

# One Care: Implementation Council Meeting

Executive Office of Health & Human Services

MassHealth Demonstration to Integrate Care for Dual Eligibles

September 13, 2022, 10:00 AM – 12:00 PM

Virtual Meeting via Zoom

## One Care Three-way Contract Amendment

* MassHealth, CMS, and the three One Care plans have amended the Three-way Contract
  + Extends both the current federal demonstration authority for One Care and contracts with the three plans through **December 31, 2023**
    - Effective January 1, 2022 (or as specified)
    - Expect further extensions would be in 1-year increments
    - [One Care website at: One Care Three-Way Contract and Memorandum of Understanding (MOU) | Mass.gov](https://www.mass.gov/service-details/one-care-three-way-contract-and-memorandum-of-understanding-mou)
* Key Changes:
  + Strengthens ‘**Local Control**’ levers - ensure One Care Plans’ expertise, communications, and member experience reflect One Care expectations and Massachusetts delivery system
  + Brings several **2019 RFR** for One Care Plans **policy updates** directly into the Contract (details on slides 5-9)
  + Specifies **CY 2023 financial terms** (details on slide 10)
  + More explicitly requires Plans provide Enrollees access to their Coordinator(s) using the

**Enrollee’s communication preferences** *(i.e. email, text, phone, etc.)*

* + Adds **Community Support Programs for Individuals with Justice Involvement (CSP-JI)**; coverage start to align with upcoming 1115 Waiver approval
  + Certain technical and reporting updates

**Strengthening Local Control Authorization of Services**

* Individuals with the authority to authorize or deny services for One Care and staff conducting Utilization Management activities for One Care must:
  + Be credentialed in Massachusetts
  + Be familiar with the Massachusetts delivery system
  + Standards and practices of care in Massachusetts, and
  + Best practices in the types of services they authorize
* Designee accountable for UM functions shall participate in the One Care Plan’s Consumer Advisory Committee

#### Marketing, Outreach, and Enrollee Communication Materials

* All marketing and Enrollee Communications materials used and submitted for review for the Contractor’s One Care Plan shall be tailored for use in the Massachusetts One Care Plan

#### Massachusetts-based Staffing and Resources

* Contractor shall have adequate Massachusetts-based staffing and resources to assist the Contractor in carrying out all functions required under this Contract. Such staff shall be familiar with MassHealth and with applicable State and federal regulations and requirements.

## Strengthening Local Control cont.

### Training Requirements

* One Care Plan staff with Enrollee engagement roles, Utilization Management or Service Authorization roles, and in leadership roles
* Care Coordinators, Clinical Care Managers, and LTS Coordinators
* Training topics would include:
  + Independent Living Philosophy, Recovery principles, and wellness models
  + Person-centered planning processes, cultural and linguistic competency, and Trauma-informed Care
  + Best practices
  + Other topics integral to the One Care model

### Network Adequacy, Access, and Availability

* Clarify that any exception requests for alternative standards must be equal to or more permissive than usual and customary community standards applicable in Massachusetts

### Policy Updates from 2019 RFR for One Care Plans

* **Eligibility Protections**
  + **Deemed Eligibility** - Keeps individuals enrolled in their One Care Plan for two months during a potentially resolvable MassHealth eligibility gap/downgrade)
  + Requires Plans to provide more **proactive assistance** to members to

### address redeterminations and maintain eligibility

* **Expands Accessibility and Accommodations** requirements:
  + Broadens Accessibility and Accommodations Compliance Officer role and accountability
  + Requires processes for intake, documentation, response, escalation, implementation, and tracking/reporting for Enrollee accessibility and accommodation requests
* Renames C3C rating category to C4 (Transitional Living Programs) - technical

## Policy Updates – Medically Necessary Services

* Further clarifies the cumulative scope of the combined Medically Necessary Services definitions (Section 1.71):
  + Service protections through Medicare and MassHealth must be available through One Care
  + Plans must cover **at least** the scope of services covered under each of MassHealth & Medicare, and may not limit or deny services based on either program covering a more limited set of services
  + One Care must also provide **the cumulative** scope available through the combination of MassHealth & Medicare – which may be more than Medicare or MassHealth coverage rules alone

