

# Better, Together and Integrated: Lessons from State and Health Plan Collaboration During COVID-19

HCBS Conference, December 2021



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Improving care for people with disabilities and chronic health needs



## Presenters

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- Kelli Barrieau, CCA Vice President of Clinical Services
- Lauren Easton, CCA Vice President of Integrative Program Development and Clinical Innovation
- Whitney Moyer, CCA Vice President of Long Term Services and Supports
  - *Previously Chief of MassHealth Long Term Services and Supports for the Executive Office of Health and Human Services (2018 – 2021)*

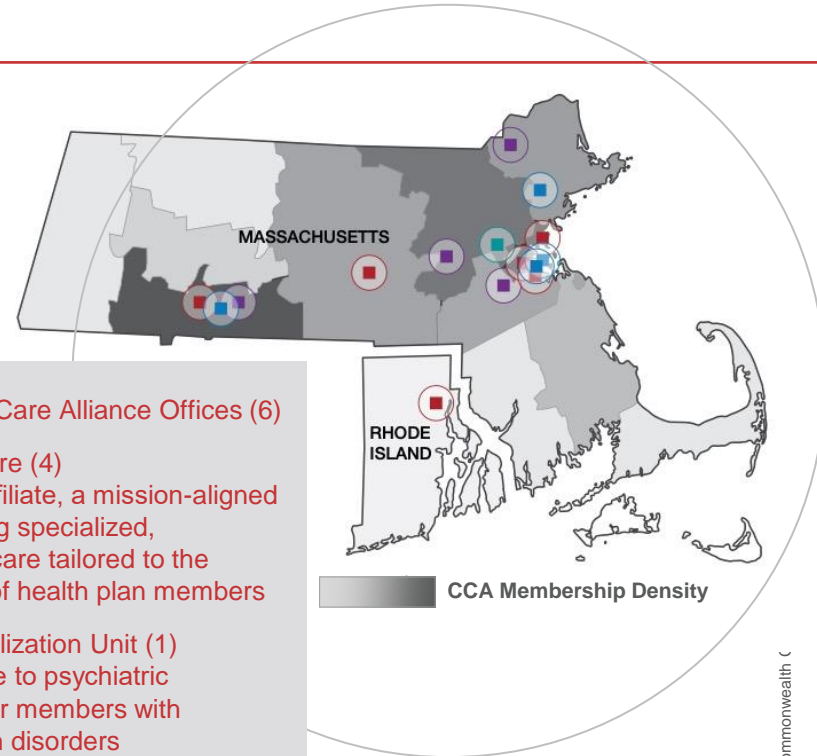
COVID-19 Responses:  
The Commonwealth of  
Massachusetts and  
Commonwealth Care Alliance

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# Commonwealth Care Alliance Today

- Based in Boston, CCA is an integrated care system that has earned national recognition for its proven expertise in complex care coordination and delivery
- Dedicated to leading the way in transforming the nation's healthcare for individuals with the most significant needs
- Mission to improve the health and well-being of people with significant needs by innovating, coordinating, and providing the highest quality, individualized care
- Nationally recognized for innovative model of care proven to improve quality and health outcomes while reducing overall cost of care
- Named a *Top Place to Work* (including for Diversity) by the Boston Globe



- Commonwealth Care Alliance Offices (6)
- CCA Primary Care (4)  
CCA's clinical affiliate, a mission-aligned practice providing specialized, comprehensive care tailored to the complex needs of health plan members
- CCA Crisis Stabilization Unit (1)  
CCA's alternative to psychiatric hospitalization for members with behavioral health disorders
- CCA Complex Transitional Care (4)  
A one-of-a-kind, collaborative consult service to ensure smooth hospital discharges for our members

CCA's care model is based on our data-driven understanding of what puts people at risk, leveraging our unmatched ability to find and engage hard-to-reach individuals.

