

WORKSHOP #1. CASE EXAMPLES

To support the DEI and leadership workshops, HMA prepared two case examples for the Massachusetts Statewide Rehabilitation Council (SRC) to consider in connection with its goals to infuse the SRC with DEI and to create a more effective SRC.

It is our intent to provide you with two examples to demonstrate the application of DEI and leadership. Several important concepts are discussed in these examples including member recruitment, member engagement, power sharing between the council and state, and state resource support.

To prepare these case examples, HMA conducted interviews with key sources from Massachusetts and Pennsylvania. We are very appreciative of the following individuals: Dennis Heaphy, One Care Implementation Council Chair, and Crystal Evans, Co-Chair, One Care Implementation Council; Daniel Cohen, EOHHS Deputy Director, Integrated Care Programs; and Juliet Marsala, PA SRC Board Member. (Note: One Care Implementation Council Co-Chair Paul Styczko was not able to attend the interview.) HMA also reviewed published materials.

Discussion Questions

1. Do you think these approaches would work for your council, why or why not?
2. Would you like to learn more about these two examples?

Case Example: Pennsylvania¹

About the Statewide Rehabilitation Council

The mission of the Pennsylvania Rehabilitation Council (PaRC) is to: “inform and advise the Office of Vocational Rehabilitation (OVR), the State Board of Vocational Rehabilitation, the Legislature, and the Governor on the diverse issues affecting employment of people with disabilities.”²

Our functions are to “**partner** with the State Workforce Development Board, Pennsylvania State Board of Vocational Rehabilitation and the Governor in accordance with the Rehabilitation Act, as amended by WIOA of 2014. The scope of the Council’s responsibilities include, but are not limited to: matters of general policy development, implementation, administration of the OVR State Plan as well as the efforts of any other state unit or contracted program which addresses the vocational training and employment needs of persons with disabilities.

Pennsylvania has a combined state agency and a single Rehabilitation Council that also represents and serves persons who are blind or who have visual impairments.

¹ For more information or where to seek more information, ask case example author: Juliet Marsala, HMA.

² www.parac.org

Our responsibility is to: “Review, analyze, and advise the Office of Vocational Rehabilitation (OVR) regarding the performance of its responsibilities, particularly those related to eligibility (including order of selection); the extent, and scope and effectiveness of services provided; and the functions performed by State agencies that affect the ability of individuals with disabilities in achieving employment outcomes under Vocational Rehabilitation (VR) services.”

“The Council is mandated by statute with informing and advising the Office of Vocational Rehabilitation, the State Board of Vocational Rehabilitation, the Legislature, and the Governor in PA on the diverse issues affecting employment of people with disabilities.”³

Meeting Structure and Robert’s Rules

The PaRC holds four full member meetings annually that are determined and publicly published annually via the website to ensure that all members and the public can make arrangements to attend. The Executive Committee establishes the agenda for each Full Council meeting.

The PaRC has subcommittees and establishes ad-hoc committees when the need arises. Each committee develops annual goals and receives a budget allocation with which to carry out the goals of the committee. The following are the current subcommittees:

- Legislative and Public Awareness Committee
- OVR Policy/State Plan/Customer Satisfaction Committee
- Transition and Educational Services Committee
- CareerLink/WIOA Committee
- Social Media/Outreach Committee

The subcommittees meet at times and schedules determined by each committee. Some meet monthly, bi-monthly or on a quarterly basis.

While there are named committee members, meetings are open to anyone who wishes to participate, though only committee member have voting responsibilities. OVR staff attend all committee meetings.

The PaRC has established a decision-making matrix by which to conduct PaRC business activities and Roberts Rules are followed during full member and committee meetings to record formal decision-making processes.

The PaRC is effective in carrying out its duties in large part due to its active participation and interactions with the Governor and Legislative bodies of the Commonwealth and strength in advocacy.

³ <http://parac.org/reports/2020AnnualReport.pdf>

Council Members

The PaRC currently has twenty of the twenty-one member positions filled. The Workforce Board Representative position is the member position that the PaRC has had historic difficulty filling. In the absence of a named representative, the PaRC receives quarterly reports from the Workforce Board prior to all Full Council Meetings. This position is pending the Governor's appointment.

The PaRC convenes an ad-hoc member recruitment committee when there are vacancies needing to be filled and member applications to be evaluated. The ad-hoc member recruitment committee formation allows for all members of the PaRC to participate and decentralizes the power from the Executive Committee. The PaRC member recruitment takes care to ensure there is representation from all areas of the Commonwealth – urban, rural, east, west and central as well as diversity in background. The PaRC does not intentionally track diversity in new members at the present time.

