

## Meeting Minutes March 9, 2021 – One Care Implementation Council Meeting

**Meeting Location:** Zoom

**Date:** March 9, 2021 10:00 AM – 12:00 PM

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

**Unable to attend:** David Matteodo, Darrell Wright

**Key Stakeholders and Presenters:** Corri Altman Moore (MassHealth), Jennifer Baron (CMS), Maggie Carey (UMass), Dan Tsai (MassHealth), Hilary Deignan (UMass), Ken Preede (CCA), Henri McGill (MassHealth), Alysa St. Charles (UMass), Mark Margiotta (Tufts), Lisa Fulchino (Tufts), Whitney Moyer (MassHealth).

**Presentations/Discussions:** Agenda; February 9th IC meeting minutes; MassHealth Presentation titled *One Care Implementation Council Meeting, March 9, 2021*.

[Documents available online](#)

## Executive Summary and Action Items:

### Welcome/Review February 9th Meeting Minutes

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

### MassHealth COVID-19 Vaccine Presentation

Dan Tsai, Assistant Secretary for MassHealth and Medicaid Director for the Commonwealth of Massachusetts, Corri Altman Moore, Director of Integrated Care at MassHealth, and Whitney Moyer, Chief, MassHealth Office of Long-Term Services and Supports (LTSS), presented *One Care Implementation Council Meeting, March 9, 2021*, reviewing Vaccination Approach for Health Plans, MassHealth Vaccination Incentives for Health Plans, and the In-Home Vaccination Program.

Dennis Heaphy, One Care Implementation Council Chair, presented the Implementation Council's three vaccine priority requests to MassHealth: 1) further clarification on the definition of "home bound" for Massachusetts' in-home vaccine program; 2) individuals in One Care should receive the vaccine that offers them the best protection based on their unique immune response; and 3) vaccine distribution must reflect racial equity and cultural competency.

## Meeting Minutes:

### Welcome/Review February 9th Meeting Minutes

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### MassHealth COVID-19 Vaccine Presentation

Dan Tsai, Assistant Secretary for MassHealth and Medicaid Director for the Commonwealth of Massachusetts, Corri Altman Moore, Director of Integrated Care at MassHealth, and Whitney Moyer, Chief, MassHealth Office of Long-Term Services and Supports (LTSS), lead a conversation with the IC on vaccinations in Massachusetts and presented *One Care Implementation Council Meeting, March 9, 2021*, reviewing Vaccination Approach for Health Plans, MassHealth Vaccination Incentives for Health Plans, and the In-Home Vaccination Program.

Dennis Heaphy, One Care Implementation Council Chair, presented the Implementation Council's three vaccine priority requests to MassHealth: 1) further clarification on the definition of "home bound" for Massachusetts' in-home vaccine program; 2) individuals in One Care should receive the vaccine that offers them the best protection based on their unique immune response; and 3) vaccine distribution must reflect racial equity and cultural competency.

Implementation Council Priorities introduced as part of conversation on vaccines:

One priority was clarification on the criteria for home-based vaccinations. The Council asked MassHealth to address the contradiction between the In-Home Vaccination Program's limited scope and One Care's purpose to support independence at home for members.

The second priority from the Council was a request to MassHealth to ensure an individual member's diagnosis, care needs, and unique immune response be considered in the administration of vaccinations. The Council emphasized that One Care members should receive the vaccine that provides them with the best protection, rather than what is convenient or most affordable, to account for individual risks of morbidity and mortality with COVID-19 in the One Care population.

Lastly, the Council underscored the importance of racial equity and cultural competency within the vaccination plan set forth by MassHealth.

### Questions / Comments:

- IC member asked if MassHealth can incentivize Personal Care Attendants (PCAs) to get the COVID-19 vaccine.
- IC member stated they are a vent user and yet have been told by their provider they do not yet qualify for vaccination. IC member asked how One Care members who are disabled and high risk can access the vaccine.

