

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

August 11, 2016 1:30 – 3:00 PM

1 Ashburton Place, 21st Floor

Boston, MA

Attendees:

- **Council Members:** Dennis Heaphy (Co-Chair), Dale Mitchell (Co-Chair), Sara Willig, and Olivia Richard (by phone)
- **Stakeholders from:** MassHealth, Ethos, Boston Senior Home Care, Boston Center for Independent Living, Center for Living and Working, Commonwealth Care Alliance, Tufts Health Plan – Network Health, Home Care Aide Council, 1199 SEIU, BMC Health Plan, Greater North Shore Link

Handouts: Agenda, Summary of Discussion from 4-29-16 LTSS Subcommittee Meeting, Geriatric Supports Services Coordinator (GSSC) and Independent Living Long Term Services and Supports Coordinator (LTS-C) Differences document

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. The primary topics of discussion at the meeting were key differences in the role of the Geriatric Support Services Coordinator (GSSC), a required role within the Senior Care Options (SCO) program, and the One Care Independent Living Long Term Services and Supports Coordinator (LTS-C). The meeting attendees, which included representatives from both GSSC and LTS-C employers, One Care plan representatives, Implementation Council members and union representatives, discussed various barriers and ways to enhance the role of LTS-Cs and GSSCs including improved communication around service authorizations, additional enrollee education around LTSS and the role of LTS-Cs, and the need for data around which enrollees are choosing to work with LTS-Cs. Full details on the LTSS Subcommittee recommendations and discussion are included below. The three recommendations for the Implementation Council at the conclusion of the subcommittee meeting were:

1. All enrollees should be assessed for LTSS needs by an LTS-C who can explain their role directly to the enrollee.
2. LTS-Cs should be more formally integrated onto the One Care care teams, similar to the GSSC role on SCO program care teams.
3. One Care plan materials explaining the LTS-C role should be enhanced to be culturally and linguistically appropriate for enrollees.

Intro

The LTSS Subcommittee has met three times in 2016. As a result of the discussion raised about differences in the GSSC and LTS-C roles at the last meeting of the LTSS Subcommittee, staff prepared a discussion document comparing the description of the GSSC and LTS-C roles within the respective SCO and One Care contracts.

Comments from LTSS Stakeholders

Understanding of LTSS and LTS-C role

- It was noted that enrollees should have a comprehensive understanding of the LTS-C role before they are asked to make a choice regarding whether they want to work with an LTS-C. This could be effectively done by requiring all enrollees to have an initial assessment by an LTS-C.
- It was noted that younger populations with disabilities may not be familiar with LTSS as they may not have had access to the services outside of One Care. In these cases, it should be part of the LTS-C's role to explain the role and benefits of LTSS to the enrollee.
- The contract states that LTS-Cs must be offered to all enrollees with LTSS needs. It was noted it will be important to look beyond information such as claims to determine if an individual needs LTSS, as enrollees entering One Care may have unmet LTSS needs that would not show up in claims records.
- It was noted that within SCO, a member's connection with a GSSC is automatic and every member is assessed for LTSS needs.

Current Role of LTS-Cs

A question was asked of meeting attendees who were LTS-Cs to describe their current roles.

- Several LTS-Cs noted conducting an in-person assessment of LTSS needs and other social determinants of health.
- The LTS-C assessment process described included the use of a tool and a narrative to describe the enrollee's situation and care needs.
- A comment was made that since many enrollees experience telephonic care coordination, their LTS-C often has a stronger understanding of their care needs and preferences than other members of their care team.
- Representatives from CCA noted that LTS-Cs are offered to enrollees at the time of their comprehensive assessment. The role of the LTS-C is described and members are asked to complete a consent form indicating if they would like to work with or decline the engagement of the LTS-C. A copy of the consent form is then left with the member.

Comprehensive Assessment

- LTS-Cs noted that accessibility to the results of an enrollee's comprehensive assessment varies, but has improved greatly since initial implementation. Earlier this year, CCA launched an online portal called E-Clinical Works that allows LTS-Cs to view the assessment results and service authorizations of the members with which they work. Similarly, a patient portal with information on assessment results and service authorizations is available to Tufts Health Plan – Unify providers that are granted access by the enrollee.
- Representatives from both plans noted the inclusion of supplemental questions beyond the required MDS-HC questions that cover social and environmental factors experienced by an enrollee.
- The importance of asking non-medical and more in-depth questions during the comprehensive assessment was noted by several attendees.
 - An attendee provided an example of being asked whether she could cook. During previous assessments she had simply answered yes. During her LTSS assessment, the LTS-C she was working with asked her how she cooked and asked her to show her how she would go about cooking. Through this process, the LTS-C learned that the individual has burned herself in the past and was able to discover needed assistance with cooking and could then advocate for the authorization of additional assistance with cooking and meal preparation.