State Support and Resources for the Council

The PaRC has an independent contractor providing all the PaRC support needs separate from the OVR staff. There is a three to four member team that supports the needs of the PaRC and oversees all the logistics for meetings, agenda preparation, scheduling of speakers, scheduling of legislative visits, and preparation of reports including tracking of federal and state policy of interest to the PaRC. The PaRC has independent evaluation of the contracted support staff and the support staff are directed by the council for the work performed. Direct day to day supervision and management of the staff are overseen by the contracting agency.

In addition to the budget for support staff, the PaRC has a separate operating budget to carry out its functions such as holding meetings, coordinating with other state agencies, conducting educational activities, developing and maintaining a separate website presence, participating in local citizen advocacy committees, conducting legislative visits, and attending conferences to further the expertise and learning of the PaRC members.

Questions & Answers

Does the state provide resources to support the council?

Yes, through the allocation of funds that the PaRC controls.

Who controls the agenda?

The council sets the agenda. There is a decision-making matrix that the council follows.

Is the state neutral?

Yes.

Observations About PaRC and Diversity, Equity, Inclusion (DEI) Commitment

While the PaRC has a diverse representation and strives to ensure that all members of the representing disabilities populations are persons with lived experiences and the majority members of the PaRC are always people with disabilities. The PaRC does not have an intentional DEI commitment embedded into its structure.

Case Example: Massachusetts⁴

About the One Care Implementation Council

The One Care Implementation Council was the brainchild of the disability community. The council created the council, with the support of the Centers for Medicare and Medicaid and the Massachusetts Executive Office of Health and Human Services (EOHHS). It was not the state's brainchild; it was not a federal mandate. Its origins are important to underscore, since this was not a top-down creation, but a bottom-up creation.

Community Catalyst prepared a robust case study about the One Care Implementation Council in 2018 as a “notable example of effectively engaging consumers and their advocates in policy and program change.” All information about upcoming meetings, and download materials from previous meetings are available on-line.⁵ As Community Catalyst wrote:

“A One Care Implementation Council was established in 2013 to ensure stakeholders assume an active role in the implementation of Massachusetts’ Financial Alignment Initiative known as “One Care: MassHealth plus Medicare (One Care).” The Council represents diverse stakeholder perspectives, including MassHealth members with disabilities, their family members and guardians, representatives from community-based organizations, advocacy organizations, unions and providers. Supported by the Executive Office of Health and Human Services (EOHHS), the Council is an innovative body that was the brainchild of Massachusetts disability advocates.”⁶

What is the One Care Program?

One Care is a program for consumers between the ages of 21-64 and is designed to combine Mass Health and Medicare to provide health care that is coordinated, effective, and directed by the consumer.⁷ It is also known as the Massachusetts Financial Alignment Initiative.

⁴ For more information or where to seek more information, ask case example author: Ellen Breslin, HMA.

⁵ <https://www.mass.gov/service-details/one-care-implementation-council>

⁶ <https://www.healthinnovation.org/resources/publications/body/One-Care-Implementation-Council-Review-June-2018-1.pdf>

⁷ <https://bostoncil.org/community-living-and-participation/one-care/>

Meeting Structure and Robert's Rules

The One Care IC holds monthly meetings. An example of a recent (April 2021) agenda:

<https://www.mass.gov/doc/implementation-council-agenda-4-13-21-0/download>

They also meet frequently with UMass. That includes the three chairs, and another council member representing providers. In these meetings, the group decides upon priorities, workplan, preparation and creation of agendas. UMass sets up interviews, presentations from outside experts. For example, different experts come in to talk about quality measurement or care coordination, all relevant to implementation of the One Care program. The UMass "lead" sets up the scope of the presentation, and the "ask" to the state and helps the council stay in line with its mission.

Example of recent (April 2021) presentation bringing in experts to help the council members improve quality: <https://www.mass.gov/doc/implementation-council-task-force-presentation-4-13-21-0/download>

According to the One Care IC Chair and Co-Chair, there power sharing but that it often varies based on the subject. That said, the state staff are completely invested.

It is important to note that priorities can shift with a change in administrations. For example, key One Care council members were a part of the procurement process for the One Care program, but the recommendations were not binding. They do believe that the state will take between 75-80% of the council's recommendations.

