Meeting Minutes July 13, 2021 – One Care Implementation Council Meeting

Meeting Location: Zoom
Date: July 13, 2021, 10:00 AM – 12:00 PM

Council Member attendees: Suzann Bedrosian, 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.

Key Stakeholders and Presenters: Corri Altman Moore (MassHealth), Lowell Ayre (Aging and Disability Policy Consulting, LLC), Jennifer Baron (CMS), Maggie Carey (UMass), Kathy Chin (UMass), Greg Denton (Chief of Staff, MA State Senate), Lisa Fulchino (Tufts), Sophie Hansen (CCA), Haner Hernandez (DPH), Whitney Moyer (MassHealth), Alysa St. Charles (UMass), Anna Williams (CMS).

Presentations/Discussions: Agenda; June 8th IC meeting minutes; MassHealth Presentation titled *One Care Implementation Council Meeting, July 13, 2021*, UMMS Presentation titled *Findings from One Care Member Experience Surveys 2017-2019,* Implementation Council Presentation titled *One Care Implementation Council Motions – July 2021.*

[Documents available online](#)

Executive Summary and Action Items:

Welcome/Review June 8th Meeting Minutes

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

MassHealth Updates

Corri Altman Moore, Director of Integrated Care at MassHealth, presented *One Care Implementation Council Meeting*, *July 13, 2021*, reviewing One Care Procurement Implementation – Contracting Updates, Duals Demonstration 2.0 Steps, Three-way Contract Extension Amendment Summary and Financial Terms.

IC Executive Leadership Voting

Crystal Evans, Implementation Council Co-Vice Chair, presented *Election of One Care Implementation Council Leadership, July 13, 2021*, reviewing Elections, Leadership Roles, and Election Process. The Implementation Council leadership will serve through 2022.

The below persons were approved unanimously by the Implementation Council:
- Dennis Heaphy, for Implementation Council Chair
- Crystal Evans, for Implementation Council Co-Vice Chair
- Paul Styczko, for Implementation Council Co-Vice Chair

National Quality Measures Reporting from NCI-AD

Dennis Heaphy, Implementation Council Chair, presented *National Core Indicators – Aging and Disability (NCI-AD), July 13, 2021,* reviewing Who/What is NCI-AD and Why a New Data Source.

Lowell Ayre, MSSA, President, Aging and Disability Policy Consulting, LLC, presented *Quality Measurements in Long Term Services and Supports (LTSS)*, reviewing the Importance of LTSS in Dual Eligible Population, MASS One Care LTSS Experience of Care, Other CMS Measurement Reporting Requirements for LTSS in One Care, Ideal Quality Measurements for LTSS, Potential for Use of National Core Indicators (NCI) and NCI for Aging and Disability (NCI-AD), NCI-AD Domain: Care Coordination Specific Indicators, Timeline and Costs for NCI-AD, and Racial Disparity in LTSS and Quality Measurements.

Certified Peer Specialists and Recovery Coaches

Haner Hernandez, PhD, CPS, CADCII, and LADCI, consultant with the New England Addiction Technology Center at Brown University, presented *Peer Workforce Strengths and Challenges: Peer Support Specialists and Recovery Coaches*, reviewing Historical Context, Growth of the Peer Workforce, Present Day Context, Peer Workforce Needs, Opportunities for Actions, and Connecticut Community for Addition Recovery (CCAR) Example.

Implementation Council Workplan and Motions

Dennis Heaphy, Implementation Council Chair, presented *One Care Implementation Council Motions – July 2021,* reviewing five motions that were put forward for approval. The motions were seconded and passed with ten ayes and two abstentions.

- Motion #1: Increased One Care Member Knowledge of My Ombudsman;
- Motion #2: Grievances (Complaints) and Appeals;
- Motion #3: Increasing Involvement of Plan Members in the Implementation Council;
- Motion #4: CAC Engagement with the Implementation Council, and;
- Motion #5: Hospital Access.

