

Integrating Medicare and Medicaid for Dual Eligibles

Open Public Meeting

Deputy Medicaid Director Robin Callahan welcomed meeting attendees and presented an update on the Request for Responses (RFR) process. A group discussion about a consumer advisory committee and an ombudsperson role was facilitated by Ms. Callahan. Executive Office of Health and Human Services (EOHHS) Assistant Secretary Christine Griffin led a discussion about an options counseling funding opportunity for states with approved Duals Demonstrations. The presentation is available at www.mass.gov/masshealth/duals. A summary of the discussion and responses to questions fielded by Robin Callahan and Christine Griffin, are provided below.

Duals Demonstration RFR Selection Process Update

- The Duals Demonstration RFR selection process is ongoing. Originally, the anticipated date of selection announcement was September 21, 2012. The selection announcement is delayed. No additional delays in the implementation timeframe are anticipated at this time.
- The RFR selection process was described in detail. Gerry Sobkowicz, EOHHS Procurement Coordinator, is the external contact person who handles all communications with RFR respondents. As the procurement coordinator, Ms. Sobkowicz ensures the process is compliant with all relevant laws. The Procurement Management Team (PMT) is a core team of voting members that will make recommendations regarding ICO selection to EOHHS leadership. The PMT is composed of individuals from the MassHealth Duals Project Team, MassHealth Office of Long Term Services and Supports, EOHHS Office of Disability Policies and Programs, MassHealth Office of Behavioral Health and MassHealth Office of Providers and Plans. Additional input on the programmatic responses was provided by subject matter experts including the consumer consultant work group, Office of Clinical Affairs, Department of Mental Health and Department of Developmental Services. Business, financial, legal, IT systems, and supply diversity program documents were reviewed by a subset of the PMT and Office of Internal Controls, Office of the MassHealth CFO, EOHHS legal unit, MassHealth Office of Providers and Plans, and MassHealth Contracts Office, respectively. The PMT used the evaluation criteria described in the RFR to evaluate the responses. The review process was extensive and thorough. After announcements are made regarding the selected plans, identified plans will be able to proceed with the readiness review process. All organizations that are selected to proceed with the readiness review process must successfully complete this process to proceed with contracting with MassHealth and CMS.
- In a response to a comment about the amount of input that cross-disability advocates and consumers are having into the process of selecting ICOs, MassHealth commended the efforts and commitment of the Consumer Consultants, who read the responses diligently, came prepared for discussion, and debated the proposals in a very short time frame. These individuals offered their

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time, expertise and concern as members of the target groups served by the Duals Demonstration. The process of involving consumers, advocates, and stakeholders will continue throughout the demonstration.

- Several questions were asked about the selection announcements. MassHealth continues to reserve the right to invite respondents to attend an oral presentation. MassHealth will explore its ability to make the RFR responses public as requested by an attendee.
- CMS is nearing completion of a readiness review tool that was customized for Massachusetts. Selected plans will submit required documentation, and desk reviews and site visits will take place. Once the readiness review tool is approved, it will be published and available for review. If stakeholders review the tool and have further thoughts regarding types of evidence that should be reviewed prior to contracting, those ideas are welcomed by MassHealth. Additional ideas regarding stakeholder entry points into the readiness review process will also be considered.
- An attendee asked how MassHealth is bringing providers of services to the homeless population into the ICO selection process. Within the RFR, respondents were asked to describe how they will provide services to certain populations including the homeless population. The PMT is assessing those responses.
- MassHealth was recognized for the model process used for the development of the demonstration and selection of ICOs, including the high level of transparency and disability community involvement. It was noted that it is vital to ensure this type of process is institutionalized to ensure it continues throughout the demonstration. In October, MassHealth will continue to work with stakeholders to develop these institutional structures beginning with the consumer advisory committee and ombudsperson role.

Questions and Concerns

- Further specifics were requested about the Independent Living and Long Term Services and Supports (IL-LTSS) Coordinator role and rate structure. MassHealth responded that a description of the role is included in the RFR. If an enrollee needs, uses or wants to use LTSS, an IL-LTSS Coordinator that is contracted by the ICO and employed by a Community-Based Organization (CBO) will assist and advocate for that enrollee. The IL-LTSS Coordinator will participate on the care team and assist in making decisions about flexible services that will support the independence, wellness and health of the enrollee that are in line with the needs and preferences of the enrollee. The state will not develop a fee schedule for this role. Instead, ICOs and providers will negotiate the rate of this new service as part of their contracting.
- An attendee commented that it can be very challenging for an individual with an intellectual or developmental disability (ID/DD) to change providers if they are doing well with current providers.

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MassHealth mentioned several processes for ensuring individuals, including enrollees with ID/DD, can continue relationships with providers. DDS is assisting with identifying providers that are currently working with the target population. MassHealth does not want to disrupt relationships or put relationships at risk. The initial enrollment period will only include people who proactively decide to join an ICO. The second enrollment period will be a passive enrollment process and MassHealth will send letters to all potential enrollees at least 60 days in advance with information about the demonstration and the ICO into which they would be enrolled. Individuals can elect to stay in the plan that MassHealth selected, change ICO plans or elect not to enroll in the demonstration. The demonstration will fund options counseling to assist individuals in selecting an ICO. In addition, each ICO is required to provide continuity of care for 90 days to allow enrollees to stay with current providers during this transition period until their comprehensive assessment and care planning process is complete.