**Community focus to ensure the most appropriate site of care**



**Seamless integration of care coordination, care delivery and care partnership**



**Innovation to address members' unmet needs**



**Trusting partnerships, appropriate utilization, better outcomes**

- Reduction in gaps in care
- Decrease in ED visits, admissions and readmissions
- Reduced polypharmacy, improved medication adherence, routine review of safety and effectiveness
- Greater provider and member satisfaction
- Affordability and responsible stewardship of funds

# CCA Member Demographics



## CCA One Care

**51** average age

- 76.1%** have a major physical and/or behavioral health disability
- 69.8%** have severe mental illness, such as schizophrenia, bipolar disorder, or severe depression (excluding substance-use disorders)
- 31.9%** have a substance-use disorder (excluding tobacco and nicotine)
- 8.9%** have a major physical disability, such as paralysis, spinal cord injury, multiple sclerosis, muscular dystrophy, cerebral palsy, or ventilator dependency
- 7.1%** have been documented as homeless during their enrollment
- 7x** cost of caring for One Care–eligible population averages \$3,217 per member per month, 7 times the average for MassHealth MCO patients






## CCA Senior Care Options

**75** average age

- 71.4%** of CCA Senior Care Options members are nursing home certifiable, yet are able to live safely and independently at home with our care and support
- 65.7%** have four or more chronic conditions
- 60.3%** have a physical and/or behavioral health disability
- 59.8%** primarily speak a language other than English
- 53.2%** have diabetes
- 9.4%** have a major physical disability, such as paralysis, spinal cord injury, multiple sclerosis, muscular dystrophy, cerebral palsy, or ventilator dependency

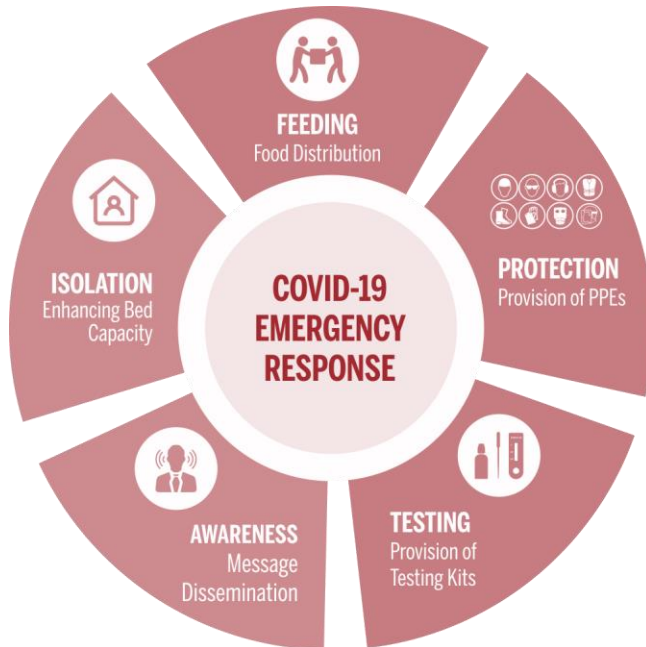


**22,550** members received CCA assistance with at least one social support in 2020

SDOH Supports	CCA Members Impacted	Total Impact
 Transportation	<b>18,897</b> total number of distinct members who were provided rides	<b>645,093</b> total number of transportation trips provided to members
 Physical Environment	<b>6,434</b> members provided with home modifications or environmental controls	<b>71,723</b> total home modifications or environmental controls provided to members (including air conditioners)
 Food	<b>3,724</b> members helped by meal-delivery program	<b>880,938</b> medically and non-medically tailored meals
 Health Outreach	<b>4,968</b> members served through non-traditional supports	<b>47,658</b> non-traditional care services (includes peer support groups, acupuncture, massage therapy, and in-home

# Emergency response efforts quickly activated across Massachusetts

- State and local officials across Massachusetts quickly activated emergency response efforts. Faced with the COVID-19 crisis, communities in Massachusetts came together in inspiring ways to **assess emerging needs**, share credible **information**, expand **capacity** and access to services and resources, supply **protective equipment** and ensure widespread **testing**.



