

**One Care Implementation Council Meeting**

**June 27<sup>th</sup> 2014 1 PM – 3 PM**

**1 Ashburton Place, 21<sup>st</sup> Floor**

**Boston, MA**

**Council Members Present:** Bruce Bird, Theodore Chelmow, Joseph Finn, Dennis Heaphy (Chair) (by phone), Denise Karuth (by phone), Jeff Keilson, David Matteodo, Dale Mitchell, Olivia Richard, Bob Rousseau, Howard Trachtman (Co-Chair), and Florette Willis (Co-Chair)

**Council Members Absent:** Suzann Bedrosian, Myiesha Demery, Anne Fracht, Rebecca Gutman, Audrey Higbee, Dan McHale, Vivian Nunez, Jorge Pagan Ramos, Peter Tallas,

**Handouts:** Agenda, Meeting Minutes (5/30/14), Approved Motions Summary Document, Council Response to DAAHR letter. Documents will be available online at [www.mass.gov/masshealth/onecare](http://www.mass.gov/masshealth/onecare).

**Next Open Council Meeting:** Friday July 25, 2014 1:00-3:00pm  
1 Ashburton Place, 21<sup>st</sup> Floor  
Boston, MA

### **1) Welcome**

Howard Trachtman and Florette Willis, Implementation Council Co-Chairs, facilitated the meeting and led introductions.

### **2) Approval of the Meeting Minutes**

A motion was made to approve the meeting minutes from the 5-30-14 Implementation Council meeting.

The motion as seconded.

The motion was passed unanimously.

### **3) One Care Update**

Sharon Hanson, Director of Provider and Plans at MassHealth, provided updates on One Care. Updates were provided on enrollment data as of June 1, 2014, auto-assignment, LTS Coordinator initiatives, quality monitoring and outcomes measures, behavioral health privacy, provider and community outreach, and demographic data collection.

#### *Quality Monitoring*

- Olivia Richards, Council member and EIP workgroup member, noted that the Quality Workgroup to be convened by MassHealth is an opportunity for Council members to be involved in the quality monitoring of One Care and provide input on direction of the quality monitoring process.
- A comment was made that the Council would like to be involved in identifying gaps in the quality measurement process and in developing interventions based on data gathered on the auto-assignment process in order to better shape the process in the future.
- MassHealth clarified that the quality metrics currently in place for the first three years of the program are in contract and cannot be changed. However, the workgroup will help to identify improvement opportunities and review the results of the quality activities. Council members can also provide feedback on how to capture more information from subpopulations, if needed. It was noted the most of the quality metric results will not be available until the end of 2015.
- A comment was made that the Council remains concerned about auto-assignment and how data is being assessed to shape or change the auto-assignment process.

#### *Behavioral Health Privacy*

- Implementation Council representatives recently took part in a discussion with representatives from MassHealth, the Department of Public Health, the Department of

Mental Health and each of the One Care plans to discuss behavioral health privacy concerns.

- A Council member who attended the meeting commented that an important next step of the workgroup is ensuring that enrollees, providers, and plans are informed and have a common understanding of what information the enrollee wants to share in regards to behavioral health information.

#### *Provider Outreach*

- Council members suggested that MassHealth include in their outreach efforts out-patient providers, providers who serve homeless members, and trade associations such as the Massachusetts Chapter of the National Association of Social Workers, the Massachusetts Psychological Association, the Massachusetts Psychiatric Society, and the Massachusetts Nurses Association.

#### *Demographic Data*

- Last year the Council passed a motion recommending the addition of both sexual orientation and gender identity to the assessment conducted by all One Care plans. MassHealth noted that the issue will be taken up for further discussion and will include engagement from Council members.
- A Council member noted that the Ombudsman is capturing data on LGBT status.

#### **4) Old Business**

##### *Council Response to Disability Advocates Advancing Healthcare Rights (DAAHR) Letter*

- Dennis Heaphy, Chair, provided an update on the Council response to a letter sent by DAAHR noting concerns with One Care, especially around enrollee access to providers who may not be partnering with One Care plans. The response was sent on June 25<sup>th</sup> and no response from DAAHR has been received to date.

