

**One Care Implementation Council
Long Term Services and Supports (LTSS) Subcommittee**

August 6, 2013 12 – 2 PM

SEIU Office

150 Mt. Vernon St., 2nd Floor

Dorchester, MA

Attendees: Suzann Bedrosian, Shannon Burns, Anne Fracht, , Rebecca Gutman, Dennis Heaphy (Chair), Gina Julie Jones, Betty Maher, Regina Marshall, Dale Mitchell, Nassira Nicola, Jay Perley, Jennifer Peterson, John Pirone, Olivia Richard (Co-Chair), Dan Rome, John Ruiz, Florette Willis

Handouts: Agenda, LTSS Work Group Meeting Minutes

Recommendations to the Implementation Council

1. The Subcommittee recommends to the Implementation Council that One Care plans make Independent Living – Long Term Services and Supports (IL-LTSS) coordinators available to individuals with very high behavioral health needs (C2b) during the comprehensive assessment.
2. The Subcommittee recommends to the Implementation Council that processes be developed to ensure enrollees understand the function of the IL-LTSS Coordinator before deciding if they want to include the role on their care team. Enrollees may decline or keep an IL-LTSS Coordinator after the initial assessment and care planning process is completed.
3. The Subcommittee recommends to the Implementation Council that the IL-LTSS Coordinator may complete the LTSS portion of the Comprehensive Assessment during the first 180 days for first year of the demonstration only for individuals in the rating categories C1 and C2A.

Discussion

The Subcommittee reviewed three recommendations that the LTSS Work Group made regarding the IL-LTSS Coordinator. The following comments and questions were posed by the group.

- A question was asked as to whether the recommendations made by the Subcommittee would be to MassHealth, One Care plans or both.
 - The Subcommittee agreed that the recommendations should be for both MassHealth and the One Care plans.
- It was noted that a large part of the IL-LTSS Coordinators role will involve monitoring of access and quality of an enrollees LTSS implemented as part of the Personal Care Plan. Examples of this include ensuring the PCAs and showing up and are on time, transportation is available when needed, and interpreters are available for all services.
- It was noted that other monitoring mechanisms are in place through the Demonstration including the Ombudsman, the entire care team, on-going quality metrics reporting and provider licensure and credentials by state agencies.
- The difference between Care Coordinators and IL-LTSS Coordinators was discussed by the group.
 - It was noted that while Care Coordinators may be primarily responsible for the coordination of medical services and the IL-LTSS Coordinator primarily responsible for the coordination of long term services and supports, the delineation of roles is not entirely distinct and greatly depends on the needs and wishes of the enrollee.
 - It was noted that not all One Care plans may be entirely clear about the scope of the IL-LTSS Coordinator role on an integrated care team.
- The issue of training arose around several topics including the workings of an Integrated Care Team. The Subcommittee agreed to make the issue of training a primary topic of the next Subcommittee meeting.
 - A comment was made that on an interdisciplinary care team, the IL-LTSS Coordinator is accountable to both the enrollee and the care team. The concept of an interdisciplinary care team may be new to many clinicians and other care team members that are more familiar with working in multidisciplinary teams. Training on the integrated care model and working together on interdisciplinary teams may be needed.

- It was noted that rating categories are for plan payment purposes and should not affect the care planning process and implementation of a Personal Care Plan. Although the 3-way contract includes languages about which rating categories must have access to an IL-LTSS Coordinator, of greater importance is making sure each person that needs an IL-LTSS Coordinator has access to one.
- A question was asked as to where enrollees will find out about IL-LTSS Coordinators?
 - It was noted that information on IL-LTSS Coordinators may be found in the Intro to One Care Booklet. A question was raised as to whether or not the role is described in the Enrollment Guide.
 - It was noted that exposure to and education about the IL-LTSS Coordinator role will be very important.
 - Concern was expressed that enrollees may opt out of having an IL-LTSS coordinator on their Care Team if they do not understand the role of the Coordinator.
- It was noted that recommendation 3 by the LTSS Work Group was meant to address the concern regarding IL-LTSS workforce capability during the ramp up phase of establishing the new position. Those individuals with higher acuity and potentially greater LTSS needs should receive priority access to IL-LTSS Coordinators during the first 90 days of enrollment. Individuals with fewer LTSS needs should still have access to IL-LTSS Coordinators but the timeframe could be lengthened to 180 days when there will be greater availability of IL-LTSS Coordinators. This recommendation is for the first year of the demonstration only.

Next Steps

The Subcommittee agreed to discuss the topic of training at the next Subcommittee meeting including further discussion and clarification on training topics such as:

- What training are One Care staff and providers currently required to receive?
- Are any different training required of IL-LTSS Coordinators?
- What trainings are currently being developed and offered by MassHealth?
- How will care team members be trained on new models of care such integrated care teams, working in teams and communicating with team members?
- Who will train consumers about interdisciplinary care teams and the paradigm shift in care providing opportunities for engagement and leadership in their own care planning process?