The One Care IC does not have subcommittees. They started out with many subcommittees but eventually abandoned that structure. They now have specific work groups for topics. For instance, they have a work group to address plan communication to individuals who are deaf with a purpose and timeline.

Overtime the One Care IC has shifted away from Robert's Rules. The council now works by consensus, using a round-robin framework. The Chair might raise a question, and everyone has a chance to speak on the council. This is then opened for state input, and then CMS input. The culture is also supportive. As described by EOHHS, the One Care IC has a culture of allowing people to take a pass or ask for more time.

To carry out its role to oversee the implement the One Care program, the council's workplan includes asking experts to present to bring knowledge to the council and asking health plans to present on their plan approaches.

Council Members

At present, there are 7 consumer members and 6 non-consumer members. Consumers represent the majority. There is currently only one African American person on the council.

There are two kinds of council members: 1) members who are consumers or members who are consumer family members; and 2) members representing advocacy and industry groups. Consumers receive a stipend if they are not representing an advocacy organization.

Members are recruited through a formal request for response process, also known as a procurement process. Members are selected by a selection committee. The procurement process is managed by EOHHS. The procurement process is well publicized; the invitation is distributed to the One Care plans to share with their enrollees. The council also distributes to Independent Living Centers (ILCs) and Recovery Learning Communities (RLCs).

The council notes that they tend to recruit people who are already invested and engaged in advocacy and in the community including persons who are already vocal about how they are affected by the healthcare and the delivery system.

The state and the IC Chairs want to make some improvements in the recruitment process around reaching out to new places, instead of reaching out to old places, to expand diversity. They need to do better in diversifying the council membership by race and by geography. It is very difficult to recruit from Cape Cod and the Islands, and Western Massachusetts but need to fill that gap. Otherwise, they are reasonably representative of the One Care population, based on consideration of age, gender, disability type, gender identity sexual orientation.

State Support and Resources for the Council

The state provides formal support to the council through a contract with the University of Massachusetts (UMass). To note, the council receives significant support from UMass to support oversight for this very significant Medicare and MassHealth program.⁸

UMass has established a team to support the council, with responsibilities to help with the following:

Logistics including invitations, meetings, virtual zoom, paying for rooms for public meetings, managing the attendee list

Consumer access to meetings, including escort, uber, transportation costs

Accessibility including translating materials into an accessible format, arranging for live interpreters, recording

Translators serving as the bridge between the council's creativity and the government response; UMass will often serve as the entity that helps the council members translate the

⁸ <https://www.healthmanagement.com/knowledge-share/webinars/unpacking-the-masshealth-one-care-procurement-databook-key-considerations-for-strengthening-the-program-advancing-health-equity/>
<https://www.healthmanagement.com/wp-content/uploads/07-16-19-HMA-One-Care-Webinar.pdf>

policy goals and desires into tangible and concrete recommendations specific to the One Care program contract

Pre-meetings between UMass and the council Chairs about two weeks prior to a monthly meeting to review the agenda, discuss operations, healthcare policy trends, etc.

Quotes: Council chair reflects on resources

“One Care as a council would not succeed at all if not for the commitment of MassHealth to having a very robust and invested council. The folks we have at UMass do the lion’s share of work, part of what they do is to translate advocacy speak into bureaucracy speak And act as a conduit between us and MassHealth. And if they (MassHealth) were not committed to us, they could have shut it down. UMass is critical to our role.” (One Care IC Chair)

Questions & Answers

Does the state provide resources to support the council?

The state provides “hundreds of thousands of dollars” for the One Care IC to cover work provided by UMass, covers full-time equivalent employees, covers prep meeting with the council Chairs, meetings outside the council meetings, creation of materials, meeting minutes, follow-up meetings.

Who controls the agenda?

The council sets the agenda, MassHealth reviews the agenda.

Is the state neutral?

Yes, UMass staff play a neutral role; staff work for the council.

Observations About One Care IC and Diversity, Equity, Inclusion (DEI) Commitment

Quotes: DEI reflections

“Our priority as a council is to have a diverse council representing different races, ethnicities, gender identities, etc.” (One Care IC Chair)

“We created a pecking order for our round robins, to make sure that everyone can speak.” (One Care IC Chair)

“We give consumers the chance to speak first, rather than the chairs, let them speak equally.” (One Care IC Co-Chair)

“We shifted in between council meetings; we have smaller planning councils comprised of consumers and in those meetings, there is a lot of planning, prepping, educating folks about issues coming up. We try to support empowerment.” (One Care IC Chair)

“We have our richest conversations when we have a variety of voices.” (EOHHS)

Member recruitment

The intent is to select members to reflect the population enrolled in the One Care program for dually eligible individuals with lived experience of disability. The population is very diverse in all ways, including in disability type and in chronic conditions. During the recruitment process, interviewers ask a variety of questions, and ask about race, gender, family, geography, disability type. The council's plan is to ask the state to recruit new council members in 2022 and to make sure that we invite people of color into that process. The plan is to actively recruit persons with disabilities.

