and request services for a member?

- It was noted that each plan's process for interfacing with LTS-Cs differed slightly. One LTS-C's description of the service request process through each plan is included below.

    Tufts Health Unify

    o A referral from Tufts Health Unify is received by the LTS-C agency through an electronic system (SAMS Case Management System).

    o When submitting service requests to Tufts Health Unify (Tufts), LTS-Cs fill out and submit a Service Request Form. The form includes such information as the service requested, service duration and intensity, suggested vendor and contact

information. The form is submitted to the Tufts LTSS lead who reviews the request and determinates authorization.

- o It was noted that the process for authorizing PCA services differed from other services in that the request was sent directly to a Tufts intake office.

Commonwealth Care Alliance

- o Commonwealth Care Alliance (CCA) requires that a Community Service Plan (CSP) be submitted to request LTSS. The CSP includes such fields as whether the service is being requested of CCA or an outside vendor.

- o At the beginning of April, CCA implemented a new online portal that LTS-Cs and other providers now use to request and track services. Several attendees noted that the new portal, E-Clinical Works, significantly improved communication with the plan and the speed of service request authorizations. Other attendees noted that they had not yet started using the portal.

- o In E-Clinical Works LTS-Cs can see if a service request has been approved, assigned to a provider, or if it needs to be renewed.

- o CCA has recently implemented the process of having every enrollee complete an LTS-C consent form to confirm that they had been offered an LTS-C and to indicate whether or not they were interested in working with an LTS-C.

- CCA noted that the new online system is new and the plan intends to adjust workflows as needed once providers have more experience with the system.

- Representatives from Tufts were not in attendance and therefore were not available to comment on LTS-C process discussion.

What is the difference between the role and functions of Geriatric Support Services Coordinator (GSSC) and the LTS-C?

It was noted that within Senior Care Options (SCO), an integrated care program for individuals 65 and older who are dually eligible for MassHealth and Medicare, there is a similar supports coordinator function to the LTS-C that is called a GSSC. Differences in the roles highlighted in the discussion are listed below:

- Within SCO each member is assigned a GSSC who is able to explain the role to the member directly.

- The GSSC role varies slightly by SCO plan. The GSSC can authorize a basic set of services but need authorization for other types of services. The role is slightly different for SCO members in nursing facilities..

- GSSCs assess and screen for a variety of non-medical care needs including, risk of falls, preventative services, depression, and cognition.

- One attendee noted that during the initial role out of the LTS-C role it functioned primarily as an advocacy role, however currently LTS-Cs are playing more of a coordination and advocacy role in working with enrollees.

- It was also noted that GSSCs often participate in the assessment process with nurse care managers or conduct their assessment soon after a comprehensive assessment by the nurse. LTS-Cs after often engaged later in the care planning process when the member may already have other services in place. The GSSC role is better integrated into the care team.

- It was noted that GSSC can be rejected by a member; however the GSSC continues to be available and reaches out to the member at regular intervals to offer services.

- A LTS-C employer noted that the LTS-C role often falls outside of traditional coordination functions and instead focuses broadly on assisting members to live fully and independently in their community.

  o Examples of the broad range of assistance and support LTS-Cs have provided members include assisting with legal name changes, creating dating profiles, completing paperwork required when starting a small business, and completing green card applications.

  o It was noted that GSSC also provide a wide variety of support including interfacing with other state agencies and helping to support housing.

- It was noted that at times the LTS-C role can overlap with additional support roles such as Health Outreach Workers (HOW) and Community Support Specialists (CSS), which are not roles that are included in the SCO model.

How do current LTS-C and LTS-C employer experiences translate to promising practice and suggested changes or clarifications to the One Care 3-way contract?

- An LTS-C provider commented that weekly SCO and One Care meetings with care team members have greatly improved communication with care coordinators.

- Several participants noted that access to member portal or electronic health records has assisted in promoting communication between LTS-Cs, care coordinators and the whole care team.

- There have been improvements with Tufts Health Unify since MassHealth hosted meetings with Tufts and providers.

Additional Comments and Questions from Attendees

- A comment was made that it is not always clear who to contact or notify of interest in LTSS. The example was provided of enrollees asking peer services staff for a referral for LTSS and the staff are unsure about whom to contact regarding the referral.
  - o It was noted that contracted providers should be educated on LTSS and how to refer individuals to LTS-Cs or services.