Meeting Minutes:

Welcome/Review June 8th Meeting Minutes

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MassHealth Update

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Questions/Comments

- IC member asked when the MOU will be publicly available.
  - MassHealth stated that the MOU will be provided after it is signed.
- IC member asked whether the three-way contract amendments will supersede Electronic Visit Verification (EVV) implementation for contractors within One Care plans.
  - MassHealth stated that the amendments to the three-way contract include updates to reporting and contract language but does not affect CMS policies such as EVV.

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Questions/Comments
- IC member asked whether there is a data dashboard where someone could find the results of the NCI-AD quality measures.
    - o Ayre stated that an NCI-AD requirement is that data be made public on the their website. Ayre further stated that states may review the data before it is published but they cannot influence the data. Access the public reports here.
    - o Ayre stated that NCI-AD are quality outcome measurements that help identify social determinants of health for program populations. Ayre further stated that NCI-AD tracks Home and Community Based Services (HCBS) regulations created by Centers for Medicare and Medicaid Services (CMS).
    - o Ayre stated that the current quality measures for One Care are more process-oriented and do not adequately measure an individual's health outcomes, quality of life, or satisfaction.
    - o Ayre stated that the NCI-AD surveys members of any state-funded program that targets seniors and people with disabilities (such as PACE and One Care), and that these surveys include questions on integrated services, physical health, behavioral health, and long-term services and supports (LTSS). Ayre further stated that NCI-AD offers add-on survey tools for measuring racial equity.
    - o IC member stated it is important that questions about racial equity measure race and ethnicity in a culturally appropriate and respectful way.
- IC member stated they would like the IC to make a motion recommending MassHealth use NCI-AD surveys.
- IC member stated the NCI-AD would benefit the One Care program and its members.
- IC member asked Ayre if there were specific quality indicators he would recommend from the NCI-AD.
    - o Ayre stated that the NCI-AD is intended to have all questions and core domains (including community participation, choice and decision making, satisfaction, and care coordination) surveyed together. Ayre further stated that the current One Care measurements do not investigate those core areas.
- IC member asked if the states that use NCI-AD have seen improvement in the quality of their programs.
    - o Ayre stated that yes, states that implement NCI-AD see improvements in their services; these states include New Jersey, Texas, Georgia, and Tennessee.
    - o Ayre stated that states such as Georgia, Texas, and Tennessee have used NCI-AD to evaluate their managed care organizations (MCOs) and determine the quality of the care provided by specific MCOs, which is tracked over time.
- IC member stated that NCI-AD quality-of-life and care coordination measurements would offer a better understanding of the One Care program and that these measurements are not available through survey instruments like Consumer Assessment of Healthcare Providers and Systems (CAHPS) and Healthcare Effectiveness Data and Information Set (HEDIS), both of which were presented to the IC by MassHealth in April 2021.
- IC member asked if the NCI-AD would be an administrative burden for One Care plans.

- o Ayre stated that no burden would fall on the plans because typically either state staff or an external quality review organization would implement NCI-AD surveys.
- MassHealth asked what state agency in Massachusetts is currently using NCI-AD.
  - o Ayre stated that the Massachusetts Department of Developmental Services (DDS) uses the NCI, which is a survey tool specific to intellectual and developmental disability, rather than the NCI-AD, which includes aging and disability. Ayre stated that the Council should consider discussing the NCI with DDS and ask them to include One Care members in their survey .
  - o IC Chair stated that the Council reached out to DDS but have not yet received a response.
  - o Ayre stated that the NCI-AD is not currently being used by the Executive Office of Elder Affairs.
- MassHealth agreed that it would be beneficial to survey the MassHealth intellectual disability/developmental disability (ID/DD) using the NCI survey.
- MassHealth asked whether the recommendation would be to use the NCI survey for the broader MassHealth populations, beyond those with intellectual or developmental disabilities, or if there is another tool that should be used for the broader disability community.
  - o Ayre clarified that NCI survey is designed for the ID/DD population and the NCI-AD is designed to survey the broader aging and disability populations, regardless of MassHealth membership.
- MassHealth stated they use a number of survey tools (CAHPS, HEDIS, Member Experience, Disenrollment, and Quality of Life surveys, etc.), and asked if NCI-AD would be an additional survey or in place of a current tool. MassHealth also asked if survey fatigue in the One Care membership could affect results and/or survey participation.
  - o Ayre stated that every survey tool offers a different perspective, but most HCBS tools emphasize process. Ayre stated that the NCI and NCI-AD focuses on outcomes for individuals and suggested that NCI and NCI-AD would be more appropriate survey tools for the One Care program.

