

Meeting Minutes July 12, 2022 – One Care Implementation Council Meeting

Meeting Location: Zoom

Date: July 12, 2022 10:00 AM – 12:00 PM

Council Member attendees: Suzann Bedrosian, Crystal Evans (Vice Chair), Dennis Heaphy (Chair), Jeff Keilson, David Matteodo, Sara Willig, Darrell Wright.

Council Members not in attendance: Dan McHale, Kestrell Verlager, Chris White

Key Stakeholders and Presenters: Corri Altman Moore (MassHealth), Kelli Barrieau (CCA), Robin Callahan (MassHealth), Leslie Diaz (My Ombudsman), Tony Dodek (United), Elise Emerson (MassHealth), Lisa Fulchino (Tufts), Sophie Hansen (CCA), Cori Leech (United), Deanna Simonds (United), Anna Williams (CMS).

Meeting Support from UMass Chan Medical School: Hilary Deignan, Rebecca Elliott, Catie Geary, Olivia O'Brien, Maddy Vinton.

Presentations/Discussions: Agenda; June 14, 2022, Implementation Council (IC) meeting minutes; Care Model Focus Initiative (CMFI) presentation *CMFI for One Care: Implementation Council Meeting July 12, 2022*; and MassHealth presentation *One Care: Implementation Council Meeting July 12, 2022*

[Documents available online](#)

Executive Summary and Action Items:

Welcome/review June 14, 2022 meeting minutes

Crystal Evans, IC Vice Chair, opened the meeting and confirmed that the June 14, 2022 IC meeting minutes were approved as written.

Care Model Focus Initiative (CMFI) Updates

Robin Callahan, Director of Member Policy and Program Development presented *CMFI for One Care: Implementation Council Meeting July 12, 2022* providing an overview of CMFI's process and goals, key performance indicators, and next steps.

MassHealth Updates

Elise Emerson, Deputy Director MassHealth Integrated Care Plan & Performance Management, presented *One Care: Implementation Council Meeting July 12, 2022* providing an overview of a reporting overhaul initiative and the plan for developing a public dashboard.

Meeting Minutes:

Welcome/review June 14, 2022 meeting minutes

Crystal Evans, IC Vice Chair, opened the meeting and confirmed that the June 14, 2022 IC meeting minutes were approved as written.

Care Model Focus Initiative (CMFI) Updates

Robin Callahan, Director of Member Policy and Program Development presented *CMFI for One Care: Implementation Council Meeting July 12, 2022* providing an overview of CMFI's process and goals, key performance indicators, and next steps.

Questions/Comments

- IC member thanked Robin, MassHealth, Deloitte, and the plans for their commitment to CMFI and CMFI's next steps.
- IC member stated that they appreciated seeing the roadmap for the work ahead.
- IC member stated that they are willing to participate in ongoing work. IC member further stated that they hope the collaboration will lead to improvements and increased enrollment in One Care.
- IC member stated that they are looking forward to giving input on the key performance indicators.
- CMFI member thanked IC member, MassHealth, and the plans for their work and stated that using IC members in future work is critical. CMFI core team member further stated that it is critical to get more the involvement from diverse people on the IC.
- CMFI member thanked IC members and MassHealth for their work on CMFI and stated that the IC played an important role in CMFI, and their work should make One Care better for members. CMFI member further stated that the plans' participation was important and knowing that MassHealth, the IC, and the plans are working together will bring One Care back to what it was intended to be.
- My Ombudsman (MYO) thanked Robin and others in CMFI for their work and for seeing the value of MYO within CMFI. MYO further stated that MYO will continue to report on member voice and member experience.
- United stated that the CMFI process was constructive and collaborative. United stated that they value the clear roles and responsibilities for the care team and the development of standards across the plans to help set member expectations set by CMFI. United further stated that measuring outcomes was not covered by CMFI and that this could be something that the IC works on in the future.
- CCA stated that CMFI's work will help ensure that One Care remains strong and could be an opportunity for other states to look at what One Care has done. CCA further stated that CMFI gave them areas that they want to focus on, including care coordination and care coordinator roles, service requests and denials, member communications, and the role of the Long term Supports Coordinator (LTS-C). CCA further stated that they support the proposals presented by CMFI and that finding the right measures for measuring success will be important for the sustainability of One Care.

