

## Meeting Minutes September 13, 2022 – One Care Implementation Council Meeting

**Meeting Location:** Zoom

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

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

**Council Members not in attendance:** Dan McHale

**Key Stakeholders and Presenters:** Corri Altman Moore (MassHealth), Leslie Diaz (My Ombudsman), Tony Dodek (UHC), Lisa Fulchino (Tufts), Sophie Hansen (CCA), Anna Williams (CMS).

**Meeting Support from UMass Chan Medical School:** Hilary Deignan, Kasey Delgado, Cassidy DiRamio, Catie Geary, Olivia O'Brien.

**Presentations/Discussions:** Agenda; July 12, 2022, Implementation Council (IC) meeting minutes; MassHealth Presentation *One Care: Implementation council Meeting September 13, 2022*; IC Presentation *Increasing Diversity in the IC*.

[Documents available online](#)

## Executive Summary and Action Items:

### Welcome/review July 12, 2022, meeting minutes

Crystal Evans, IC Vice Chair, opened the meeting and confirmed that the July 12, 2022, IC meeting minutes were approved as written.

### MassHealth Updates

Corri Altman Moore, Director of Integrated Care at MassHealth, presented *One Care Implementation Council, September 13, 2022*, providing an overview of the One Care Three-way Contract Amendment which includes: strengthening local control, eligibility protections, expanded accessibility and accommodation requirements, clarifies medically necessary services, and value and outcomes in service authorizations and utilization management, expands the durable medical equipment (DME) definition and expands personal assistance services (PAS).

### One Care IC Member Outreach

Dennis Heaphy, Implementation council Chair, and Crystal Evans, Implementation council Co-Chair, presented the IC Presentation *Increasing Diversity in the IC*.

## Meeting Minutes:

### Welcome/review July 12, 2022, meeting minutes

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### MassHealth Updates

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### Questions/Comments

- IC member asked if One Care members will be able to access the transportation request system themselves and stated there are still limitations when it comes to transportation access.
  - MassHealth stated that the plans would need to answer questions about the transportation request system. MH requires access to non-medical transportation but stated that the plans have implemented this requirement in different ways
- IC member stated the issue of transportation is not just related to One Care but is a system-wide problem.
- IC member stated it is important that MassHealth look to other websites for best practices for including American Sign Language (ASL) and other languages on the One Care website. IC member stated the Lowell General Hospital website does a good job of including ASL and other languages on their website.
- IC member stated that plan authorizations for interpreters for appointments are taking too long and sometimes results in people having to reschedule appointments because they cannot secure interpreters in time. IC member added that payments to interpreters also take too long so some interpreters do not want to work for the One Care plans and members.
- IC member stated they have interacted with many members that do not know what “executive functioning” means and do not understand the purpose of cueing and monitoring. IC member suggested there should be training for members and plans on this type of Personal Care Attendant (PCA) service.
- IC member states there is work needed on improving access and communication between members and their care coordinators.
- IC member asks why the amendment filed was only for a one-year extension of the One Care contract.
  - MassHealth stated the Center for Medicare and Medicaid Services (CMS) can only offer a one-year extension to the current One Care contract. MassHealth stated they expect to continue to access extensions done in one-year increments.

- IC member asked if limiting contract extensions to one year at a time will become a problem for the plans.
- MH stated that the extensions are proposed early so that the plans have time to prepare for the year ahead and stated that they will be clear about any upcoming changes.
- IC member asked MassHealth to clarify if the current contract extension means that the One Care plans are set for another 16 months.
- MH clarified that they will have to ask CMS to grant a one-year extension again next year (2023).
- CMS stated that the one-year extensions do not indicate that One Care is ending at the end of 2023, but that moving forward they will be using one-year increment extensions. CMS added that they may continue this practice throughout the rest of the One Care demonstration.
  - IC member stated that is good news to hear that One Care will continue.
- IC member asked if One Care is experiencing staffing problems that may be impacting transportation.
- IC member stated workforce capacity is a challenge across all programs right now.
- IC member stated they are concerned about Care Coordinator turnover and with transportation reliability.
- IC member stated they feel that MH listened to the concerns the IC had.
- IC member stated that in addition to staffing shortages already mentioned, there are also home care service shortages. The member suggested MassHealth consider looking at providing services that go beyond the standard DME definition to help alleviate these issues.
- IC member asked if the expectation is that Care Coordinators will be located in Massachusetts, or if they can work remotely from other parts of the country.
  - MassHealth asked if the IC member is asking specifically about Care Coordinators or about plan staff in general.
  - IC member clarified they were asking about both Care Coordinators and staff involved in utilization management (UM).
  - MassHealth stated that the Local Control requirements that were laid out as part of the One Care amendment apply to UM staff at plans as well as care coordinators but that there may be situations where some staff members may work out of state. MassHealth stressed that they are requiring an *adequate* number of staff work in Massachusetts.
- IC member asked how accessibility accommodation requirements will be defined or measured.
- IC member stated that there has been a lot of good work done but it will only impact care if the plans implement the required updates and if members are aware of what is available to them.
  - MassHealth stated that they, the plans, and the IC have a lot of implementations work ahead and welcomed suggestions from the IC on how to make the changes most meaningful and effective.
- IC member stated One Care members will need to be made aware of policy changes.
- IC member stated there needs to be a baseline measurement or definition for “medical necessity” to avoid variation across plans.

- MassHealth acknowledged that the work of the IC members and stakeholders is reflected in the amendment.
- IC member acknowledged the plans and the work they do to continue to make One Care a unique, person-centered plan.