#### **5) Workgroup Update**

Olivia Richards, Council member and Early Indicators Project (EIP) workgroup member, provided an update on the EIP workgroup activities and findings.

- The first wave of the second EIP survey was recently sent to approximately 2,000 One Care enrollees. A total of 6,000 surveys will be distributed to One Care enrollees in three waves with an anticipated response rate of 50%.
- Survey topics include: continuity of care, assessments, care plan development, care coordination, and LTS Coordinator experiences.

- Council members were asked to let their networks know about the survey and to encourage One Care enrollees to respond to the survey if they receive it.
- The EIP workgroup will be meeting in July to discuss changes to the One Care website based on feedback received through focus groups and the first EIP survey.

## **6) New Business**

### *Behavioral Health/Use of Certified Peer Specialists*

Bob Rousseau, Council member and Director of Peer Recovery Services for Fellowship Health Resources, presented on the role of Certified Peer Specialists and how peer services can be used in integrated care models such as One Care. The goal of the discussion was to inform Council members about peer services and to brainstorm how to increase One Care enrollees' access to peer services.

- It was clarified that peer services are covered services under One Care.
- A primary barrier to the incorporation of peer services into integrated care models and care teams was noted as a lack of awareness and understanding of peer services by enrollees, providers and plans. It is important to get the word out that peers are part of the menu of trained professionals that can be accessed by One Care enrollees.
- It was noted that Independent Living Long Term Services and Supports (LTS) Coordinators should be aware of and connected to peer specialist services in order to facilitate inclusion of peer services during care plan development.
- A comment that a key way to increase use of and demand for Certified Peer Specialists would be inform One Care plans of the service and the role. It was also noted that experience is often the best form of education and commitment to concept is key.
- A suggestion was made to encourage One Care plans to include the option of peer services on discharge plans for individuals leaving a psychiatric hospital.
- It was noted that there remains some confusion around whether One Care enrollees who access services through the Department of Mental Health (DMH) should access peer services through DMH or One Care.
- It was noted that enrollees who receive One Care care coordination through community-based organizations like Advocates, Inc. would be an ideal place to start building awareness about incorporating peer support on care plans. Many of these organizations are already providing peer services through Community-Based Flexible Supports and should be able to replicate this model.

- A One Care plan representative noted that One Care plans are continuing to develop relationships with peer support providers and that more training and supply of peer services will be needed. Training should include:
  - Who are Certified Peer Specialists?
  - Where are they located/who do they work for?
  - What are their skills/expertise?
  - How should One Care care teams work with peer specialists?
- It was noted that peers work at various organizations including peer directed organizations such as Recovery Learning Communities, Recovery Service Centers (focused on addiction), and at provider agencies.

#### *One Care Provider Feedback*

Bruce Bird, Council member and representative of The Consortium, led a discussion on Council workplan activities related to gathering provider feedback.

- The proposed method of gathering provider feedback is through a short survey of providers to be distributed to trade associations and Council member networks.
- A workgroup of the Council will be convened to develop the survey and survey outreach strategy.
- A suggestion was made to try and reach a broad range of provider types, including specialists.
- Council members agreed that timing is ideal to conduct the survey now in case any issues are arising.

#### **7) Council Member Feedback**

Florette, Council Co-Chair, informed Council members of a current Council Chair activity to gather feedback from Council members on their experiences to date and ways they would like to be engaged in future Council workplan activities. Council chairs will report back on Council member feedback at the July Council meeting.

#### **8) Comments from Council members and Attendees**

- It was also noted that stakeholders remain concerned over the financing of One Care plans and whether sufficient funds are available to make the program successful. It was suggested that the Council take up the topic again for continued discussion as a Council and with MassHealth.

**Next Implementation Council Meetings**

Friday July 25, 2014 1:00-3:00pm  
1 Ashburton Place, 21st Floor  
Boston, MA

September 12, 2014 1:00 – 3:00pm  
State Transportation Building  
10 Park Plaza  
Boston, MA