

One Care Implementation Council Meeting

July 22, 2016 1:00 PM – 3:00PM

1 Ashburton Place, 21st Floor

Boston, MA

Attendees: Suzann Bedrosian, Joe Finn, Dennis Heaphy (Chair), Jeff Keilson, Marc (Moses) Mallard, David Matteodo, Dan McHale, Olivia Richard, Bob Rousseau, Paul Styczko, Howard Trachtman (Co-Chair), Sara Willig, Florette Willis (Co-Chair) (by phone)

Unable to Attend: Bruce Bird, Lydia Brown, Rebecca Gutman, Denise Karuth, Dale Mitchell, Vivian Nunez, Remon Jourdan

Guests: Bea Thibedeau from Tufts Health Plan Unify; Toyin Ajayi and Shona Gibson from Commonwealth Care Alliance representatives

Handouts: Agenda, Meeting Minutes from 6-17-16 (Draft), CCA and Tufts Presentation Talking Points, One Care Update. Documents will be available online at www.mass.gov/masshealth/onecare.

Next Implementation Council Meeting: September 16, 2016
1:00-3:00 PM
1 Ashburton Place, 21st Floor
Boston, MA

1) Welcome, Review of Agenda, and Approval of Meeting Minutes

Howard Trachtman, co-chair welcomed attendees and opened with meeting announcements.

A motion was made to approve the meeting minutes from the June 17th, 2016 Implementation Council meeting.

The motion passed unanimously.

2) One Care Update

Corri Altman Moore, Roseanne Mitrano and Jennifer Maynard provided an update on One Care.

Contract Extension and Amendment Updates

- A Council member asked why the One Care procurement information was posted to the duals demonstration website instead of the One Care website.
 - It was noted that the One Care website is intended to be member and provider facing, however MassHealth is considering more directly linking the two websites.

One Care Plan Reprourement

- A Council member noted that the anticipated One Care Plan reprourement timeline would be tight for plans interested in applying. A follow-up question was asked regarding when the bidders were informed of the opportunity to apply.
 - It was noted that the procurement timeline was developed based on previous procurement experience with additional weeks added into the timeline as needed. It was noted that the readiness determination milestone must be completed by September 30, 2017.
 - All procurement information, including the timeline, is available on the COMMBUYS website and was released at stakeholder meetings.
- Another Council member commented on the short turnaround time built into the procurement timeline and also noted that the amount of risk new plans would be asked to take on up front could cause many new plans to be reluctant to apply. It was noted that a short term differential for new plans entering the program could be an option to encourage more plans to apply.
 - A Council member commented that significant changes were made to address the financial issues previously experienced by the One Care plans and that hopefully these changes could supply some confidence in prospective plans.

- It was noted that letters of intent from prospective plans are not required from plans and would not preclude plans from applying.
- A Council member commented on the importance of ensuring that the One Care website and materials are accessible to individuals who are deaf, deafblind, or hard of hearing. It was noted that additional video logs (v-logs) in American Sign Language (ASL) and materials in Spanish would be helpful.
 - MassHealth noted that One Care material is currently available in a number of different languages and that MassHealth would welcome specific recommendations on how to make the One Care website more accessible.
- A Council member asked if One Care may be extended to additional counties within Massachusetts in 2018 due to the procurement.
 - MassHealth noted that it is possible that One Care could be expanded to additional counties in Massachusetts before 2018 if existing plans choose to expand their plan coverage to additional counties. Additionally, plans procured for 2018 enrollment may cover counties that aren't currently covered by One Care.

One Care Outreach Planning

- A Council member commented that information regarding why individuals are choosing to opt out of One Care is limited. A question was asked regarding whether it would be possible to ask individuals who choose to opt out to provide a reason for their choice.
 - MassHealth noted that they are currently working on developing a survey for individuals who have chosen to opt out of One Care.
 - A Council member expressed interest in taking part in the survey tool development process.

Passive Enrollment into CCA

- A question was asked regarding how many individuals would be passively enrolled into CCA.
 - MassHealth noted that 1,050 individuals will be included in the first mailing. MassHealth expects that 675 individuals will enroll on October 1.
- A Council member asked CCA if quality survey information was available from their plan to track enrollee satisfaction.
 - CCA noted that they often gather qualitative information from enrollees regarding satisfaction but that information is not currently available in a validated or standardized form.

3) Workgroup Updates

Dennis Heaphy provided an update on Implementation Council workgroups that met recently.

Quality Workgroup

- Participants from the Council met with MassHealth staff to begin to review all of the Quality Management requirements that the One Care plans must meet and the measures included within those requirements.
- The workgroup plans to meet in August to finish reviewing these documents. The workgroup will report back to the Council regarding measures and when it can anticipate getting results from MassHealth and will come up with a process for reviewing data as it becomes available.

Three-way Contract meeting

- Council members met with MassHealth over two meetings and have discussed suggested edits to the 3-way contract made by Council members. The topics that have been covered so far include homelessness, the One Care Ombudsman, and PCA.

