

**One Care Implementation Council Meeting**

**March 18, 2016 1:00 PM – 3:00PM**

**Health Policy Commission**

**50 Milk Street, 8<sup>th</sup> Floor Conference Room**

**Boston, MA**

**Attendees:** Suzann Bedrosian, Bruce Bird, Joe Finn, Rebecca Gutman, Dennis Heaphy (Chair), Remon Jourdan, Jeff Keilson, Moses Mallard, David Matteodo, Olivia Richard, Bob Rousseau, Paul Styczko, Howard Trachtman (Co-Chair), Sara Willig, Florette Willis (Co-Chair)

**Unable to Attend:** Lydia Brown, Denise Karuth, Dan McHale, Dale Mitchell, Vivian Nunez

**Guests:** Jessie Gaeta, MD – Boston Health Care for the Homeless Program, William Griffin and Burt Pusch – One Care Ombudsman Office

**Handouts:** Agenda, Meeting Minutes from 2-12-16 (Draft), Homelessness and Poor Health: Housing as Treatment Presentation, One Care Ombudsman Presentation, One Care Update. Documents are available online at [www.mass.gov/masshealth/onecare](http://www.mass.gov/masshealth/onecare).

**Next Open Council Meeting:** April 15, 2016  
1:00-3:00 PM  
Health Policy Commission  
50 Milk Street – 8<sup>th</sup> 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 February 12th, 2016 Implementation Council meeting.

The motion was seconded.

The motion passed unanimously.

## **2) Homelessness and Poor Health: Housing as Treatment Presentation**

*Joe Finn introduced Dr. Jessie Gaeta, the Chief Medical Officer for Boston Health Care for the Homeless Program (BHCHP) who presented on ways homelessness contributes to poor health and the recent successes of homeless support services on health and acute service usage. The meeting was opened to discussion following the presentation. The discussion is captured below.*

- A Council member addressed the importance of including peers as paid staff to work with individuals experiencing homelessness.
- A comment was made regarding the importance of linking MassHealth and managed care entities including One Care and future Accountable Care Organizations (ACO) to social determinants of health.
- A comment was made about recent reductions in affordable housing and subsidies in the Boston area. It was also noted that the Department of Mental Health is opening three new safe havens that will serve 21 clients.
- A question was asked regarding policy issues and the 2017 state budget.
  - It was noted that most long-term subsidies in the state are focused on women with children, rather than unaccompanied adults.
  - National advocates have proposed changes to Medicaid policy to support housing for beneficiaries.
- A question was asked regarding whether data is available on the number of times individuals experiencing homelessness have been asked to move from public spaces.
- A comment was made that private and public partnerships must work together to develop innovative ways to combat homelessness. Tiny houses and taking into consideration individuals housing preferences were provided as examples.
- A clarification was made regarding compliance-based housing and shelter options. Many individuals choose not to stay at these settings. It was noted that the Housing First model provide housing first and does not require compliance for housing.
- A question was asked regarding how incarceration costs were calculated for charts included in the presentation.

- It was noted that incarceration data was self-reported by tenants. The costs were then calculated using average costs of incarceration in Massachusetts.
- A comment was made individuals experiencing homelessness who are moved to single room occupancy units. It was noted that individuals, once not chronically homeless, often do not have a say in their housing options.

A comment was made that if an individual has not experienced consistent housing for an extended period, certain housing situations may be challenging. This is further complicated by the small portfolio of housing options available within the state.

- A question was asked regarding whether law enforcement should be protecting individuals sleeping on streets.
- A comment was made that the redefinition of homelessness by the state could help to alleviate the issue.
- A question was asked regarding whether CSPECH was covered by One Care and whether there was anything prohibiting plans from covering CSPECH services.
  - MassHealth clarified that CSPECH is a variation of the Community Support Program (CSP) which is a One Care covered service. It was noted that CSP, as an expanded service, was not fully built into the capitated rate for One Care plans. It was also noted that a variation of CSPECH is being offered through MCO plans as part of a Pay for Success (PFS) initiative. It was noted that One Care plans could begin working with these models.
  - It was noted that if One Care plans were to provide CSPECH services, they would be going above and beyond what MassHealth paid and required them to do in current One Care contracts.
- A plan representative asked a clarifying question around whether CSPECH was available for those with coverage by Medicare.
  - MassHealth clarified that it only has contractual requirements to provide CSPECH and PFS with Primary Clinician Coordinator (PCC) plan and Managed Care Organizations (MCOs) and these plans are only available to those without Medicare.
- It was noted that Disability Advocates Advancing Healthcare Rights (DAAHR) supports Council efforts to continue the conversation with MassHealth and the One Care plans on this important issue of housing and health.
- It was noted that CSPECH has been defined as the most robust supportive housing model anywhere in the country.