- A comment was made regarding challenges associated with legal guardianship. The attendee noted that his legal guardian lives in Washington State. MassHealth agreed that a process is needed to ensure legal guardianship situations are taken into account.
- In response to a question, MassHealth clarified that although enrollees will need to select between ICOs in their service area, some of the providers within the ICO's network may be outside the service area. Navigation assistance will be available to support members in decision making about plan selection.

Consumer Advisory Committee

- A power point slide was presented that included types of questions that need to be answered in order to begin implementing a Consumer Advisory Committee. The questions were designed to stimulate conversation. The following comments were made about the consumer advisory committee:
 - Membership should be:
 - cross-disability;
 - culturally diverse;
 - inclusive of individuals who live in both rural and urban communities;
 - cross-age;
 - inclusive of constituencies such as individuals with addiction, individuals leaving corrections, and individuals with complex behavioral health and medical needs;

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- across sectors such as individuals who use oxygen or individuals who use mobility-related DME;
- inclusive of individuals enrolled in the demonstration; and
- inclusive of providers.
- Resources for finding members include:
 - Community Action Agencies (rural communities);
 - organizations that serve low income individuals; and
 - trade associations.
- Selection criteria suggestions include:
 - A minimum of one person per service area or county. Several counties could be combined if this approach would make the committee too large to function properly.
 - Members should be well informed and active.
 - Rules developed by MA state agencies that have advisory boards such as DMH and DDS should be reviewed.
 - Rules developed by state agency human rights committees should be reviewed. Another attendee noted concerns with processes developed for these committees.
 - The Ryan White Policy Advisory Committee process for selecting members should be reviewed. It has an elaborate process for selecting members that relies on geography, age, and race diversity. Individuals self-nominate through a nominating process.
 - A representative from each ICO's consumer advisory committee could be on the Demonstration's Consumer Advisory Committee.
 - Consumer consultants selected through the RFR process on the Consumer Advisory Committee should be included. This would ensure that all constituencies are represented.
- Functions and activities of the committee should include:

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- evaluating the performance of the demonstration and assessing what has worked over the demonstration time period;
 - aggregating problems, resolving conflicts, and developing institutional solutions;
 - evaluating the IL-LTSS Coordinator role; and
 - having the independent authority to make decisions.
- Structure/format of the meetings should include:
 - Opportunities for the public to attend the meetings and benefit from the information discussed at the meetings.
 - A structure to assist people who aren't used to being in charge of health care decisions. The majority of members should be individuals enrolled in the demonstration and they may need assistance in understanding their role. Studies assessing the use of individual budgets and Money Follows the Person show that people tend to be conservative and realistic when given the power to self-direct services. Resources should be invested to make sure this works well.
 - Compensation for participating members.

Ombudsperson

- MassHealth described the role of the ombudsperson as an individual or entity that can assist enrollees and their families to navigate the system and that has direct access to decision makers who can fix issues as they arise. The following comments were made about the ombudsperson role:
 - Should have access to all information and data across the system.
 - Should assist in the development and evaluation of competency metrics.
 - Should use legal and advocacy services for the ombudsperson role, like the model in Wisconsin.
 - Should be able to work between providers and ICOs. The role must be empowered to resolve issues.
 - Should be able to access resources like the Disability Law Center.
 - Should be able to intervene during certain situations. An attendee explained a situation in which a health plan would not approve a request to continue seeing a long term

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therapist because the therapist was an out of network provider. An ombudsperson should be able to advocate for individuals in these circumstances.

Options Counseling

- Christine Griffin described an Options Counseling grant opportunity that is available to states with approved Duals Demonstrations. The grant opportunity is limited to State Health Insurance Assistance Programs (SHIPs) and/or Aging and Disability Resource Centers. In Massachusetts, the Serving Health Information Needs of Elders (SHINE) program is the state's SHIP program.
- Comments regarding use of the SHINE program for Options Counseling include:
 - The SHINE Program is not well known in the disability community. Agencies such as ILCs, RLCs, and ASAPs provide information and referral to individuals in the Duals Demonstration target population currently. An approach utilizing these organizations should be considered further.
 - SHINE could subcontract with organizations that currently provide information and referral to individuals with disabilities if the grant dollars cannot be allocated to these organizations.
 - Training is needed on cultural competencies including mental health cultural competencies.
 - Because SHINE has a system and infrastructure in place it would be wasteful to develop a new system. Efforts should be made to increase the cultural competencies of the experts at SHINE.
 - Providers also need to understand the Duals Demonstration in order to meet the needs of enrollees.
 - ICOs also need to be educated about the care and treatment of individuals with ID/DD.
- Because of time limitations, a group of volunteers was convened to further explore this grant opportunity.