4) Discussion with One Care Plans: Member Engagement and the Assessment and Care Planning Process

Howard Trachtman and Jeff Keilson introduced the One Care plan representatives from Tufts and CCA. Wendy Trafton provided an overview of the discussion format and facilitated the discussion. One Care plan talking points were provided in advance of the discussion.

- A Council member asked plan representatives about the qualifications and experience of their assessors in regards to various aspects of behavioral health models and what tools the assessors use. It was noted that the assessor's ability to assess an individual from a recovery perspective is essential to successful care planning in an integrated model.
 - Representatives from CCA noted the difference between assessment questions and how they are asked. It was noted that the assessor role is considered a skilled and dynamic role and that assessors are encouraged to gather information in a conversational manner.
 - CCA noted that their organization recently took part in a trauma-informed care pilot which included training for staff on the safety model. CCA is looking to expand their trauma-informed care model.
 - Tufts noted that over half their enrollees have a behavioral health diagnosis and that their staff membership and expertise reflect the needs of the members they serve. Assessors undergo interactive trainings which include role playing and cover the stages of change and other behavioral models.
- Several questions were asked about assessment tool requirements.

- MassHealth noted that One Care plans are required to complete and submit the Minimum Data Set – Home Care (MDS-HC) and that the plans are required to cover certain additional domains as part of the assessment process.
- MassHealth noted that the MDS-HC is used to determine what rating category an enrollee should be in to inform the reimbursement process.
- Tufts representatives described a recent process of reviewing existing assessment tools to remove duplicated questions that are covered by the MDS-HC.
- A Council member asked about the goal of the care plan beyond the transactional exchange of information. A follow-up question was asked regarding how the goal of the assessment is defined by the member and the plan.
 - Tufts representatives noted that the goal of the assessment is to come out of the process with an area of focus that the care manager will support the member to work on. It was noted that care planning is iterative rather than static.
- A Council member commented that an assessment from a medical professional such as a nurse may illicit medical responses from an enrollee rather than a holistic response regarding their goals and preferences.
- A Council member asked about the quality and accuracy of the information One Care plans receive about enrollees from MassHealth.
 - A representative from CCA noted that the level of information available about enrollees has not changed, however the plan has adapted how they use the information. It was noted that some members do not want to be assessed by a behavioral health specialist because they have a behavioral health diagnosis. Therefore, all enrollees are assessed by a nurse and are then offered a behavioral health specialist.
 - It was noted by both plans that enrollees are more complex than data sent by MassHealth would indicate and this is discovered during the assessment process. Tufts noted that many members are very educated about their medical condition and want to talk about it.
- A Council member commented that the assessment process should be conducted alongside peers who share lived experience with the enrollee and can better understand their perspective.
- CCA noted that they are interested in hearing from the Council regarding suggestions on how to use peers during the assessment process.
 - A Council member commented that including a peer in the assessment process could be helpful in forming and maintaining a relationship between the member and the One Care plan.
- CCA noted that one idea they have considered in the corporation of peers in the care planning process is to have peers make initial calls to members to introduce the care planning process.
 - A Council member noted that paying peers and recognizing their value would help plans in finding and engaging enrollees.

- It was also noted that peers can help bridge the gap between the varied experiences of the assessor and the enrollee.
- A Council member asked how the One Care plans can improve the transition from the assessment process to the care planning process.
 - The Council member provided the examples of a warm handoff between the assessor and care coordinator and providing enrollees with a choice in selecting their care coordinator.
- A comment was made that enrollees should be better informed about who is on their care team as it was unclear to the Council member.
 - It was noted by both plans that members are at the center of their care team and that care teams traditionally include the enrollee's Primary Care Provider (PCP), care coordinator, as well as their Long Term Services and Supports Coordinator (LTS-C) and a behavioral health provider, as needed, or desired by the enrollee.
- A Council member expressed concern about how the LTS-C is explained and offered to members.
 - One Care plans expressed interest in hearing suggestions on how to better explain the role through a script or another mechanism.
- A Council member asked if the plans had considered translating assessment material into simple language for enrollees who have intellectual or developmental disabilities.
- A Council member shared her experience with the assessment process and her difficulty in completing the process due to the time limitation (1 hour) of the interpreter that was required to ensure communication access. The Council member commented that this assessment process limited her access to the care she needed as she was denied several services following the assessment.
 - MassHealth noted that they would look into this issue.
- A Council member noted that the term "team" in the context of One Care is unclear to her, and perhaps others, and that it should be better defined and explained.
- A stakeholder from the home care community commented that home care agencies often have strong relationships with their members due to the intimate nature of their work. It was noted that members who are enrolled in One Care often have pre-existing relationships with home care agencies that end when they are enrolled. The stakeholder encouraged the One Care plans to work with home care agencies to preserve these relationships and enhance quality of care.

Next Council Meetings:

Implementation Council LTSS Subcommittee Meeting

August 11, 2016

1:30-3:00 PM

1 Ashburton Place, 21st Floor

Boston, MA

Implementation Council

September 16, 2016

1:00-3:00 PM

1 Ashburton Place, 21st Floor

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