A motion was made recommending the Council invite MassHealth, One Care plan representatives, Joe Finn and other interested Council members to participate in a workgroup to look into how to integrate CSPECH into One Care plan services and to look

more generally at how to better support enrollees who are homeless through transition to housing.

The motion passed unanimously.

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

*Corri Altman Moore and Jennifer Maynard provided an update on One Care.*

- It was noted that MassHealth will be working with the Centers for Medicare and Medicaid Services (CMS) to revise the One Care 3-way contract as part of the anticipated extension of the demonstration. A question was asked regarding how and when MassHealth would like to receive input from the Council on suggested revisions to the 3-way contract.
  - MassHealth noted that they are open to receiving input now through May 2017.
- A question was asked regarding how many enrollees would be enrolled into Tufts come May 1<sup>st</sup>.
  - It was noted that the enrollment goal is for a total of 750 new enrollees.

### **4) Ombudsman Update**

*William Griffin, One Care Ombudsman Deputy Director, provided an update on OCO activities.*

- A question was asked regarding whether the OCO had experienced an increase or decrease in call volume.
  - Call volume has remained stable after an early increase in calls.
- A question was asked regarding whether the OCO had observed any increases in calls from enrollees in certain geographic areas.
  - It was noted that there was an increase in calls regarding plan geographic availability in the most recent quarter.
- A question was asked regarding any actionable themes that have emerged that would be beneficial for the Council to discuss further.
  - The OCO would like the Council's help in marketing or raising awareness of the OCO to enrollees.
  - Additionally the OCO would like to meet with Long Term Services and Supports Coordinators (LTS-C) and would like to be included in any future meetings with LTS-Cs.
  - The OCO would like to work with the Council to make meaningful use of the data collected through the program.
- A Council member noted that he has heard anecdotally that there is no grievances and appeals process in place for services that are recommended by an LTS-C but not included in the care plan. It was noted that this issue should receive further attention.

- A comment was made that additional material should be shared with enrollees about the OCO and the services the OCO offers.
  - The OCO commented that OCO promotional material has not been included in a mailing to enrollees in quite some time.
  - A representative from MassHealth noted that a mailing with informational material on the OCO is something they would like to do toward the end of spring that will include new members.

#### **5) Implementation Council Announcements**

- It was noted that a draft of the 2015 Annual Report will be distributed to Council members before the next meeting.
- The Council will be convening a Behavioral Health Workgroup to discuss several topics of interest to the Council including a continuation of the discussion with One Care plan representatives around the issue of losing providers due to missed appointments.

#### **6) Comments from Stakeholders**

- An attendee asked how the OCO would capture data on an enrollee such as himself who had an unresolved issue brought to the OCO.
  - It was noted that the OCO would follow-up with the attendee about his concerns.
- A question was asked regarding whether One Care plans follow-up with the OCO after the OCO brings an issue to their attention.
  - It was noted that One Care plans do follow-up to inform the OCO of the end result of the inquiry or complaint.
- It was recommended that the OCO discuss the types of unresolved issues experienced by the OCO at the next Council update.
- A question was asked regarding which OCO data was broken down by race and ethnicity.
  - It was noted that the OCO does not ask for identifying information beyond what is mandated by CMS reporting requirements or is needed to address the issue raised. Race and ethnicity are not mandated reporting requirements.
- A comment was made that a new affordable housing unit has been built in Singapore for individuals with disabilities. It was noted that the model should be considered for new housing developments in the US.

#### **Next Council Meetings:**

April 15, 2016  
1:00-3:00 PM  
Health Policy Commission  
50 Milk Street, 8<sup>th</sup> Floor  
Boston, MA

May 13, 2016  
1:00-3:00 PM  
1 Ashburton Place, 21<sup>th</sup> Floor  
Boston, MA