### One Care IC Member Outreach

Dennis Heaphy, Implementation Council (IC) Chair, and Crystal Evans, IC Co-Chair, presented the IC presentation *Increasing Diversity in the IC*.

### Questions/Comments

#### Feedback on the Draft One Care Implementation council Mission Statement:

**“The mission of the One Care Implementation council is to harness consumer expertise to establish One Care as a national model of integrated healthcare for persons with disabilities that is whole person-centered, advances health equity, and operationalizes independent living and recovery goals of the disability rights movement(s).”**

- IC member stated the mission looks consistent to the work of One Care since it started.
- IC member stated the mission statement goes together with recruitment efforts and that there needs to be more diversity on the council. IC member added the IC should focus within its network to support getting more diverse council members.
- IC member stated the mission statement is well done. IC member stated they especially like the phrase “harnessing consumer experience.” IC member stated that with input from members, problems in One Care can be fixed faster.
- IC member stated the mission statement is clear, concise, and uses plain language.
- IC member stated the IC often discusses health-related social needs in meetings, but that is not reflected in the mission statement.
- IC member stated they support the addition of more language around health-related social needs.
- IC member stated members are experts on their conditions and are equal partners in One Care in determining their needs. IC member asked if that language could be added to the mission statement.
- MassHealth stated that when the mission statement is finalized, the publication team can review it and offer suggestions on ensuring readability.
- IC member stated “operationalizes” is not plain language and that simplified language should be used instead.
- IC member stated the mission statement looks good except for the word “operationalizes.”
- MassHealth stated the mission statement does not convey to a potential member that the IC is central to serving the people of Massachusetts. MassHealth added that it is important that One Care is a national model, but the mission statement should specify that the IC is focused on Massachusetts.
- IC member stated the mission statement should incorporate language that recognizes the IC members who are not consumers.

- IC member stated there could be inclusion of a phrase that shows there is partnership with stakeholders such as providers.
- IC member stated it is important to highlight “consumer expertise” in the mission statement because that is what makes One Care forward-facing.
- IC member stated there could also be a value statement and principles that could include additional items raised that are not included in the mission statement.

### Feedback on Definition of Disability

**“Defining disability is not simple. All members of One Care are eligible for MassHealth and Medicare because they meet the medical definition of “disabled.” However, disability, like race, is a label.**

**Some people embrace their identity as a person with a disability. Other people do not self-identify as disabled because of stigma or marginalization. Race, gender, and other factors play into whether a person discloses their disability or whether they believe they have a disability.”**

- MH stated that this was a strong definition of disability.
- IC member stated this is more of a statement about labelling disability rather than a definition of disability. IC member stated the title of the slide should be changed to say “statement on disability” or a definition of disability should be added to the slide.
- IC member stated defining disability is hard since some people do not identify with having a disability.
- IC member stated it is common to only consider someone disabled if they have a physical disability, such as needing a wheelchair. IC member stated the historical definition of disability is tied to the ability to work and it outdated.
- IC member stated disability, like race, is a label.
- IC member stated the [Federal Definition of Disability](#) was updated this year.

### Additions to IC Accomplishments Slide

- IC member stated the MassHealth presentation reflects the IC’s input on disability and community involvement. IC member stated they are proud of the work the IC has done to promote change in health services.
- IC member stated one of the most important things the IC does is engage with MassHealth and that is not included in the slide of accomplishments and should be added.
- IC member stated the strengthened collaboration with MassHealth in terms of working on problem solving and solutions is an accomplishment that should be added to our list.
- IC member stated IC efforts resulted in plans setting up and MassHealth clarifying the PCA cueing and monitoring services.
- IC member stated that accomplishments need to be reformatted to be short and simple when used for recruitment. IC member stated the accomplishments listed should make a prospective member want to join the council.

“How do we contact prospective council members? Who do they contact? What is the contact information?”

- IC member stated recruitment efforts need to emphasize the amount of positive change a person can make by joining the council.
- IC member stated the IC can reach out to other agencies with consumer offices, such as Department of Mental Health (DMH), to advertise the new member procurement.
- IC member stated Mass Advocates Standing Strong is a group representative of the ID/DD population.
- IC member stated the IC needs an intense recruitment effort between to ensure the outreach is successful. IC member stated pulling together a user-friendly document with the mission statement and accomplishments that can be distributed would be useful for outreach.
- IC member stated the IC needs more cultural diversity. IC member stated there needs to be diversity on the council to understand where there are gaps in the system. IC member stated there needs to be adequate outreach to ensure there is appropriate representation of all One Care members on the council.
- IC member stated there should be conversations moving forward on how to shape the council in a way that is representative of the populations and to bring on more members.
- IC member stated health clinics have great population representation. IC member stated the council should advertise at these clinics or in their newsletters.
- IC member asked if the plans have any best practices, they could share in terms of procuring diverse Consumer Advisory Council (CAC) members.
  - Tufts stated they continue to improve their ability to recruit diverse members to the CAC and to promote member engagement through existing relationships between care coordinators and members.
- IC member stated there should be diversity of religion on the council.
- IC member suggested reaching out to [MassADAPT](#) members to join the IC.
- MassHealth suggested one outreach strategy could be to have each IC member reach out to persons that represent the populations the IC would like to have apply to become IC members.
- IC member stated it is important to promote outreach to the LGBTQIA+ community and Asian communities because they are underrepresented in healthcare.

The meeting was adjourned.