

JUSTICE IN AGING

FIGHTING SENIOR POVERTY THROUGH LAW

Maintaining Care Quality in Transition: Navigating One Care's Shift to a FIDE-SNP

Amber Christ, Managing Director

Hannah Diamond, Policy Advocate

October 10th, 2023

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FIGHTING SENIOR POVERTY THROUGH LAW

Justice in Aging is a national organization that uses the power of law to fight senior poverty by securing access to affordable health care, economic security, and the courts for older adults with limited resources.

Since 1972 we've focused our efforts primarily on fighting for people who have been marginalized and excluded from justice, such as women, people of color, LGBTQ+ individuals, and people with limited English proficiency.

Justice in Aging's Commitment to Advancing Equity

To achieve Justice in Aging, we must:

- Advance equity for low-income older adults in economic security, health care, housing, and elder justice initiatives.
- Address the enduring harms and inequities caused by systemic racism and other forms of discrimination that uniquely impact low-income older adults in marginalized communities.
- Recruit, support, and retain a diverse staff and board, including race, ethnicity, gender, gender identity and presentation, sexual orientation, disability, age, and economic class.



Project Background

Purpose

- Produce a memorandum to aid the Implementation Council (IC) in their discussions with the Centers for Medicare & Medicaid Services (CMS) and MassHealth regarding the design of the One Care FIDE-SNP
 - Capture advocates' priorities
 - Reference pertinent legal authority

Methodology

- Funding
 - Arnold Ventures funded Justice in Aging and subcontractor Disability Policy Consortium (DPC) to develop this memorandum
- Interviews
 - Advocate interviews were conducted in May 2023
- Research and Drafting
 - Spanned June – September 2023
 - Analysis of interview transcripts, One Care materials, and applicable regulations and waiver documents
- Guidance and Input
 - Arnold Ventures and Dennis Heaphy, the representative of the DPC and IC on this project, provided input throughout the document's development



Legal Authority

Pertinent Legal Authority

- 1115 waiver standard terms & conditions
- Three-way contract
- State Medicaid Agency Contract

State Medicaid Agency Contract (SMAC)

- The SMAC is the contract between the FIDE-SNP and the state
- The SMAC can be used by advocates to enhance the integration and coordination of care delivery
- The memo and accompanying Appendix outline opportunities to preserve and update language from the three-way contract to the SMAC
- Notably, not all priorities highlighted by advocates can be preserved in the SMAC

Document Navigation

- Memorandum Findings
 - Frames importance of priority for members
 - Outlines existing legal protections
 - Analyses key issues identified by advocates specific to each priority
 - Offers action items to preserve each priority
- Appendix
 - Outlines the existing legal and contract authority for One Care
 - Proposes draft language to preserve and enhance these provisions for the transition to a FIDE-SNP



Findings

Key Priorities for the One Care Transition

1. Preserve the impactful role of the Long-Term Supports Coordinator (LTS-C)
2. Ensure services remain sufficiently flexible to meet enrollees' diverse needs
3. Preserve member input through a strong IC
4. Maintain the independence and resource sufficiency for the My Ombudsman program
5. Uphold partnerships with CMS and MassHealth
6. Advance equity through tailored policies, such as performance measures, to address inequities

Preserve the Impactful Role of the LTS-C

- Legal Authority
 - Position preserved in statute
 - Preserve and strengthen the LTS-C role as outlined in the three-way contract in the SMAC
 - *Maintain separation from MCOs*
 - *Maintain delivery of the LTS-C position from organizations committed to the independent living philosophy*
 - *Maintain the ability to address social determinants of health*
 - *Promote health equity in LTS-C qualifications*

Ensure Services Remain Flexible to Meet Enrollees' Diverse Needs

- Legal Authority
 - Preserve and strengthen contractual language from the three-way contract in the SMAC
 - *Preserve Covered Services*
 - Preserve home modifications, DME, non-medical transportation, cueing and monitoring, and behavioral health diversionary services
 - *Preserve Flexible Benefits*
 - Preserve single-case agreements

Preserve Member Input Through a Strong IC

- Legal Authority & Preservation Tactics
 - Proposed edits to IC's By-laws and Charter to safeguard and strengthen advocate's priorities
 - *Maintain majority membership composition of MassHealth members with disabilities and their families*
 - *Maintain separation from MCOs*
 - *Maintain focus on health equity*
 - Pursue legislative action to preserve the IC in statute
 - Ensure the IC's inclusion in forthcoming 1115 waiver amendments
 - Allocate funding through the state's annual budgetary process
 - *Maintain technical assistance from UMass Chan Medical School*

Preserve My Ombudsman's Independence & Resources

- Legal Authority & Preservation Tactics
 - Preserve relationship between One Care plans and ombuds services referenced in three-way contract in the SMAC
 - *Preserve ombuds services provided by non-profit entities with expertise in aging and disability*
 - *Preserve plan cooperation with My Ombudsman*
 - *Preserve My Ombudsman's work to advance health equity through data*
 - Pursue legislation to secure ombuds services via statute
 - Secure funding through the state's annual budgetary process
 - *Preserve funding for My Ombudsman*

Maintain Collaborative Engagement with MassHealth and CMS

- *Reengage the Care Model Focus Initiative*
- *Advocate for continued solicitation of member feedback in decision-making*
- *Secure commitment from MassHealth senior leadership*
- *Strengthen engagement with CMS*

Advance Equity Through Tailored Policies to Address Inequities

- Legal Authority & Preservation Tactics
 - Preserve and strengthen MCO reporting requirements as outlined in the three-way contract in the SMAC
 - *Preserve the Key Performance Indicators*
 - Advocate for timely and meaningful presentation of data
 - Stratify performance measures by health equity factors

Questions?

Hannah Diamond,
hdiamond@justiceinaging.org

Amber Christ, achrist@justiceinaging.org



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