- Medicaid Director stated that MassHealth is making sure everyone has access to the vaccine as soon as they are eligible and asked the IC to defer to the Massachusetts COVID-19 Command Center for decisions on eligibility.
- IC member asked if the plans would use their own criteria or the state criteria for vaccinating One Care members.
  - Medicaid Director stated that the statewide eligibility criteria apply across the board.
  - IC member replied that these criteria do not consider the complexity of needs of One Care members and that person-centered care is the purpose of One Care. IC member further stated that a one-size-fits-all approach may increase health care disparities between One Care and the general population.
- IC member asked how MassHealth will incentivize plans to vaccinate high risk members who are outside the twenty targeted cities and towns.
  - Medicaid Director stated that MassHealth decided to follow CDC recommendations to prioritize certain locations based on the CDC's Social Vulnerability Index (SVI) for priority populations.
  - MassHealth stated that there is a high correlation between race, location, and COVID-19 infection rates for these communities, and targeting certain cities is one way MassHealth can address racialized health inequities.
- IC member asked how to explain to One Care members who are not in the targeted cities, but who are high risk, that they are not a priority population for the plans at this time.
  - Medicaid Director replied that the plans have a responsibility to every person that they serve to get them vaccinated and that this state program does not change the expectations MassHealth has for One Care plans.
  - IC member expressed concern that incentivizing vaccines to targeted cities will make statewide vaccine supply even more scarce for high-risk members.
  - Medicaid Director stated that the targeted cities have seen a slower vaccination rate than other areas and the hope is to close that gap by incentivizing plans to focus more on those areas.
- IC member asked about people who cannot leave home on the advice of their care team, such as a recent organ transplant or respiratory problems, but do not qualify for in-home vaccination because they do not need two-person assistance or an ambulance to leave the home.
  - Medicaid Director stated that the in-home vaccination program is a work in progress and is not a replacement for the responsibilities of the One Care plans.
  - IC member stated that the limited vaccine supply is a concern to the One Care IC due to the high-risk, high needs, complex populations One Care serves.
  - Medicaid Director stated that the in-home vaccination plan is a statewide resource for all MassHealth members, not just One Care.
- IC member asked if One Care plans have discretion to tailor vaccination programs to the needs of their members.
  - Medicaid Director confirmed this but also said there are supply constraints.
- Medicaid Director stated that the CCA in-home vaccination program has been refused by 19% of members it has been offered to.

- IC member stated that for One Care to succeed as developed, trust must be established in the relationship between the care coordinator and the member and suggested that the lack of established trusting relationships could contribute to these vaccine refusal numbers.
- Medicaid Director said that interest in in-home vaccinations is low across the board.
- IC member asked if One Care members who have compromised immune systems are eligible for in-home vaccination.
  - MassHealth Chief of LTSS stated that immune compromised individuals may be eligible under the state guidelines depending on their age and other comorbidities. MassHealth Chief of LTSS further stated that the in-home vaccination program follows the eligibility criteria set by the state.
- IC member suggested the state should work with faith communities, local boards of health, and other community-based organizations to identify people who need to be vaccinated.
- IC member stated that people are worried about being stranded at vaccine sites by transportation providers like [PT 1](#) (MassHealth) and [The Ride](#) (MBTA). IC member asked if MassHealth can ensure transportation providers that are transporting people to get vaccines can drive a person to the vaccine site, stay on site and wait for the person to get their vaccine, and then return the person home.
  - MassHealth stated that MassHealth has been direct with both the plans and PT-1 that transportation must be covered to and from vaccine locations but stated they would raise this with the existing transportation vendors.
- IC member stated concern about whether parents with children will be able to use medical transportation to vaccine appointments if they have their children with them in the car.
- IC member asked for a list of the twenty targeted communities for vaccine distribution.
  - MassHealth listed Boston, Brockton, Chelsea, Everett, Fall River, Fitchburg, Framingham, Haverhill, Holyoke, Lawrence, Leominster, Lowell, Lynn, Malden, Methuen, New Bedford, Randolph, Revere, Springfield, and Worcester.
- IC member stated that the towns surrounding the targeted communities are also impacted by the COVID and the vaccine status of these communities is also important because homecare workers and Personal Care Assistants (PCAs) who live in the targeted cities often work in the surrounding areas.
  - MassHealth stated that vaccine supply constraints are limiting for everyone.
  - MassHealth Chief of LTSS stated that all home healthcare workers and PCAs became eligible for vaccination in Phase 1 and MassHealth has been working with local PCA entities to get the word out about vaccination.
- IC member stated that any vaccination information posted online should be in an accessible format for screen readers. IC member further stated that One Care care coordinators should step up to help make sure there are no accessibility problems in scheduling vaccination.
  - MassHealth Chief of LTSS stated that the 2-1-1 line is available to call for vaccination appointment scheduling assistance.
  - MassHealth stated that plans are responsible for helping One Care members schedule vaccine appointments, if needed.