In addition to these 5 key emergency response domains, the COVID-19 Response Command Center quickly recognized **additional priorities requiring special attention**:

- Misinformation**
- Side effects** of social distancing and **isolation**
- Attention to **specific vulnerable populations**
- Individuals' **wellbeing**



# Bridging gaps for groups facing persistent inequities

- Commonwealth quickly identified groups facing persistent inequitable conditions and disproportionately affected by COVID
- Administration **leveraged expertise of local partners and community organizations to establish new programs** aimed at bridging gaps

Special Focus Areas	Groups Disproportionately Affected by COVID-19
Communication and information	<ul style="list-style-type: none"> <li>• Those with <b>limited English proficiency</b></li> <li>• Those with limited access to and/or proficiency with <b>technology</b></li> </ul>
Social inclusion	<ul style="list-style-type: none"> <li>• Some <b>communities of color</b> that are not served well by social service organizations (i.e., the organizations lack cultural competence or are unaware of structural barriers)</li> <li>• Those who are <b>undocumented</b>, excluded from public benefits and protections, and at risk of deportation</li> <li>• Those who were <b>socially isolated</b> without close family, friends, or connections to community organizations</li> </ul>
Community and health services	<ul style="list-style-type: none"> <li>• Those with <b>physical or mental illnesses</b></li> </ul>
Work and civic engagement	<ul style="list-style-type: none"> <li>• Members of <b>working-class households</b> balancing economic stress with risk of infection</li> <li>• <b>Caretakers of grandchildren</b>, who face higher risks of infection and may also be navigating remote learning</li> </ul>
Housing	<ul style="list-style-type: none"> <li>• Those living in <b>large housing complexes</b> or <b>crowded homes</b></li> <li>• Those living on their own, particularly in <b>older homes</b> or in <b>single rooms</b></li> <li>• Those who are <b>chronically or temporarily experiencing homelessness</b></li> </ul>
Mobility	<ul style="list-style-type: none"> <li>• Those who use <b>public transportation</b> frequently to travel to work, shop, or meet other daily needs</li> <li>• Those living in communities <b>without sufficient public transportation</b> options or <b>walkable neighborhoods</b></li> </ul>

# Timeline of Key Massachusetts COVID-19 Response Efforts (1/3)

## Mar 2020

- **3/10/20:** MA declares state of emergency
- **3/17/20:** Telehealth expanded, hospitals cancel non-essential elective procedures
- **3/18/20:** First large-scale drive-thru COVID-19 testing site
- **3/22/20:** Widespread flexibilities for LTSS services including backup supports for PCA consumers
- **3/24/20:** Dedicated COVID-19 nursing facilities
- **3/26/20:** Former hospital for shelter and treatment of homeless individuals
- **3/29/20:** Launch Online Portal for Volunteers to Support COVID-19 Outbreak
- **3/30/20:** Expand health care workforce by expediting licensing for workers
- **3/31/20:** Field medical station with more than 200 beds at DCU

## Apr 2020

- **4/15/20:** Nursing facility accountability and support package: PPE, rapid response teams, staffing, testing, infection control audits, and mobile testing
- **4/17/20: Establishes isolation & recovery sites for COVID-19 positive homeless individuals**

## May 2020

- **5/17/20:** \$56 million to combat urgent food insecurity

## Jun 2020

- **6/23/20:** Launch “MassSupport” operated by Riverside Trauma Center to bring behavioral health resources, information, and referrals directly to individuals and communities
- **6/26/20:** \$275 million designated for affordable housing, implementing critical zoning reform, stabilizing neighborhoods, and supporting minority-owned businesses

# Timeline of Key Massachusetts COVID-19 Response Efforts (2/3)

Jul 2020

- **7/27/20:** Expansion of its “Stop the Spread” initiative providing free COVID-19 testing in targeted communities

Sep 2020

- **9/10/20:** New Nursing Facility Accountability and Supports package 2.0: a set of policy reforms and funding for nursing facilities to hold facilities to higher standards of care and infection control, invest up to \$140 million, and restructure Medicaid rates consistent with the recommendations of the MA Nursing Facility Taskforce

Oct 2020

- **10/12/20:** Eviction Diversion Initiative, to support tenants and landlords during the financial challenges caused by the pandemic

