

## **Slide 1:**

### **One Care: Implementation Council Meeting**

MassHealth Demonstration to  
Integrate Care for Dual Eligibles  
November 12, 2024 10:00AM – 12:00PM  
Virtual Meeting via Zoom

*Note: an image of the One Care logo appears in the upper right corner of this slide. It includes the following text:*

One Care  
MassHealth+Medicare  
Bringing your care together

## **Slide 2:**

### **Agenda**

- **Background**
- **MassHealth One Care and SCO Programs**
- **1115 Requests:**
  - **I. Coverage of Expanded and Additional Services**
  - **II. Enrollment Flexibilities**
- **Next Steps**
- **Questions and Comments**

*Note this footnote appears on this and all slides going forward. “Confidential – for policy development purposes only”*

### **Slide 3:**

#### **Background**

- In Spring 2022, the Centers for Medicare & Medicaid Services (CMS) finalized a federal rule that will sunset Duals Demonstrations implemented through the Financial Alignment Initiative.
- MassHealth is required to transition the One Care program from the Massachusetts Duals Demonstration, under which One Care currently operates, to new federal authority.
- Additional information about the One Care Transition is available at [www.mass.gov/info-details/one-care-transition-planning](https://www.mass.gov/info-details/one-care-transition-planning)
- In November 2023, EOHHS issued an aligned procurement for One Care and SCO Plans to operate as Medicare Advantage Dual Eligible Special Needs Plans (D-SNPs) for coverage effective January 1, 2026. Selected bidders were announced in September 2024.
- The proposed amendment to the Massachusetts 1115 Demonstration (“1115 Demonstration”) aims to preserve the existing benefits in One Care and make some adjustments to SCO to create more alignment with One Care. The 1115 Demonstration is currently approved through December 31, 2027.

### **Slide 4:**

#### **MassHealth One Care and SCO Programs**

The Massachusetts design for both One Care and Senior Care Options (SCO) requires dual eligible enrollees to accept both Medicare and Medicaid coverage through a single plan as a condition of participation. SCO plans are already D-SNPs and do not require a transition.

*Note: the following information is shown in a table on this slide.*

## **One Care**

- **TARGET POPULATION**
  - Adults with disabilities who are Medicare and Medicaid eligible ages 21-64
- **ENROLLMENT**
  - 41,000
- **PLANS**
  - 3 Medicare-Medicaid Plans (MMP) serving 12 of 14 counties in Massachusetts
- **GOALS**
  - Improve beneficiary experience in accessing care
  - Deliver person-centered care
  - Promote independence in the community
  - Improving quality
  - Eliminating cost shifting between Medicaid and Medicare

## **SCO**

- **TARGET POPULATION**
  - Medicare and Medicaid eligible adults and MassHealth-only adults age 65+

- **ENROLLMENT**
  - 74,000 Medicare and Medicaid Eligible
  - 8,400 MassHealth-only
- **PLANS**
  - 6 plans that hold FIDE SNP contracts with CMS (3 that also operate One Care)
- **GOALS**
  - Offer seamless benefit administration and quality of member experience
  - Deliver integrated noticing and member communications and appeals and grievances processes

## Slide 5:

### I. Coverage of Expanded and Additional Services for Members Enrolled in One Care and SCO Plans

- Expanded and **Additional Community-based Services** are covered in One Care today through Duals Demonstration
  - Services have an expanded scope and/or are outside of what Medicare and MassHealth Standard cover
  - For the One Care Transition, EOHHS is requesting authority to continue covering these services through the 1115 Demonstration (if not already not covered in the State Plan or under 1115 MassHealth benefits)
    - **Health Related Social Needs (HRSN)**
    - **Independent Community Living Services**

- One Care plans currently can provide **Flexible Benefits** based on an individual enrollee's assessment and care plan
  - For the One Care Transition to a D-SNP, EOHHS is requesting authority to require plans to cover **Flexible Benefits** as benefits in addition to services covered under the State Plan.
  - Plans would be able to count Flexible Benefit expenditures as services when calculating their Medicaid Medical Loss Ratio (MLR)

