

# IC Presentation – Increasing Diversity in the IC

September 13, 2022

# Overview Timeline

- IC Diversity Strategy meeting with Robin – June 28, 2022
  - The IC should have diversity of populations of disabilities and diversity of race and ethnicity. The goal is to have the IC be representative of all One Care members.
- IC Meeting – July 18, 2022
  - Discussed key sections of the IC Charter and By-laws regarding purpose and membership.
  - Whose voices are at the table? Who is not at the table?

## Next steps:

1. Outreach & Recruitment (September – December 2022)
2. Procurement (January 2023 Goal)
3. Onboarding (starting in March 2023)

# Agenda

## 1. Outreach Strategy

- One Care is the only health plan of its kind in the country
- DRAFT One Care Implementation Council Mission Statement
- Implementation Council Purpose
- The success of the Council
- Definition of Disability
- What does the IC do in terms of equity?
- Who is on the IC?
- IC Meetings
- IC Accomplishments
- CMFI Workgroups

## 2. Recruitment / Procurement Strategy

## 3. Onboarding

# 1. Outreach strategy

*The IC currently does not have 51% consumer representation as required by the IC Charter.*

- Mission Statement – *in process*
- One Care FAQs
- Attendance at Agency Meetings – *MassHealth assistance*
- CBO outreach

# One Care is the only health plan of its kind in the country

## One Care:

- Focuses solely on the distinct needs of persons with disabilities age 21-64 who have Medicaid and Medicare (dual eligibles).
- Requires health plans to go beyond medical necessity guidelines and consider member independent living and recovery goals when making utilization management decisions.
- Offers all members access to a conflict-free LTS coordinator to advocate for and support access to services and supports needed to live a meaningful life in their own chosen community setting.
- Includes enhanced behavioral health services.
- Provides members with a care coordinator to help the member navigate their health plan benefits and to assist with referrals\*.
- No out-of-pocket cost for prescriptions and over-the-counter medications covered by MassHealth.

\*The care coordinator provides a minimum of one home visit each year. Additional contact may be at the member's home or over the telephone / virtually depending on the plan and member's preference.

# DRAFT One Care Implementation Council Mission Statement

The mission of the One Care Implementation Council is to harness consumer expertise to establish One Care as a national model of integrated healthcare for persons with disabilities that is whole person-centered, advances health equity, and operationalizes independent living and recovery goals of the disability rights movement(s).

# Implementation Council Purpose

- To ensure that One Care remains committed to a population-based approach to whole person-centered with complex substance use, mental health, medical, social and other needs.
- The IC is uniquely positioned to develop innovative interventions that advance health equity and integration of medical, behavioral health, health related social needs, and LTSS services for dual eligibles ages 21-64.
- The IC has a track record of working with MassHealth, Health plans, disability community and other stakeholders to strengthen contract language that:
  - Improves consistency and quality of member care coordination,
  - Measurably increases transparency of health plan backroom functions and increase alignment of those practices with the goals of One Care, and
  - Increases MassHealth policy transparency and accountability to consumers and access to LTSS and other services.
  - *Examples include simplifying utilization management processes and improving communication access for persons who are deaf or hard of hearing.*
- The IC promotes innovation to address health related social needs that result in poor health outcomes for persons with disabilities as a population and persons with disabilities who, because of BIPOC or other identities, are subject to the negative effects of compounded discrimination and bias. The IC does this by listening to and actively seeking out underrepresented consumer voices.
- The IC takes action to shape equity policy that increases the opportunity of One Care members to live meaningful lives in the setting of their choosing and improves health outcomes in the most vulnerable populations in Massachusetts.

# The success of the Council is measured by:

- Representing the diverse populations of One Care who experience barriers to care resulting from health-related social needs including bias and stigma of any form.
- Keeping at the forefront its obligation to address the unique drivers of health disparities that affect BIPOC populations, including African Americans, and under-resourced populations with disabilities.
- Credibility in the disability community and the broader stakeholder community.
- Increasing active enrollment in One Care and reducing consumer churn.
- Quantitatively and qualitatively measuring and transparently holding MassHealth, CMS, and One Care plans accountable to One Care members by:
  - improving health equity,
  - reducing health disparities, and
  - generating member trust, control, dignity of risk, and hope.