Dec 2020

- **12/7/20:** Statewide testing expansion including five new locations, 110,000 COVID-19 tests per week—a 50% testing increase for state-financed and organized testing
- **12/9/20:** announced allocation and distribution plans for the first round of COVID-19 vaccine beginning December 15
- **12/15/20:** First vaccines administered in nursing facilities

# Timeline of Key Massachusetts COVID-19 Response Efforts (3/3)

## Jan 2021

- **1/12/21:** Announce first location for a COVID-19 mass vaccination site at Gillette Stadium in Foxborough
- **1/18/21:** Vaccines start for congregate care settings
- **1/21/21:** All health care and home-based healthcare workers eligible for vaccine

## Feb 2021

- **2/12/21:** One million people vaccinated
- **2/16/21:** Targeted outreach initiative in 20 cities/towns most disproportionately impacted by COVID
- **2/24/21:** Launch 11 high-efficiency regional vaccination collaboratives involving local health officials and other regional partners

## Mar 2021

- **3/5/21:** Medicaid managed care entity incentive awarding \$500K to each MCE achieving highest rates of vaccination among adult members in targeted 20 equity cities
- **3/29/21:** Launch statewide in-home vaccination program for individuals who cannot leave their home, even with supports, to get to a COVID-19 vaccine

## May 2021

- **5/3/21:** 4.1 million people vaccinated
- **5/21/21:** Expand statewide in-home vaccination program to broader population beyond those who are homebound

