

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

January 29, 2016 1 – 2:30 PM

Transportation Building – 10 Park Plaza

Boston, MA

Attendees:

- **Council Members:** Suzann Bedrosian, Bruce Bird, Dennis Heaphy (Chair), Jeff Keilson, Dale Mitchell, Paul Styzcko, Florette Willis (co-chair)
- **Stakeholders from:** Ethos, NILP, BCIL, CLW, Elder Services of Merrimack Valley, Mass Home Care, AARP, DAAHR, Community Catalyst, Joint Committee on Public Health, CMS, Seven Hills Foundation, Massachusetts Developmental Disabilities Council, CCA

Handouts: Agenda, Long Term Services and Supports Coordinator Informational 1-pager

Overview: The Implementation Council Long Term Services and Supports (LTSS) Subcommittee met with the goal of gathering feedback from LTSS Stakeholders on the current state of LTSS in One Care. The conversation primary focused on the Long Term Services and Supports Coordinator (LTS-C) role, a new and unique role to One Care. Stakeholders spoke of the value of the LTS-C and the importance of the LTS-C perspective and independence within One Care. Stakeholders also discussed and provided examples of current challenges experienced by LTS-Cs and their employers. Full details on the LTSS Subcommittee recommendations and discussion are included below.

Recommendations to the Implementation Council

1. MassHealth should work with the Implementation Council to convene a LTS-C workgroup to take specific actions to address current barriers to full implementation of the LTS-C into the care team. Topics should include: opportunities to clarify and streamline authorization guidelines, forms, and documentation; communication practices between care coordinators, LTS-Cs, and members; and workforce capacity issues. The workgroup should include MassHealth, the One Care plans, representatives from LTS-C providers, Implementation Council members, and the One Care Ombudsman office.
2. Define the role of the Long Term Services and Supports Coordinator (LTS-C) on the care team.
 - Promote increased communication between the Care Coordinators and other members of the care team and the LTS-C.

- Promote the recognition and treatment of the LTS-C as an equal member of the care team.
 - Require a face to face meeting of care team members including the enrollees, care coordinator, LTS-C, and other care team members as needed within 3 month of the completion of the comprehensive assessment.
3. Determine a glide path for the implementation of the requirement that all One Care enrollees have their LTSS needs assessed by an LTS-C.
 - Workforce capacity issues and increased in enrollment around auto-assignment should be taken into account.
 4. Shorten the number of days plans have to authorize services, require that a copy of the care plan is sent to the LTS-C, and require that supporting documentation be included in service denials.
 5. Develop clearer processes, guidelines and forms, including codes.
 6. Convene LTSS Subcommittee meeting in three months to continue conversation.

Intro

The LTSS Subcommittee last met in August 2013. Implementation Council members have heard that Long Term Services and Supports Coordinator's (LTS-Cs) and Long Term Services and Supports (LTSS) providers continue to experience challenges in fulfilling their role as part of One Care interdisciplinary care teams. The Subcommittee has been reconvened to hear directly from stakeholders on the current state of LTSS in One Care and to make recommendations to the Implementation Council. The meeting began with an overview of the definition of LTSS and an update on the current state of One Care.

- Participants defined LTSS broadly and included the following elements:
 - LTSS is distinct from behavioral health and acute care services. LTSS needs are ongoing rather than episodic and include services such as personal care, homemaker, meal prep and other services that enable an individual to complete tasks of daily living that they cannot do independently.
 - LTSS allow an individual to complete their goals.
 - LTSS can also include services that are available through Home and Community-based (HCBS) waivers such as residential services, rehabilitation option services, day habilitation, assistive technology, and other services that enable individuals to live in the community.

Comments from LTSS Stakeholders

Stakeholders were asked to share their experiences around LTSS coordination and the types of services requested. Members were asked to share what was working and not working.

Challenges with LTS-C Role

- It is often unknown whether service authorizations are approved or denied. The One Care plans do not consistently share approvals or denials with LTS-Cs who are often responsible for communicating the decision to the member and implementing the authorization.
 - It was noted that a significant amount of LTS-C time is spent trying to locate and follow-up on service authorizations. The wait time around authorizations varies widely depending on member need, office demands, and case manager.
- Service authorization rules are unclear. Different codes are used depending on the case manager.
- LTS-Cs are experiencing issues getting non-medical transportation approved by One Care plans.
 - An attendee noted that CCA requires that the transportation be relevant to a goal outlined in the enrollees care plan in order to authorize and there are limitations to the number of allowable trips
- There are not enough LTS-Cs available with experience working with certain sub-populations. An attendee noted a need for additional LTS-Cs with ID/DD experience.
- LTS-C participation in care team meetings is rare and inconsistent. Only one attendee noted that they are consistently included in care team meetings.
 - LTS-Cs are not treated as equal or valued members of the One Care interdisciplinary care teams.
- Many enrollees do not know they are referred to an LTS-C and do not understand when an LTS-C contacts them.
- Results from the Early Indicators Project Report indicate that the LTS-C role is not understood by enrollees. An attendee noted that he has heard similar confusion from community members regarding how they got on One Care, the role of the LTS-C and if they have a case manager.
- It was noted that members often cannot submit an appeal because they never receive an official denial. Also, it is unclear how LTS-Cs can assist enrollees with grievances and appeals when they receive a denial.

- No LTS-Cs present has experienced a member with personal care attendant (PCA) services approved for cueing and monitoring, an expanded service under One Care. It was noted that CCA has told LTS-Cs that it is not a benefit offered by CCA.
- An attendee noted an increase in denials, particularly around transportation, homemaker hours and personal care. It was also noted that it is very difficult to get acupuncture and massage approved even though it is a great pain management tool.

Positive Experiences with LTS-C Role

- An LTS-C provider noted that they have weekly SCO and One Care meetings with care team members. This has greatly improved communication. Another provider noted that they are implementing a new policy to promote communication with case managers.
- An LTS-C provider noted that LTS-Cs bring perspective and independence to care teams. They are able to think creatively to meet the member's needs independent of costs and often have personal experience on how to meet the member's goals. They bring a non-medical viewpoint to the team to look beyond an individual's diagnosis to determine services, and to determine services needs based on goals and interests of the individual.
- There have been improvements with Tufts Unify since MassHealth hosted meetings with Tufts and providers.