Council Workplan

As shared by the state and the council Chairs:

The Council develops an annual workplan, applying a DEI lens.

Within the One Care program, the council is also focused on health equity and ensuring that plans can be held accountable for equity based on measuring health disparities. During the year, data analysis is conducted by breaking data down by race and ethnicity. Council meetings provide more time for consumers based on disability needs.

Additional Information

To note, there is another council in Rhode Island (like the One Care IC)

HMA suggestions:

1. Invite the One Care IC Chairs to speak to the SRC; they offered to do so; b) reaching out to BCIL and other ILCs, and RLCs to recruit
2. Examine the workplans developed by the One Care IC to get ideas about calling in guest speakers and experts to learn more about the topics they oversee.
3. Review the One Care Implementation Council has maintained well-organized files and documents. These are all available on-line.

Frequently Asked Questions about the Implementation Council⁹

What is the Duals Demonstration?

The Executive Office of Health and Human Services (EOHHS) is the state agency responsible for the Massachusetts Medicaid program, which is known as MassHealth. EOHHS has developed a program to integrate the delivery and financing of Medicare and Medicaid services for adults ages 21 through 64 who are eligible for both Medicare and Medicaid (Dual Eligibles). The purpose of this three-year Duals Demonstration, which currently runs through December 2016, is to improve quality of care and reduce health disparities, improve health and functional outcomes, and contain health care costs for Dual Eligibles.

What is the Implementation Council?

The Implementation Council is a working committee convened by EOHHS to operate during the Duals Demonstration. The Implementation Council plays a key role in monitoring access to health care and compliance with the Americans with Disabilities Act (ADA), tracking quality of services, providing support and input to EOHHS, and promoting accountability and transparency.

How many members are on the Implementation Council?

Fifteen members currently serve on the Implementation Council. EOHHS seeks to select up to six individuals for a maximum of 21 Council members. At least four of the individuals selected will be MassHealth members with disabilities or family members or guardians of MassHealth members with disabilities.

Who are the Implementation Council members?

Implementation Council members represent the diverse communities affected by the Duals Demonstration. At least half of all Implementation Council members are MassHealth members with disabilities or family members or guardians of MassHealth members with disabilities. Membership also includes advocates and peers from community-based organizations, consumer advocacy organizations, service providers, trade organizations, and unions.

What does the Implementation Council do?

The roles and responsibilities may include advising EOHHS; soliciting input from stakeholders; examining quality in One Care, reviewing issues raised through the grievances and appeals process and One Care Ombudsperson reports, examining access to services (medical,

⁹ This is an old document, without a date. However, the content is very helpful for learning more about the One Care Implementation Council.

https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKEwit77fu_oPyAhXUVsOKHX6EANoQFjAFegQIDBAD&url=https%3A%2F%2Fslidetodoc.com%2Fone-care-implementation-council-meeting-executive-office-of%2F&usg=AOvVaw0a4No5CCc-laUS5KieA6nb

behavioral health, and Long-Term Services and Supports), and participating in the development of public education and outreach campaigns.

The Implementation Council selected a consumer representative to serve as its chair. The chairman develops agendas; facilitates the meeting; and ensures completion of work plan deliverables and the annual report.

EOHHS supports the Council by providing administrative support to coordinate meetings, accommodations and logistics; as well as produce meeting materials; and support the consumer chair, as requested. EOHHS staff attends all meetings to exchange information with the Implementation Council. The meetings are open to the public. The Implementation Council is also required to prepare an annual report of its activities for submission to the Assistant Secretary for MassHealth and the Secretary of EOHHS.

How often do they meet?

EOHHS anticipates that the Implementation Council will meet monthly or bimonthly through December 2016. Based on experience since the beginning of the Demonstration period, full Council meetings have been held on a monthly basis, with additional ad hoc subcommittee meetings.

What supports are available to Implementation Council members?

Supports, including accommodations and optional relevant trainings, will be available for Implementation Council members who need them.

Will members of the Implementation Council be paid?