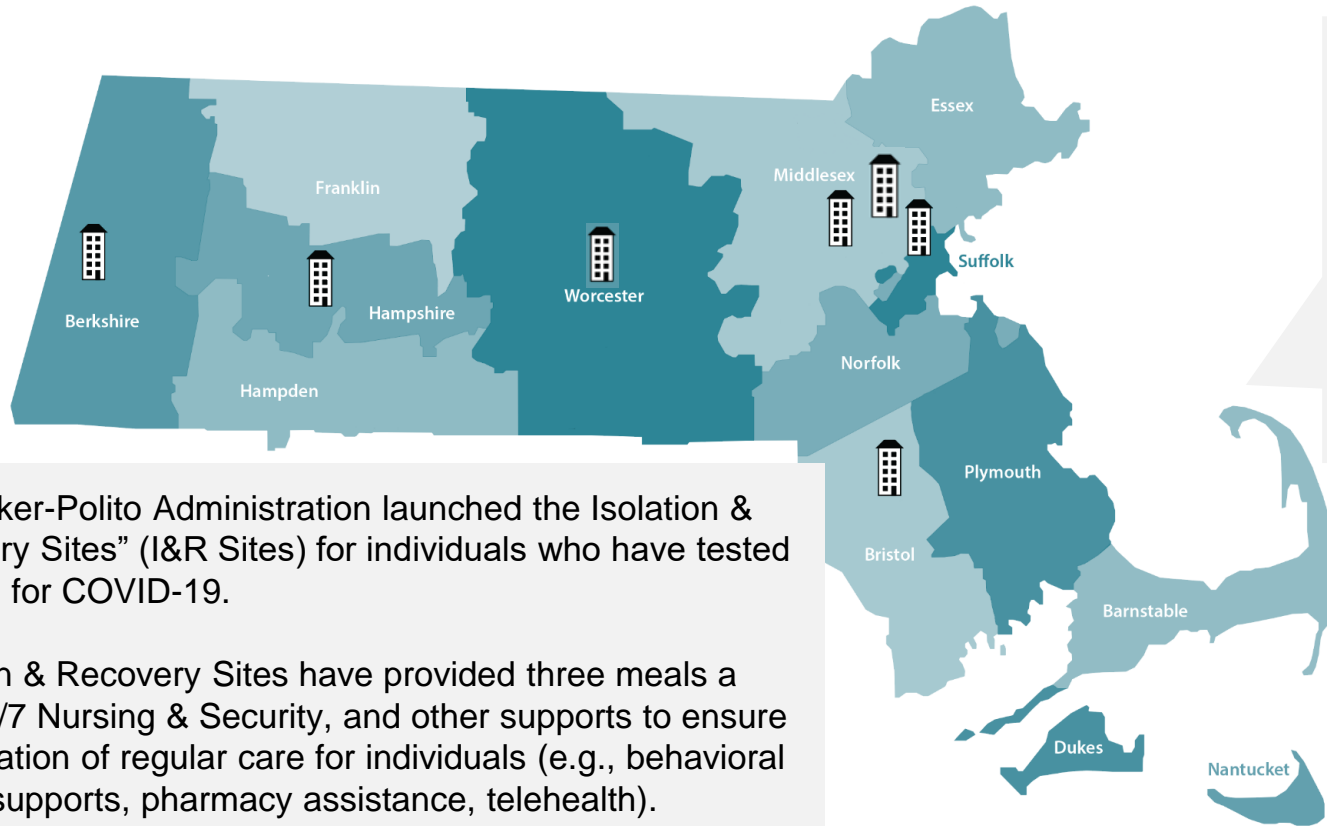
## Jun 2021

- **6/15/21:** Launch “Mass VaxMillions” vaccine lottery program

# Isolation and Recovery Sites



# Isolation & Recovery Site Locations



## Site location:

- Everett

## Previous sites:

- Lexington
- Northampton
- Pittsfield
- Taunton
- Wakefield
- Worcester

The Baker-Polito Administration launched the Isolation & Recovery Sites” (I&R Sites) for individuals who have tested positive for COVID-19.

Isolation & Recovery Sites have provided three meals a day, 24/7 Nursing & Security, and other supports to ensure continuation of regular care for individuals (e.g., behavioral health supports, pharmacy assistance, telehealth).

# Isolation & Recovery Site Clinical Eligibility

- Individuals must meet both clinical and financial eligibility in order to stay at an Isolation and Recovery Site.
- Individuals with a positive COVID-19 test result are eligible for Isolation and Recovery Sites.
- Individuals must be able to safely isolate without intensive medical supervision. These sites are NOT available for individuals who:
  - Require assistance with Activities of Daily Living from on-site staff; or
  - Require medication administration (except for methadone); or
  - Require the level of care provided at a Skilled Nursing Facility.
- The intake coordinator will determine eligibility, register an individual for the program, and have the guest placed. They will arrange for transportation to the Isolation and Recovery Site.

# Isolation & Recovery Site Financial Eligibility

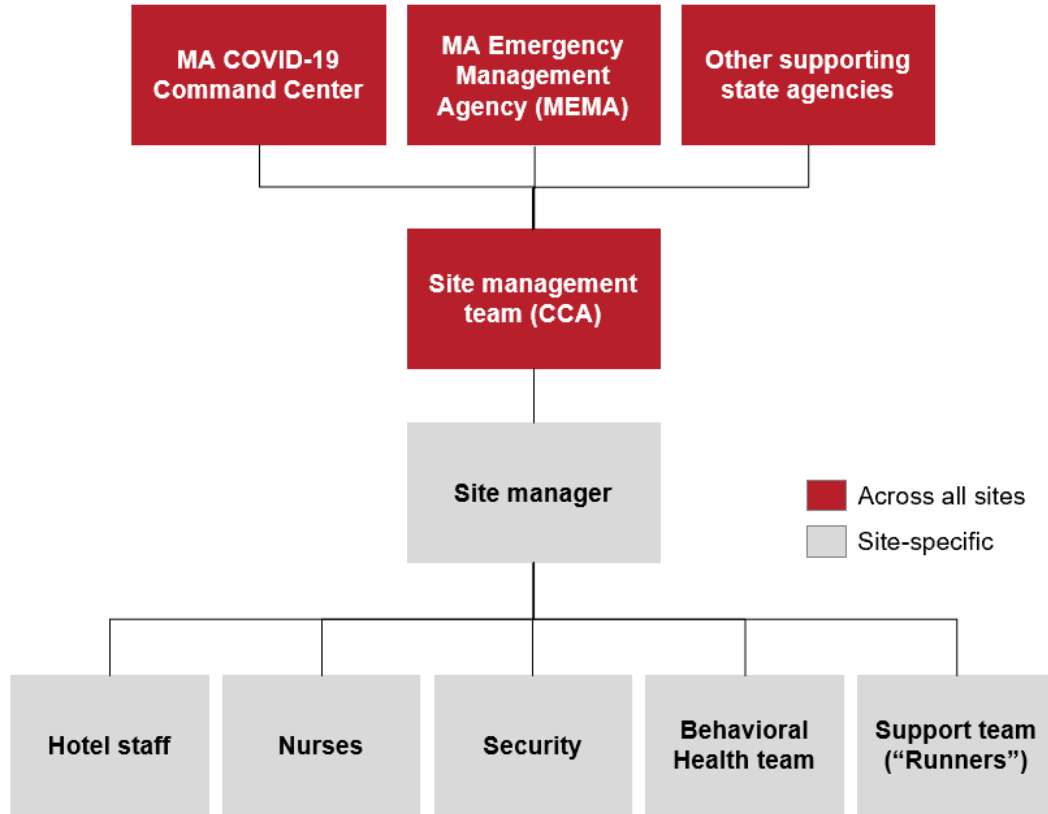
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- Individuals that are experiencing homeless or housing instability. I.e., People who normally sleep at a shelter, on the street, for whom home is unsafe due to violence, or who do not have a permanent address OR
- Individuals in households making less than 400% of the Federal Poverty Level in need of a safe place to isolate, including but not limited to overcrowded households, living with a high risk individual (older adult, immunocompromised), etc.
- An annual income of 400% of the Federal Poverty Level is:
  - \$51,040 for individuals
  - \$68,960 for a family of 2
  - \$86,880 for a family of 3
  - \$104,800 for a family of 4