## **Continue One Care Coverage of Expanded and Additional Community-based Services**

### **Align SCO with One Care Coverage**

Provide expanded/additional services comparable to One Care benefits (as applicable)

### **Slide 6:**

### **Expanded and Additional Services Request Detail**

*Note: the following information is shown in a table on this slide.*

### **Service**

#### **A. HRSN**

- Environmental Accessibility Adaptations
- Home Accessibility Modifications
- Respite

## **One Care**

Continue for One Care Enrollees

### **SCO**

Clarify and/or expand\* scope to align SCO with One Care

## **B. Independent Community Living Services**

- Assistive/Adaptive Technology (AT)
- Household Support
  - *Chore, Grocery Shopping and Home Delivery, Home-delivered meals, Laundry*
- Enrollee Support
  - *Adult Companion, Home Health Aide, Homemaker, Supportive Home Care Aide*
- Community Skills Training
- Peer Supports
  - *Independent living model*
- Structured and Supportive Day Services
- Transportation (Non-medical)

## **One Care**

Continue for One Care Enrollees

### **SCO**

Clarify and/or expand\* scope to align SCO with One Care

## **C. Flexible Benefits**

*Specified in enrollee's care plan and individualized to address enrollee's needs; Promote independent living or recovery; positively impact outcomes; address access/barriers to achieving care plan goals*

## **One Care**

Continue for One Care Enrollees

## **SCO**

New - Align SCO with One Care

*\*When broader than current SCO coverage*

### **Slide 7:**

## **II. Enrollment Flexibilities for Integrated Care Programs**

*Note: the following information is shown in a table on this slide.*

### **A. Medicaid Monthly Enrollments and Aligned Coverage**

- One Care and SCO programs are designed to achieve the highest possible level of Medicare-Medicaid integration
- One Care and SCO enrollments are always monthly
- Enrollee stays in their plan for the full month even when their MassHealth eligibility closes before the end of the month
- MassHealth pays monthly capitation for enrollees who are eligible for MassHealth at least 1 day of month
- MassHealth retroactively pays monthly capitation for individuals still enrolled in their plan who regain their MassHealth and are eligible at least 1 day of month

### **Continue One Care Monthly Enrollment and Payment Policy**

## **Align SCO Enrollment & Payment Policy with One Care**

### **B. Allow CommonHealth Members to Enroll in SCO**

- MassHealth Standard and MassHealth CommonHealth members can enroll in One Care and can usually stay in One Care at age 65.
- In 2022, MassHealth expanded eligibility to allow members on CommonHealth for at least 10 years to keep their coverage after age 65. MassHealth expects the number of CommonHealth members 65+ will grow over time.
- CommonHealth members 65+ who are not in One Care must be in MassHealth FFS.
- 1115 request would allow CommonHealth members ages 65+ to enroll in SCO
- *1115 Amendment submitted Fall 2023 included request to continue allowing CommonHealth members to enroll in One Care, and is pending with CMS*

### **Allow CommonHealth members 65+ to enroll in SCO**

#### **Slide 8:**

#### **Next Steps**

- The proposed Amendment Request, details on where to submit comments, and additional relevant information are available at [www.mass.gov/info-details/1115-masshealth-demonstration-waiver](https://www.mass.gov/info-details/1115-masshealth-demonstration-waiver)



- EOHHS is accepting comments today through this Public Listening Session
- Written comments may be delivered by email or mail:
  - By email, please send comments to [1115WaiverComments@mass.gov](mailto:1115WaiverComments@mass.gov) and write “1115 Amendment Comments” in the subject line
  - By mail, please send comments to the following:
    - 1115 Amendment Comments  
EOHHS Office of Medicaid  
One Ashburton Place, 10th Floor  
Boston, MA 02108
- Comments must be received by **Tuesday, November 12, 2024 at 5pm** to be considered
- MassHealth anticipates submitting the final proposal to CMS by the end of 2024
- CMS will hold a 30-day comment period, during which time stakeholders are welcome to share their comments and feedback with CMS

**Slide 9:**  
**Questions and Comments**