- IC member stated that all their housemates (with no disabilities) have met eligibility criteria to be vaccinated but when they called their care coordinator about getting the vaccine, they were told they are not yet eligible despite having a disability.
  - MassHealth stated that the 2-1-1 line is an option when it comes time to schedule a vaccine appointment and stated that the lack of outreach from plans is cause for concern.
- IC member asked if there is a contract requirement regarding plan outreach to members about the COVID-19 vaccine.
  - MassHealth stated that the pandemic has been moving too quickly to make any contractual adjustments, but they are monitoring the plans' vaccine outreach.
  - MassHealth stated that outreach about COVID-19 and the vaccine is required even if it is not in the contract.
- IC member asked if there is an incentive or target in place for plans to reach out to high need, high risk people who live outside the 20 targeted communities for vaccination.
  - MassHealth stated that they have a 75% vaccination rate goal for all MassHealth members, and that 80% is suggested by the federal government to achieve herd immunity. MassHealth further stated that the focus on the target 20 communities reflects the disproportionate burden of infection they have faced during the pandemic.
- IC member stated that the state-run vaccine appointment, [Vaxfinder](#), is difficult to navigate because very few individuals can continually refresh a webpage for hours, which is required and often starts early in the morning. IC member further stated that the care coordinator could play a larger role in this process.
- IC member suggested it would be important for people in the community to hear from pharmacists and doctors who have worked directly with the vaccine to give information on the vaccine and answer member questions - if that is possible.
- IC member stated they attempted to use the 2-1-1 vaccine assistance hotline but failed to connect IC member stated that 2-1-1 has the same information that is on the Vaxfinder website and confirmed that the sign-up system is not very accessible.
  - MassHealth stated that they will alert the Command Center about access issues using 2-1-1 call center for people who are Deaf.
- IC member stated that written vaccine materials that are translated into different languages should also be translated into ASL.
- IC member stated that disabled people seem to have been overlooked in the equity vaccine plan, and asked why disabled people, who are a disenfranchised group as well, are not on the list of priority populations.
  - MassHealth Chief of LTSS stated that the Command Center has determined the vaccine strategy and they have taken care to plan an equitable vaccine rollout, and at this time, demand far outpaces supply. MassHealth Chief of LTSS further stated that access to the vaccine for the disability community is important.
- CCA stated that they have been providing technical assistance to the state for the entire in-home vaccine program since mid-February of this year, including for One Care and SCO programs. CCA further stated that at that time only persons over the age of 75 were eligible to

be vaccinated so SCO was initially the target population for in-home vaccination, but outreach has expanded as the state eligibility guidelines expand.

- CCA stated they have vaccinated 300 SCO and One Care members through the in-home program in two weeks and 400 more have appointments scheduled.
- CCA stated that 20% of their entire membership (One Care and SCO combined) has been vaccinated with a goal of 80% or 40,000 people.
- CCA stated that not everyone who is a member of CCA will have their vaccination coordinated by CCA as enrollees are getting vaccines through housing providers, hospital affiliations, and through pharmacies and the state vaccine sites in the communities. CCA stated they will provide assistance in obtaining vaccinations for those who need it and have identified 3,500 members that CCA will work on getting vaccines to.
- CCA stated that supply constraints and the fragility of the vaccine in transport are current concerns.
- CCA further stated that 19% of the eligible One Care population have declined in-home vaccination but CCA plans to follow up with these individuals.
- IC member asked who is doing the outreach about in-home vaccinations.
  - CCA stated that it is a scripted call made from their call center.
- IC member asked whether care coordinators are involved with vaccine outreach to One Care members.
  - CCA stated that, along with care coordinators, primary care has been doing vaccine outreach and that CCA has sent out a newsletter with vaccination information. CCA stated that the current concern with vaccines is availability of vaccines and appointments rather than outreaching members.
  - Tufts stated they are in alignment with CCA on current vaccine outreach efforts, but in addition have offered text surveys and other targeted outreach.
- Tufts stated that they are identifying barriers to vaccination and providing support to members, including assistance with vaccine appointment scheduling. Tufts further stated that vaccine outreach includes outbound messaging, tool kits for providers, and email.
  - Tufts stated that they plan to offer in-home vaccination to One Care members through the City Block program in Worcester, but at this time City Block has not received any vaccines to distribute.
  - Tufts stated that a lower percentage of their members are vaccinated than CCA, and they face similar vaccination challenges between vaccine supply and prioritizing vaccinations based on the state eligibility guidelines.
- IC member asked CMS if other states have an in-home vaccination programs that Massachusetts can refer to.
  - CMS stated they will put the Council in contact with people who have more expertise on that model.
- CMS stated that the COVID-19 vaccination incentives for targeted cities in Massachusetts should not deprioritize other areas of the state as it is meant to minimize disparities exacerbated by the pandemic.

- IC member asked if Massachusetts leads other states in vaccinating dually eligible Medicare/Medicaid residents.
  - CMS stated that they do not think the data they have on vaccinations would show where Massachusetts is in comparison with other states.

The meeting was adjourned.