Slide 1

One Care:

Implementation Council Meeting

Executive Office of Health & Human Services

MassHealth Demonstration
to Integrate Care for Dual Eligibles

February 13, 2018, 10:00 AM – 12:00 PM

Health Policy Commission (HPC)

Conference Room A, 8th Floor

50 Milk St.

Boston, MA

Slide 2

Describing the Long-Term Supports (LTS) Coordinator Role

* The three-way contract between MassHealth, CMS, and the One Care plans describes the role and requirements for LTS Coordinators in section 2.5.C.4.1
* As described at the January 2018 Implementation Council meeting, MassHealth and CMS are working to finalize a DRAFT amendment to the contract that would incorporate updates to the LTS Coordinator language proposed by the Implementation Council and the One Care Ombudsman2
* In 2014, MassHealth worked with members of the Implementation Council and other stakeholders to create easy to understand public information about LTS Coordinators:
	+ Fact sheet for members3
	+ Webinar for providers and One Care plans: “The LTS Coordinator: Role and Benefits for One Care Enrollees”4
	+ Reporting requirements for plans to report on LTS Coordinator offers and member uptake5

Footnotes:

1 *Pages 41 – 44 of the December 28, 2015 contract, available at* [*www.mass.gov/masshealth/duals*](http://www.mass.gov/masshealth/duals) *under “One Care Three-Way Contract and Memorandum of Understanding”)*

2 *See MassHealth Updates slides from January 2018 Implementation Council meeting*

3 *Available at* [*www.mass.gov/one-care*](http://www.mass.gov/one-care) *under “One Care Fact Sheets and Other Materials”*

4 *Available from the One Care shared learning website at* [*https://onecarelearning.ehs.state.ma.us/course/index.php?categoryid=3*](https://onecarelearning.ehs.state.ma.us/course/index.php?categoryid=3)

5 *Reports available at* [*www.mass.gov/one-care*](http://www.mass.gov/one-care) *under “One Care Data Reports and Quality Information”*

Slide 3

One Care Requirements for Member Access to Long-Term Supports (LTS) Coordinators

* Plans must:
	+ Provide information about, and offer the option of having, an LTS Coordinator to all enrollees within the first 90 days of the day their enrollment begins
	+ Contract with multiple Community-Based Organizations (CBOs) for the LTS Coordinator role; CBOs may include:
		- Independent Living Centers (ILCs)
		- Recovery Learning Communities (RLCs)
		- Aging Services Access Points (ASAPs)
		- Other CBOs serving people with disabilities
* LTS Coordinators must also be made available:
	+ During the comprehensive assessments for all members in C3 and F1 rating categories, and for all members in any rating category who request one as part of their assessment
	+ When the member or the care team sees a need for community-based Long-Term Services and Supports (LTSS)
	+ If the member is receiving targeted case management from DMH or DDS, or rehabilitation services from DMH, or has an affiliation with any state agency
	+ In the event of a contemplated admission to a nursing facility, psychiatric hospital, or other institution
	+ At any other time at a member’s request
* Member choices:
	+ Having an LTS Coordinator is always the member’s choice
	+ Members should have a choice of at least two LTS Coordinators when possible
	+ The LTS Coordinator participates fully on the member’s care team, at the discretion of the member

Slide 4

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**Email us at:** **OneCare@state.ma.us**