# Definition of Disability

Defining disability is not simple. All members of One Care are eligible for MassHealth and Medicare because they meet the medical definition of “disabled.” However, disability, like race, is a label.

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.

# What does the IC do in terms of equity?

- The IC works with MassHealth and plans to reduce health disparities and increase equity.
  - Specific areas of focus have included:
    - Access to care for women and specifically women of color in One Care
    - Improving Communication Access for Deaf and hard of hearing One Care members
    - Access to supports during COVID
- Aims to increase the voice and representation of:
  - Persons with chronic and rare conditions
  - Persons who experience inequity in access to adequate, timely and appropriate services because of disability, racism, homophobia, transphobia, gender bias, regional disparities (rural communities) and more
  - People who are Transgender or nonbinary

# Who is on the IC?

- Consumer Representatives
- Representatives of community-based organizations
- Representatives of provider/trade associations

# IC Meetings

- The IC meets once per month, virtually on Zoom.
- Each meeting, the attendees are provided with updates from key partners.
  - MassHealth updates
  - Updates from My Ombudsman, One Care plans, IC priorities, and/or from community partners / experts in the field
- Presentation & Discussion topics have included:
  - Women's Health
  - Quality of Life Survey Results
  - Mental Health
  - Peer Supports and Recovery Coaches
  - Quality Measures
  - Values of Using Food for Health

# IC Accomplishments

- Fiscal Year 2021

- The Council's accomplishments in FY 21 included ongoing discussions about care coordination and the role of the care coordinator, which resulted in the Council proposing to form a workgroup to discuss how to best create best practices for this integral part of the One Care program (as well as other issues).
- The Council was also acutely aware of behavioral health needs among One Care members and engaged with DMH.
- The pandemic of course was an ongoing topic and the Council requested periodic updates on vaccination rates, mortality /morbidity rates among One Care members.

- Fiscal Year 2020

- The Council's accomplishments included:
  - ongoing discussions about the role of the Care Coordinator,
  - the need for non-medical transportation, and
  - increased awareness of members with SUD and the importance of peers in recovery.
- The COVID-19 Public Health Emergency and ongoing pandemic interrupted this momentum as well as underscored the importance of two workplan goals: quality of care and communication access (e.g., impact of telehealth on workplan goal improving quality through better access; adequate information about vaccination services).

# CMFI Workgroups

- Care Coordinator
  - Develop contract language
  - Develop standardized training for Care Coordinators – including on person centered training and member empowerment
- LTSS Service Denials
  - Receive and respond to updates at IC meetings on how plans will be implementing the process proposed by the LTSS Denials workgroup
- Member Communications
  - Ensure consumer voice is engaged in creation of member-facing materials
- LTS-C
  - Ensure LTS-C role as an advocate
  - Ensure there is integration of LTSS with medical and behavioral health needs
- Contracted Provider Participation
  - Receive and respond to updates at IC meetings on the status of the Contracted Provider Participation workgroup deliverables
- Health Equity
  - Increase IC Diversity
  - Update By-laws and Charter with DEI philosophy
- Key Performance Indicators
  - Ensure that data is presented in a way that consumer can use it to make determinations about plan choice and care

## 2. Recruitment/Procurement Strategy

- Update By-Laws and Charter with DEI philosophy
  - Lived experience of racism, xenophobia, homophobia, or discrimination based on ethnic or linguistic background.
  - Demonstrates ability to share their lived experience and that of others in a way that supports ongoing improvement of One Care.

# 3. Onboarding

- The IC hopes to implement a buddy system, pairing a new member with an existing member to help orient them
- Provide new members with the tools they need to fully participate in meetings
- Extend onboarding
- IC member only meetings on the third Thursday of the month will be used to go over meeting materials and concepts that may be new to members when appropriate



# Discussion

- Is there a way to make the procurement process easier?
  - Update experience and skills for participation to focus on lived experience
  - Invite interested members to utilize a support
- Which organizations should we be reaching out to?
  - IC would be willing to join meetings to share information about IC. Need MassHealth and others to connect IC to meetings.
- Who should prospective council members contact for more information?
  - One Care email address? Anyone else?