

One Care Implementation Council Meeting

January 31, 2014 2 PM – 4 PM

1 Ashburton Place, 21st Floor

Boston, MA

Council Members Present: Suzann Bedrosian, Bruce Bird, Theodore Chelmow, Anne Fracht, Dennis Heaphy (Chair), Denise Karuth (by phone), Jeff Keilson, David Matteodo (by phone), Dan McHale, Dale Mitchell, Olivia Richard, Peter Tallas (by phone), Howard Trachtman (Co-Chair), Florette Willis (Co-Chair)

Council Members Absent: Myiesha Demery, Joe Finn, Rebecca Gutman, Audrey Higbee, Vivian Nunez, Jorge Pagan-Ramos, Bob Rousseau

Handouts: Agenda, Meeting Minutes (12/20/13), Approved Motions Summary Document, Early Indicators Project update presentation, MassHealth Update. Documents will be available online at www.mass.gov/masshealth/onecare.

Next Open Council Meeting: Friday February 28, 2014 **11:00-1:00pm**
1 Ashburton Place, 21st Floor
Boston, MA

1) Approval of Meeting Minutes

A motion was made to approve the Implementation Council meeting minutes from the 12-20-13 Council meeting.

The motion was seconded.

Ayes: 9 Nahs: 0 Abstentions: 1

The motion carried.

2) Updates from Chair

Dennis Heaphy, Implementation Council Chair, provided updates on recent Council activities and reviewed meeting agenda items.

- The Council is responsible for producing an Annual Report on activities of the Council to date. Council staff will be gathering and organizing information for the report. More information on the report will be available at the next Council meeting.
- The provider strategy workgroup requested a review of available information on One Care plan hospital and primary care provider networks to inform their work. Council staff was able to gather information on hospital systems affiliated with One Care plans, however, primary care providers were organized by provider name, not practice group, and therefore did not lend to a clear mapping of networks.
 - The Provider Strategy workgroup will be meeting again to discuss next steps.
- MassHealth recently convened a meeting on LTS Coordinators to discuss the Coordinator role and roll out of the position.
 - Representatives from Independent Living Centers (ILC), Recovery Learning Communities (RLC), Disability Advocates Advancing Healthcare Rights (DAAHR), and One Care plans attended the meeting.

3) Presentation on Community Health Workers (CHWs)

Sheila Och, Deputy Director of Lowell Community Health Center (LCHC), presented on CHWs within the context of health care reform. Ms. Och has worked as a CHW for 14 years and has deep experience working with and training diverse populations within community health settings. Highlights from and questions received during Ms. Och's presentation are included below.

- Community Health Worker is an umbrella term that includes a broad spectrum of workers. A common skill set of CHWs is knowledge of the communities they serve.
- The Chapter 224 Cost Containment Law of 2012 included the establishment of a Board of Community Health Workers.
 - The board was charged with developing a statewide certification program for CHWs.
- The increased use of alternative payment methodologies as part of health care reform has increased interest in CHWs, as alternative payment models provide more opportunity to finance the work of CHWs and other non-medical services.
- A question was asked regarding whether certification was required to become a CHW.
 - Certification is not currently required.
- A question was asked regarding how to inform CHWs about One Care and how to work within the program.
 - It was noted that Community Health Centers would be an ideal location to disseminate information to CHWs on One Care. Additionally, a train-the-trainer model could be established to train CHWs on certain aspects of One Care.
- A question was asked as to whether “community” within CHW referred to a geographic location or an affiliation with a community of individuals.
 - Both interpretations of community apply to CHWs, in most cases.
- A question was asked regarding how CHWs may be utilized to conduct outreach to One Care eligible populations, especially to those who may not identify as having a disability.
 - Several outreach strategies were suggested including distributing information on One Care through the Community Health Network Areas (CHNAs), through Community Health Centers, and through clinical staff trainings.
- A question was asked as to whether peer advocates were ever hired as CHWs and whether LCHC ever works with the Transformation Center.
 - LCHC has hired peers as CHWs in various contexts, for example peers within the HIV, youth development and mental health community.
- A question was asked regarding the involvement of the Cambodian community in Lowell.
 - It was noted that Lowell has the second largest Cambodian community in the country. LCHC collaborates with various community groups that serve

Cambodian elders and people with disabilities. Within these groups, CHWs provide care, follow up in person, and over the phone.

- A question was asked regarding whether CHW training included training on the recovery model and how far, geographically, training spans.
 - CHWs at LCHC receive training on recovery and substance use. The types of training received by CHWs are often influenced by the funder and the type of program in which the CHWs are working.