## Policy Updates – Value and Outcomes in Service Authorizations and Utilization Management (Section 2.9.5)

* One Care plans should **consider value** when they decide whether to **authorize or apply UM** to any service/item request.
* Value consideration includes how the services – as part of the care plan:
  + Contribute to Enrollee’s **health, independent living, and quality outcomes**.
  + Support Enrollee’s **connection/ability to participate** in their community; **reduce social isolation**.
* Service Authorization/UM policies and procedures shall:
  + Consider expected **individual outcomes**; would services as part of care plan:
    - **Meet Enrollee’s** specific **needs**.
    - Support Enrollee to **live independently and participate** in home/community life.
    - Use **preventive approaches/proactive strategies** to shift acute care to community care (when appropriate).
  + **Individualized clinical standards** when population-based clinical standards are not appropriate/insufficient for complexity of Enrollee’s needs.

#### Encourage proactive, preventive strategies to prevent and avoid the need for acute care.

* Plans must connect **Enrollees to community organizations** that can provide additional resources and support; must **authorize accessibility, communication, and transportation services for Enrollees to access** additional support.
* Plans must **measure and report on effectiveness in improving outcomes** for Enrollees.

## Policy Updates – Expanded Durable Medical Equipment (DME)

* Broader scope than those covered by MassHealth and Medicare (Appendix B, Exhibit 3)

#### Durable Medical Equipment (DME) – Environmental Aids and Assistive/Adaptive Technology

1. Assistive/Adaptive Technology (AT) are devices (including devices that are not primarily used for a medical purpose), equipment, accessories, products, and/or methods, whether acquired commercially off the shelf, modified, or customized, that are used to increase, maintain, or improve the functional capabilities, mobility, communication, and overall independence of individuals with disabilities. These items may have uses beyond those determined Medically Necessary.
2. Environmental Aids are environmental and structural adaptations that remove or reduce physical barriers for individuals with disabilities.

#### DME – Training in Usage, Repairs, and Modifications

1. Training for Enrollees or individuals supporting them in how to use DME, including Environmental Aids and Assistive/Adaptive Technology;
2. Repairs of DME, including Assistive/Adaptive Technology and Environmental Aids as described above; and
3. Changes and modifications to improve or prolong the effective functioning of, or to add functionality of DME, including Assistive/Adaptive Technology and Environmental Aids

## Policy Updates – Expanded Personal Assistance Services (PAS)

* Personal Assistance Services includes self-directed and agency forms of assistance, and both physical hands-on assistance and cueing and monitoring
* Amendment clarifies access to cueing and monitoring does not depend on needing physical assistance
* Enrollees who need cueing and monitoring can access PAS, whether or not they need hands-on assistance (Section 2.8.8.2.1.4)
* Enrollees needing cueing and monitoring PAS must need assistance with 2 ADLs, but does not need to be hands-on assistance.

#### Personal Assistance Services – Cueing and Monitoring (Appendix B, Exhibit 3)

A prompt or direction to assist an individual who needs assistance that is not physical in nature with two (2) or more ADLs in performing activities they are physically capable of performing, but unable to independently initiate. Access to Personal Assistance Services for cueing and monitoring does not require establishing a need for hands-on assistance with ADLs.

## Financial Terms – Three-way Contract Amendment

### The following financial terms will apply for Calendar Year 2023 (Demonstration Year 10):

* **Savings Percentages**
  + Medicare A/B: 1.0%
  + Reduce to 0.75% if a COVID-19 state of emergency is in effect at any point from January 1, 2023 through December 31, 2023
  + MassHealth: 1.0%

### Quality Withhold:

* + 2.75% in CY 2023; (currently 2.5% in CY 2022)
* **Risk Corridors** (same as current year)**:**
  + 50/50 sharing between plan and CMS/EOHHS for gains or losses between 2.1% and 8.0%
  + Plan is fully at risk for gains or losses from 0-2.0% and over 8.0%

**Thank you!**

[Visit us Online: Mass.gov/One-care](https://www.mass.gov/one-care) Email Us: [OneCare@state.ma.us](mailto:OneCare@state.ma.us)