- Tufts thanked the members of CMFI for their hard work. Tufts stated that they are committed to moving forward with the proposals presented by CMFI and agree that finding measures of success is critical.
- MassHealth thanked Robin for their leadership in CMFI and stated that MassHealth appreciates everyone's openness to talking about issues and developing solutions together.
- CMFI member stated that the collaboration between MassHealth, the disability community, and clinicians is unique. CMFI core team member further stated that CMFI's work included human rights and civil rights pioneers and that the next steps must be informed by the lived experience of those with disabilities and that they look forward to continuing the work.
- CMFI member stated that they appreciate the great communication from those on CMFI and that they look forward to continuing the work.
- CMFI core team member stated that they are impressed with the concrete actions coming out of CMFI, that they are interested in understanding how the work will be implemented and monitored going forward, and that they look forward to continuing the work.
- CMFI member stated that there is a workplan in place to make sure that next steps will be implemented, and that the IC will need to keep them true to their workplans. CMFI core team member further stated that MassHealth is making investments, including in project management, and will establish processes to keep the projects on track.
- IC member stated that behavioral health, diversionary services, and the integration of behavioral health and long term services and supports were areas that were not covered by CMFI.
 - CMFI member stated that there are many things in One Care that need attention, but that CMFI tried to stay focused on foundational parts of the care model.
- IC member stated that One Care is a model for other states and that the good things in the CMS rule change that will make One Care a D-SNP came from One Care.
- IC member stated that they were part of the 2011 request for responses process that led to this current work, and it is gratifying to see CMFI happening. IC member further stated that EOHHS agencies should prioritize adding ASL vlogs (video logs) to their websites and make them a standard practice so that Deaf and hard of hearing individuals can have access to information. IC member further stated that LTSS providers should be trained on how to work with Deaf and hard of hearing individuals and should learn their preferred ways of communication.
 - IC member stated that the point about prioritizing ASL and vlogs has been listened to and is central to what the plans and MassHealth are doing.
- IC member stated that CMFI focused on important topics, the workplans are on the right track, and that they hope that this work is not forgotten about.
- IC member thanked CMFI members for their work. IC member further stated that they are looking forward to hearing about behavioral health issues to make sure One Care is meeting members' needs.

MassHealth Updates

Elise Emerson, Deputy Director of MassHealth Continuity of Care Team, presented *One Care Implementation Council July, 12, 2022*, providing an overview of a reporting overhaul initiative and the plan for developing a public dashboard.

Questions/Comments

- IC member stated that the reporting proposal is comprehensive.
- IC member stated that there should be two levels of data sharing, one for advocates and researchers and a second level of data sharing for the public, with a focus on helping One Care members and potential members make decisions on which plan they want to be a part of. IC member further stated that they were interested in how outcomes are connected to quality measures.
 - MassHealth stated that they will focus on data that the Integrated Care team has ownership of and will bring in standardized quality measures from the Healthcare Effectiveness Data and Information Set (HEDIS) or the Consumer Assessment of Healthcare Providers and Systems (CAHPS) for side-by-side comparisons to see if inferences about cause and effect can be made. MassHealth further stated that they are starting to collect health equity data as well as member-level information as part of what they receive for quality measures.
- IC member stated that recidivism, especially for behavioral health, is important to report on because it will indicate how a hospitalization and the follow up went. IC member further stated that it is important to report on how long a patient must wait for outpatient behavioral health services because waiting to see a follow-up clinician often leads to recidivism.
- IC member stated that it would be good to include whether a recovery coach or a certified peer specialist is engaged on a care team on the dashboard.
- MYO stated that they would be interested to see how often members are looking outside of the One Care network to find behavioral health services, particularly those in the LGBTQ+ community and those on the autism spectrum. MYO further stated that this could be collected through looking at rates approvals or single-case agreements.
- IC member stated executive functioning should be used as an indicator for tracking mental health. IC member further stated that with autism comes almost automatic behavioral health comorbidities and that more should be done for members on the autism spectrum to ensure they have access to Department of Mental Health (DMH) services, or similar supports, that are not available through the Department of Developmental Services.
 - IC member stated that ensuring members get DMH-level services regardless of whether they are eligible for DMH is another important item that has been discussed and that ensuring there is a behavioral health follow up after an emergency room visit is also important.
- IC member stated they are interested in how the rebalancing of spending by the plans will be measured when looking at financial performance. IC member further stated that changes in person care attendant (PCA) hours and vendor network capacity could also be measured.
- IC member stated that the medical model is very focused on those with physical disabilities and some workers that go into One Care members' homes may not

understand how to work with a client that needs both executive functioning and behavioral health support. IC member further stated vendors must have the appropriate training to meet the needs of those that have executive functioning needs and behavioral health needs.

- IC member stated that the number of members who are receiving PCAs for cueing and monitoring could be another item to report on.
- IC member stated they would like to see cueing and monitoring as a more standard support for One Care members, particularly adult autistics. IC member further stated that ensuring that PCAs are paid as soon as possible would help keep members' support systems steady and stable.
- IC member stated that it would be helpful to report on access to assistive technology to see if requests are being met and to include a measure for telephonic or virtual care.

The meeting was adjourned.