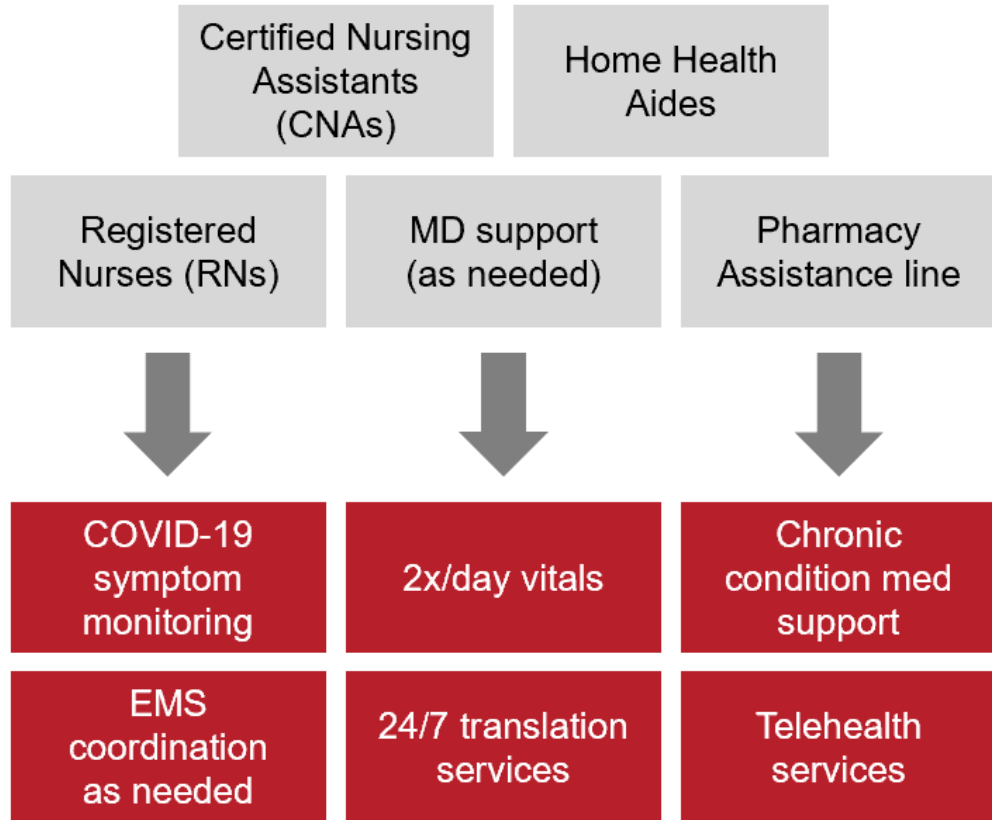
# Isolation & Recovery Site Team Structure