Stipends and travel reimbursements will be available for MassHealth members with disabilities and family members or guardians of MassHealth members with disabilities who are not paid by a community-based or consumer advocacy organization, provider/trade association, union or another organization/affiliate to represent them. Receipt of a stipend is optional and the amount may be reduced upon request of the Implementation Council member.

Stipends will be \$50 per meeting and \$25 for pre-meeting preparation work. Travel will be reimbursed at \$0.575 per mile (updated annually), plus reimbursement for the cost of tolls and parking or the cost of transportation. If requested, options for pre-paid transportation will be explored.

What commitment is required from Implementation Council members?

Members will serve through December 2016. Members are expected to be available to devote the time needed to perform the roles and responsibilities of the Implementation Council, review all meeting materials in advance of meetings, attend and participate in all meetings, participate in the development of work plan deliverables, and provide advice and guidance to EOHHS. Members should possess strong analytic skills, critical reading skills, good interpersonal and communication skills, be a resident of Massachusetts, and not be employed by an

Integrated Care Organization. The Secretary of EOHHS may remove members who are not meeting these obligations or not qualified and appoint new members, as needed.

How can I apply?

Interested individuals are required to complete a nomination form and provide a letter of reference. Self-nominations are permitted. Nominations to the Implementation Council must be submitted electronically (preferred) or received by EOHHS by postal mail no later than Friday, June 26, 2015, at 5:00 PM. Any responses received after the deadline will not be accepted. The form is available online at www.mass.gov/masshealth/duals under Related Information or on COMMBUYS (www.commbuys.com) by searching the Bid Description field for keyword Implementation. Email Melissa.Morrison@state.ma.us or call Melissa Morrison at (617) 573-1611 if you need the form mailed to you or would like to request a reasonable accommodation, such as the information in an alternative format.

Please note that applicants selected to participate on the Implementation Council will be required to sign contracts that include the following forms as required by the Commonwealth: Standard Contract Form, Commonwealth Terms & Conditions Form; and W-9 Form (Request for Verification of Taxation Reporting Information). *Applicants are not required to submit these forms with their nomination form.*

What is the selection process?

EOHHS will convene a team of state agency staff familiar with the Duals Demonstration to evaluate all completed applications. The evaluation team will recommend members to the Assistant Secretary for MassHealth and Secretary of EOHHS based on the selection criteria listed below. The Secretary of EOHHS or her designee will make the final decisions on the appointment of Implementation Council members. EOHHS reserves the right to contact the applicant or reference during the evaluation process to request written or oral clarification of his or her submission or otherwise discuss the response.

What are the selection criteria?

Submitted applications will be evaluated on:

- the strength, clarity, appropriateness and comprehensiveness of the applicant's response;
- understanding of the goals, roles and responsibilities of the Implementation Council;
- the applicant's qualifications, including stated interest, knowledge, skills and experience;
- the applicant's geographic location;
- the applicant's status as an individual or organizational representative; and

- the applicant's letter of reference.

At least half of all Implementation Council members must be MassHealth members with disabilities or family members or guardians of MassHealth members with disabilities. It is the goal of the evaluation team to select a panel of members that with the current members, includes, at a minimum, the following individuals or affiliations:

- At least one representative from each Duals Demonstration population:
 - o Adults with physical disabilities
 - o Adults with intellectual/developmental disabilities
 - o Adults with serious mental illness
 - o Adults with substance use disorders
 - o Adults with disabilities with multiple chronic illnesses or functional and cognitive limitations
 - o Adults with disabilities who are homeless;
- Representatives from community-based or consumer advocacy organizations serving each of the Duals Demonstration populations (approximately six representatives);
- Provider or trade association representatives for each of the following Duals Demonstration service types: medical, behavioral health, and long-term services and supports (approximately three representatives); and
- One union representative.

EOHHS is only seeking representatives to fill vacancies on the Council for up to six vacant positions. For information regarding the current Implementation Council members, please see the One Care Implementation Council Current Membership document available online at www.mass.gov/masshealth/duals under Related Information or on COMMBUYS (www.commbuys.com) by searching the Bid Description field for keyword Implementation.

Public Records Notice

Please be aware that any information contained within a submitted nomination form, including voluntary self-identification as a recipient of MassHealth or Medicare coverage, may be made public. All responses and information submitted in response to this nomination form are subject to the Massachusetts Public Records Law, M.G.L. c. 66, § 10, and M.G.L. c. 4, § 7, subsection 26.