Key Differences between GSSC and LTS-C

- It was noted that GSSCs are also offered as a choice to members, and that members have the option to decline working with a GSSC. However, it was noted that when a GSSC is declined they remain available to the member and make contact with the member approximately every six months.
- It was noted that while the SCO contract states that GSSCs may “under specific conditions or circumstances established by the Contractor, authorize a range and amount of community-based services,” GSSCs do not, in practice, authorize services without approval of the member's health plan.
- Key contract differences identified by the subcommittee included the explicit advocate role of the LTS-C, the responsibility of the GSSC to coordinate “social support services,” and the responsibility of the GSSC to both monitor and track LTSS, in comparison to the LTS-C responsibility to monitor LTSS.

LTS-C Referrals

- A question was asked by an attendee regarding whether an enrollee with a physical disability would be more likely than an enrollee with a non-physical disability to be offered an LTS-C.
 - Both plans noted that LTS-Cs are available to all enrollees that would like to work with an LTS-C.
 - It was noted that there may be variation in the uptake of LTS-Cs across disability type.
- A representative from CCA noted that the issue of possible unconscious or selection bias on the part of the assessor raises an interesting question. CCA noted that they would look into what data may be available on uptake rates stratified by enrollee disability.
- A representative from Tufts noted previous challenges in coordination experienced when enrollees who accepted an LTS-C during a welcome call had their LTSS assessment completed by the LTS-C prior to the enrollee's comprehensive assessment. In these cases, the communication between the care coordinator and the LTS-C was at times confusing and components of the assessment were duplicative. Tufts has since implemented changes to address these issues.
- A comment was made that bringing the LTS-C onto the care team would not be sufficient for addressing current implementation issues with the role. It was noted that the LTS-C opinion and perspective should be respected because they often build a rapport with enrollees that is difficult to achieve by a nurse during an assessment which includes more medical questions.

Service Authorizations

- Several LTS-C attendees noted challenges in receiving decisions on service authorization requests submitted on behalf of enrollees.
- A representative from MassHealth noted that service authorization language would be added to the three-way contract between the One Care plans, MassHealth and the Centers for Medicare and Medicaid Services (CMS) to further clarify expectations around authorizations.
- A representative from CCA noted that adjustments have been made to the Community Supports Plans documentation for LTS-Cs to formalize their request for service authorizations.

- A representative from CCA noted the right of LTS-Cs, in their role as independent agents, to transparency regarding the process of service authorizations. It was noted that a gap in technology currently limits the level of transparency the plan can provide.
- A representative from Tufts noted that beyond technology changes, more communication and collaboration would help LTS-Cs to better work together with members of an enrollee's care team.

Barriers to Full Integration of the LTS-C Role

- Barriers in regards to community-based organizations capacity to hire and train LTS-Cs, to make a coordinator available to all One Care enrollees were noted.
 - It was noted that community-based organizations would need support to increase their infrastructure to meet increases in capacity.
- An attendee noted that challenges with retro-active disenrollments caused difficulties for many community-based organizations serving One Care members. It was noted the longer time period of retro-active disenrollments is not experienced within the Senior Care Options program.
 - A representative from CCA noted that CCA has a member retention team that works with SCO members around eligibility issues; however, a similar team does not exist for One Care because enrollments are handled by MassHealth Customer Service.
- Language explaining the LTS-C role is not always accessible to enrollees. Updates to LTS-C role explanation language should be short and simple.

Subcommittee Recommendations for the Implementation Council

1. All enrollees should be assessed for LTSS needs by an LTS-C who can explain their role directly to the enrollee.
2. LTS-Cs should be more formally integrated onto the One Care care teams, similar to the GSSC role on SCO program care teams.
3. Materials explaining the LTS-C role should be enhanced to be culturally and linguistically appropriate for enrollees.