

Meeting Minutes October 12, 2021 – One Care Implementation Council Meeting

Meeting Location: Zoom

Date: October 12, 2021 10:00 AM – 12:00 PM

Council Member attendees: Crystal Evans (Co-Vice Chair), Dennis Heaphy (Chair), Jeff Keilson, David Matteodo, Dan McHale, Paul Styczko (Co-Vice Chair), Kestrell Verlager, Chris White, Sara Willig, Darrell Wright.

Unable to attend: Suzann Bedrosian

Key Stakeholders and Presenters: Corri Altman Moore (MassHealth), Lynne Bird (CCA), Maggie Carey (UMass), Daniel Cohen (MassHealth), Ashely Crane-Bassett (Tufts), Hilary Deignan (UMass), Lisa Fulchino (Tufts), Sophie Hansen (CCA), Henri McGill (MassHealth), Katie Shea Barrett (Cityblock), Anna Williams (CMS).

Presentations/Discussions: Agenda; September 14th Implementation Council (IC) meeting minutes; MassHealth presentation *One Care Implementation Council Meeting October 12, 2021*; Commonwealth Care Alliance (CCA) presentation *Implementation Council October 12, 2021*; Tufts Health Unify presentation *Implementation Council October 12, 2021*; and IC presentation *One Care IC Initial Roundtable Response 10/12/21*.

[Documents available online](#)

Executive Summary and Action Items:

Welcome/Review September 14th IC Meeting Minutes

Paul Styczko, Implementation Council (IC) Co-Vice Chair, opened the meeting and asked for a motion to approve the minutes from the September 14, 2021 meeting. The motion was seconded and carried.

MassHealth Update

Corri Altman Moore Director of Integrated Care and Daniel Cohen, Deputy Director of Integrated Care presented *One Care Implementation Council Meeting October 12, 2021* providing updates on COVID-19 vaccines, COVID-19 Guidance to plans, and the One Care procurement of plans.

Plan Presentations

Lisa Fulchino, Senior Manager of Project Strategy, and Ashely Crane-Bassett, Clinical Manager of Behavioral Health, from Tufts Health Unify presented Tufts Health Unify presentation *Implementation Council October 12, 2021*. Sophie Hansen, Director of State Government Relations and advocacy, and Lynne Bird, Vice President of Utilization Management, from Commonwealth Care Alliance (CCA) presented Commonwealth Care Alliance presentation *Implementation Council October 12, 2021*. The plan presentations provided an overview of their Utilization Management process and provided data on Personal Care Attendant (PCA) service approvals, denials, and modifications.

Round Robin discussion / questions for Plans

Crystal Evans, IC Co-Vice Chair, presented *One Care IC Initial Roundtable Response 10/12/21* and lead a round robin discussion with the IC and the plans.

Meeting Minutes:

Welcome/Review September 14th IC Meeting Minutes

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MassHealth Update

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Questions/Comments

- IC member stated that it would be helpful to have some of the COVID-19 plan practices, such as assistance with communication access and services like food assistance, remain in place after the COVID crisis ends.
 - MassHealth stated that the plans should have been providing these things all along, prior to COVID.
- IC member stated that the increased [Supplemental Nutrition Assistance Program](#) (SNAP) benefit should continue as it is really helping people.
 - MassHealth agreed that the increased SNAP benefit is helping a lot of people and noted it is overseen by a different agency.
- IC member stated that the ability to use the [Electronic Benefits Transfer](#) (EBT) card online to get groceries through Amazon Fresh and other online retailers should continue post-pandemic.
- IC member stated that telehealth options and the option to join meetings like the IC through zoom should also continue.

Plan Presentations

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Tufts Health Unify presentation *Implementation Council October 12, 2021*. Sophie Hansen, Director of State Government Relations and advocacy, and Lynne Bird, Vice President of Utilization Management, from Commonwealth Care Alliance (CCA) presented Commonwealth Care Alliance presentation *Implementation Council October 12, 2021*. The plan presentations provided an overview of their Utilization Management process and provided data on Personal Care Attendant (PCA) service approvals, denials, and modifications.

Round Robin discussion / questions for Plans

Crystal Evans, IC Co-Vice Chair, presented *One Care IC Initial Roundtable Response 10/12/21* and lead a round robin discussion with the IC and the plans.

Questions / Comments

- IC member asked why there was such an increase in modifications to PCA service requests in the 2021 data from both plans.
 - CCA stated that the increase in modifications could be due to some additional services that were put into place in 2020 due to COVID such as additional PCA hours for shopping or laundry that are no longer needed, leading to a modification in PCA services.
 - Tufts added that PCA service requests are made for 12 months and that modifications include approvals for a shorter time period than the full 12 month request.
 - Both plans confirmed that when PCA services hours are increased the data shows an approval, and not a modification.
- IC member noted that the data showed that only a very small percentage of One Care members in the C1 and C2 rating categories have PCA services and that denials for PCA services for members in those rating categories were very high.
 - Tufts explained that when a One Care member is found to need PCA services they are usually put into the C3 rating category. Tufts stated that members in the C1 and C2 rating categories require less hands-on care so receive less PCA services, or if they get PCA services it is cueing and monitoring.