4) Early Indicators Project (EIP) Workgroup Updates

Olivia Richards, Implementation Council and EIP Workgroup member, and Alexis Henry, University of Massachusetts Medical School (UMMS), provided an overview of the preliminary findings from the EIP data collection efforts. Slides from the presentation are available on the One Care website.

- Preliminary findings were presented for the first two focus groups, One Care Survey #1, and One Care Enrollment Indicators.
- Clarification was provided that individuals enrolled in One Care through the phase 1 auto-assignment process were not included in the preliminary focus group and survey populations since both efforts occurred before January 1.
- It was noted that the sample sizes of both the focus group and the survey population were small and therefore broad conclusions should not be drawn from the data.
- A question was asked regarding whether information on enrollees rating category (C1, C2, C3) was available for those who participated in the survey and focus groups.
 - It was noted that while data on enrollee rating category may be available via linking with MassHealth data, rating category information is not currently included in the preliminary findings.
- A question was asked regarding what percent of individual who had been auto-assigned chose to opt out.
 - It was noted that approximately 25% of individuals who were auto-assigned chose to opt out. More statistics on the first phase of auto-assignment is available in the January Enrollment Update provided by MassHealth.
- A question was asked as to whether information was available on the number of assessments that have been conducted by One Care plans. It was noted that community

members have heard that One Care plans are having trouble keeping up with assessments as more and more enrollees join the plan.

- The EIP Survey #1 does not fully explore topics related to assessment but Survey #2 will include questions about the assessment and care planning.
- MassHealth noted that they are working closely with the One Care plans to understand their process for introducing the Independent Living and Long Term Services and Supports Coordinator. It was clarified that plans have 90 days to complete enrollee assessments and therefore still have time to complete assessments for individuals who were auto-assigned in January.
- A question was asked regarding whether the One Care survey included questions about the enrollee's primary language.
 - Primary language was not asked of enrollees in the first survey but it was noted questions regarding primary language could be included in the second survey.
- A question was asked regarding whether data would be collected from Disability Advocates Advancing Healthcare Rights (DAAHR) for the purposes of the EIP.
 - No, the EIP workgroup is not currently gathering data from DAAHR.
 - A comment was made that an independent consumer evaluation was needed to understand the consumer experience.

5) Prioritization of Implementation Council Activities

- Dennis Heaphy referenced two letters outlining Implementation Council priorities that were sent to MassHealth. Priorities included:
 - Monitoring and transparency
 - Financing and financial data
- A comment was made that the Implementation Council was formed to provide input on the implementation of One Care and would like to be involved in discussions such as the one held on LTS Coordinators.
- A comment was made that a community group received a message from a One Care plan that LTSS coordination would be limited to three months and then would be activated again upon evidence of need.
- A comment was made that it sounds as though plans are having trouble keeping up with assessment and referrals to LTS coordinators. It was suggested that a delay in the second phase of auto-assignment may be needed.

- A comment was made that the Implementation Council Year in Review is not currently on the agenda and it was suggested the topic be added to the agenda for the February Council meeting.

A motion was made that MassHealth looks at delaying the next round of auto-assignment.

The motion was seconded.

The motion was modified.

Modified motion:

A motion was made that the Implementation Council recommends that MassHealth look into issues raised and decide whether some modifications can be made as the second round of auto-assignment begins.

The motion was seconded.

Discussion:

- MassHealth noted that initial letters for the second round of auto-assignment have been mailed to eligible enrollees.
- A question was asked as to whether individuals in rating categories C2 and C3 who receive the auto-assignment could opt out of auto-assignment at this point.
 - MassHealth noted that all enrollees will continue to be able to opt out, self-select or change plans at any time.
 - It was noted that individuals who just the received letter about the second wave of auto-assignment will need to take action should they not want to be auto-assigned to a plan on April 1.
- MassHealth commented that they have worked very closely with each One Care plan to understand their current capacity in terms of both enrollment numbers and rating categories and they are keeping up with their contractual requirements.
- A suggestion was made the Council look into developing a clearer picture on the issue, beyond anecdotal evidence, before exploring solutions.
- A comment was made that the general understanding of the LTS Coordinator value and role may not be fully understood by key players..

Ayes: 11

Nahs: 0

Abstentions: 1

The motion carried.

6) One Care Updates

- Due to time constraints, the One Care update to be provided by MassHealth was delayed until the February 2014 Implementation Council meeting.

Next Implementation Council Meetings

Friday February 28, 2014 11:00-1:00pm

1 Ashburton Place, 21st Floor

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Friday, March 28, 2014 1:00-3:00pm

1 Ashburton Place – 21st Floor

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