

Implementation Council Presentation

October 11, 2022

Transition from an MMP to a
D-SNP

Discussion

- How will contracts between MassHealth, Medicare and Plans look when One Care goes from a MMP with a three-way contract to a D-SNP?
- What can the IC do to ensure services continue to be integrated when the One Care plans transition to D-SNPs?
- What role will the IC play in this transition?

Revised Implementation Council Mission Statement & Recruitment Language

Mission Statement

The mission of the One Care Implementation Council is to harness consumer expertise, **working in partnership with key stakeholders**, to establish One Care **as an integrated healthcare plan in the Commonwealth and a nationwide model** for persons with disabilities that is whole person-centered, advances health equity, **addresses health-related social needs, and prioritizes self-determination**, independent living, and recovery goals of the disability rights movement(s).

Defining Disability

Disability is a social construct that is not easy to define. All members of One Care are eligible for MassHealth and Medicare because they meet the medical definition of “disabled.”

Some people embrace their identity as a person with a disability. Other people do not self-identify as disabled because of stigma or marginalization. Race, gender, and other factors play into whether a person discloses their disability or whether they believe they have a disability.

Long-Term Supports
Coordinator
(LTS-C)

Initial Vision for LTS-C

- Disability advocates were concerned about increased medicalization of healthcare for persons with disabilities and the potential of reduced access to LTSS in managed care.
- Disability advocates wanted the opportunity for a paradigm shift to more operationalized independent living and recovery principles.
- Disability advocates wanted a conflict-free person on the care team that could promote independent living for the One Care member.
 - These advocates believed that having an independent, conflict-free LTS-C could help promote independent living, advance member choice, control, and dignity of risk, and give One Care members the opportunity to live meaningful lives in the community.
 - These advocates wanted to change how care teams function.

History of the LTS-C

- Advocates successfully lobbied for One Care members to have the right to include a conflict-free LTS-C on their care team to support One Care members in living as independently as possible and within communities of their choice.
- Statute published in 2012.
 - Final statute language was established through collaboration between disability advocates and MassHealth.
- The development of this role was based in independent living and recovery principles.

LTS-C is the only One Care position that is statutorily required

Chapter 118E: Section 9F.

(b) ...The community care coordinator shall assist in the development of a long-term support and services care plan. The community care coordinator shall:

- (1) participate in initial and ongoing assessments of the health and functional status of the member, including determining appropriateness for long-term care support and services, either in the form of institutional or community-based care plans and related service packages necessary to improve or maintain enrollee health and functional status;
- (2) arrange and, with the agreement of the member and the care team, coordinate appropriate institutional and community long-term supports and services, including assistance with the activities of daily living and instrumental activities of daily living, housing, home-delivered meals, transportation and, under specific conditions or circumstances established by the ICO or successor organization, authorize a range and amount of community-based services; and
- (3) monitor the appropriate provision and functional outcomes of community long-term care services, according to the service plan as deemed appropriate by the member and the care team; and track member satisfaction and the appropriate provision and functional outcomes of community long-term care services, according to the service plan as deemed appropriate by the member and the care team.

What is working? What needs to be fixed?

Three themes arose from the Disability Policy Consortium interviews with One Care participants:

- The LTS-C plays an important role in the lives of many One Care members.
- All interviewees believed in the value of the LTS-C role as an advocate available to meet in-person.
- Interviewees strongly felt that to reach their full potential, LTS-Cs needed a clear job description, engagement with plan, care coordinators, and care teams, and additional training.

*The information is from a small cohort and not generalizable

CMFI Recommendations: Refining the LTS-C Role

- Clarify the role of the LTS-C as a conflict-free advocate who is a full member of the care team.
- Ensure providers, care team members, and One Care members understand the role of the LTS-C.
- Ensure contracting between the plans supports the ability of CBOs to meet the needs of One Care members.
- Focus on equity, improving access to LTS-Cs, quality of LTS-C services, and creating uniform training.

*This is a snapshot of priorities CMFI LTS-C work is looking at now

LTS-C Work Group

- The work group is a result of CMFI's work.
 - The work group will develop and implement a shared understanding of the LTS-C role in One Care, ensuring it more consistently meets the needs of members as well as the care teams across One Care.
- IC Involvement in the work group
 - IC members with experience with LTS-Cs are invited to participate in the work group.
 - IC members will have the opportunity to share their experiences working with LTS-Cs.

Discussion

- Do you have any suggestions for next steps for developing a shared understanding of the LTS-C?
- How do we ensure One Care members understand their right to an LTS-C?
- What is the biggest challenge for plans in integrating the LTS-C role into care plans?
- Who should the IC engage with in this work?