- CCA agreed.
- IC member asked what is meant by a partial modification?
 - CCA responded that a partial modification would be a change in the PCA service request, but not a denial.
 - Tufts stated that a partial modification can also signal that the hours were approved but for a shorter time period (for example approved for 6 months instead of a full 12 months).
- IC member asked if PCA service authorizations can be changed through an appeals process.
 - CCA stated that members can and do appeal PCA service authorizations but stated that appeal outcomes are not part of the data presented.
- IC member stated that in the past MassHealth used data on modifications made to fee for service PCA authorizations to determine whether to continue contracting with Personal Care Management (PCM) agencies. IC member asked the plans what they do with outlier PCMs who have high modification rates.
 - Tufts stated that they will investigate both appeals data and information on how the plan works with PCMs.
 - CCA stated they would also speak to the data team to see how they address PCM differences.
- IC member asked what the plans do when a PCM recommends a reduction in PCA hours?
 - CCA stated that they do not simply accept a PCM reduction in hours. CCA stated that to determine PCA hours they look to the care plan and care team to see if the PCM reduction in hours makes sense.
 - Tufts stated that their utilization management (UM) team looks to the care plan first in determining PCA hours and that Cityblock plays an advocacy role to ensure member gets the service hours to meet their needs.

- IC member asked if the UM team only goes back to the care team of if they also talk to the member when determining PCA service authorization.
 - Tufts stated that the UM team would confer with the IC member through the care team when determining hours.
 - CCA stated they also talk to the member through the care team in determining PCA services.
- IC member stated that she is a member of the Tufts consumer advisory committee (CAC) and that at the last CAC meeting she was the only member who knew who her care manager was with Cityblock.
 - Cityblock stated that there are a number of different new roles being introduced to One Care members such as care partners and care team members who do assessments, and they realize they need to do a better job at explaining the different care team members and their roles.
- IC member asked what the UM standards are that plans use.
 - Tufts stated that they use MassHealth standards to determine PCA service authorization.
 - CCA stated they use fair and equitable standards to determine service authorization.
- IC member asked how many members are utilizing PCA services for cueing.
 - CCA stated that they have created a tool to incorporate member need for cueing and monitoring into the PCA assessment.
 - MassHealth stated that there seems to be a lack of members getting PCA hours just for cueing and monitoring if they do not have any hands on PCA care needs. MassHealth further stated that these services should be provided to all members who need it and not limited to certain diagnoses.
 - IC member stated that people with autism sometimes need assistance initiating tasks and that they should be able to get PCA services to help with that.

- MassHealth stated that if a One Care member has that need, they should be able to get PCA hours for cueing and monitoring.
- IC member asked how “fair and equitable” is being defined for PCA service approvals in the approval process with the PCM, UM process and the overall care plan.
 - MassHealth stated that part of what is monitored when assessing the plans’ PCA processes is the timeliness of the plan response and the specificity of the care team requests. MassHealth stated that the new contract starting in January 2022 provides more guidance for ensuring that service recommendations are made by looking at the specific value a service will provide the member when approving PCA hours.
- IC member asked how they can know that plans aren’t simply reducing member’s PCA hours in order to make profits and save money. IC member suggested that any dollars saved by cuts in PCA hours should go back to the member’s care plan to provide other services.
- IC member stated that cutting costs and making profits are not what health care are about.
- MassHealth noted that some of the PCM assessments have been done virtually over the last year and a half which may impact authorization outcomes.
 - IC member stated that they had heard that some members were having PCA hours cut due to their spouses working from home during the pandemic.
- MassHealth suggested that to truly understand the PCA service authorizations in conjunction with the full care plan and a member’ changing health status may require following a cohort of members over time.
 - IC member agreed that it is hard to look at PCA data in isolation and wondered if PCA services were modified or reduced because needs were being addresses through other means (for example meal delivery or adult foster care).

- IC member stated that PCA hours need to also be balanced with services that help a person maintain independence.
- IC member stated that they are concerned about access to assistive technology (AT) and volunteered to be part of future conversations on AT.
- IC member stated that they would like to have the plans' ADA coordinators come to a future meeting to talk about their role.
- IC member shared a personal statement about how COVID has disrupted the care structures of some people with disabilities to the extent that many things are now inaccessible and stated we need to be aware and do better.

The meeting was adjourned.