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Questions/Comments

- IC member asked how the Council can ensure peer support work keeps its integrity when peers are employed by the plans.
  - o Dr. Hernandez stated that there is a need for better understanding of the role of the peer at the organization level; peers frequently experience conflict between their role as a peer when organizational policies are unclear.

- o Dr. Hernandez stated that the Council can help hold organizations accountable to clearer job descriptions and workplace policies for peers.
- IC member asked whether it is best to have peer supports employed by community organizations rather than using peer supports employed by the private insurance companies.
  - o Dr. Hernandez stated that community-based organizations are successful in hiring and training peer supports, including the Connecticut Community for Addiction Recovery (CCAR) program reviewed during the presentation.
  - o Dr. Hernandez stated that one issue for peer supports in recovery work is that their job descriptions, titles, and duties often differ from organization to organization at both the community and provider levels.
- IC member stated that they have known Dr. Hernandez since 2012 and have also seen his expertise and leadership firsthand and has benefitted from it.
  - o Dr. Hernandez stated that this Council member is one example of the success of peer support for those in recovery.
- IC member asked what the Council can recommend to MassHealth for integration of peer supports in One Care.
  - o IC member replied that increasing availability of peer supports to One Care members should be a top priority as this would benefit members with substance use disorder (SUD), mental health disorders, and dual diagnoses.
- IC member stated that diversity in peer supports should also be a priority and that peers should look like the populations they are serving.
- IC member suggested that the Council could recommend plans offer a peer support to members discharged from the hospital following psychiatric or substance use care.
- IC member suggested that a worker collective model may be a more appropriate work model for peer supports than traditional employment.
- IC member stated that this presentation provided good context for the work the Council is setting out to do in supporting recovery and peer specialists.
- IC member asked if peers are in provider settings (such as hospitals) in Connecticut or elsewhere.
  - o Dr. Hernandez stated yes, peers are embedded across many health care systems, including Connecticut hospitals.
- IC member stated that this presentation highlights the low wages and other problems faced by direct support professionals.
- IC Chair stated that they will follow up with Dr. Hernandez regarding action steps to strengthen the presence of peer specialists and recovery coaches in the One Care program.
  - o Dr. Hernandez stated that current issues facing the peer specialist and recovery coach professions is more than implementing training for peer specialists and recovery coaches and should focus on policy level advocacy to make peer support programs sustainable.
  - o IC member stated that the Council is working to ensure there is alignment between the language provided by the plans in member handbooks about peer supports and the actual implementation of peer support.

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Questions/Comments

- IC member asked what would happen in Motion #5, Hospital Access, if the hospital does not have a contract with the One Care payer.
    - IC Chair replied that as a Council, the goal of this motion is to encourage MassHealth to ensure all hospitals engage in One Care.
    - IC member stated that not every hospital is the same, especially for members with complex care needs and so access to all hospitals may not be in the best interest of One Care members. IC member further stated that a member with a health need unrelated to their complex needs may have to travel farther to an acute care hospital even though the local hospital would suffice.
    - IC member replied that this motion is not intended to limit consumer choice. IC member further stated that the focus on hospitals extends to supporting consumer choice for primary and specialist care.
- IC member stated they are in agreement but asked to abstain due to a difference of opinion regarding the language used in Motion #5.
- A second IC member asked to abstain for the same reason.

The meeting was adjourned.