- The **Command Center and MEMA** work together to **oversee** the I&R Sites
- **Commonwealth Care Alliance (CCA)** manages **day-to-day site operations**, coordinating across sites and escalating questions to leadership when required
- Each location has an on-site **manager who supervises operations and triages** issues as needed
- In addition to **clinical and security staff**, each site has:
  - Hotel staff who manage room assignment and provide janitorial services
  - “Runners” who inventory supplies, go on shopping runs as needed, etc.



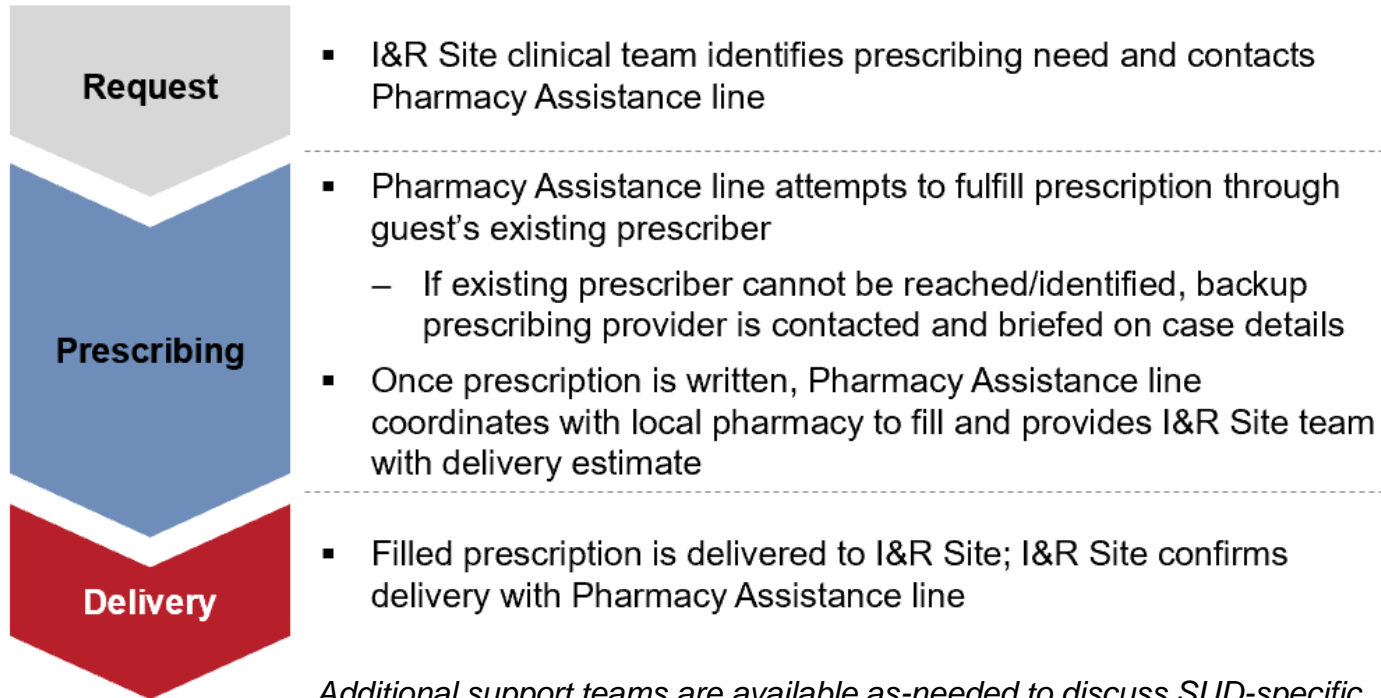
# Isolation & Recovery Site Clinical Services

**Multi-level team** provides clinical oversight to I&R Site guests, ensuring that individuals with worsening or acute symptoms can be diverted to an appropriate medical facility. When possible, **sites partner with local community health centers to support with staffing.**



# Isolation & Recovery Site Pharmacy Assistance Line

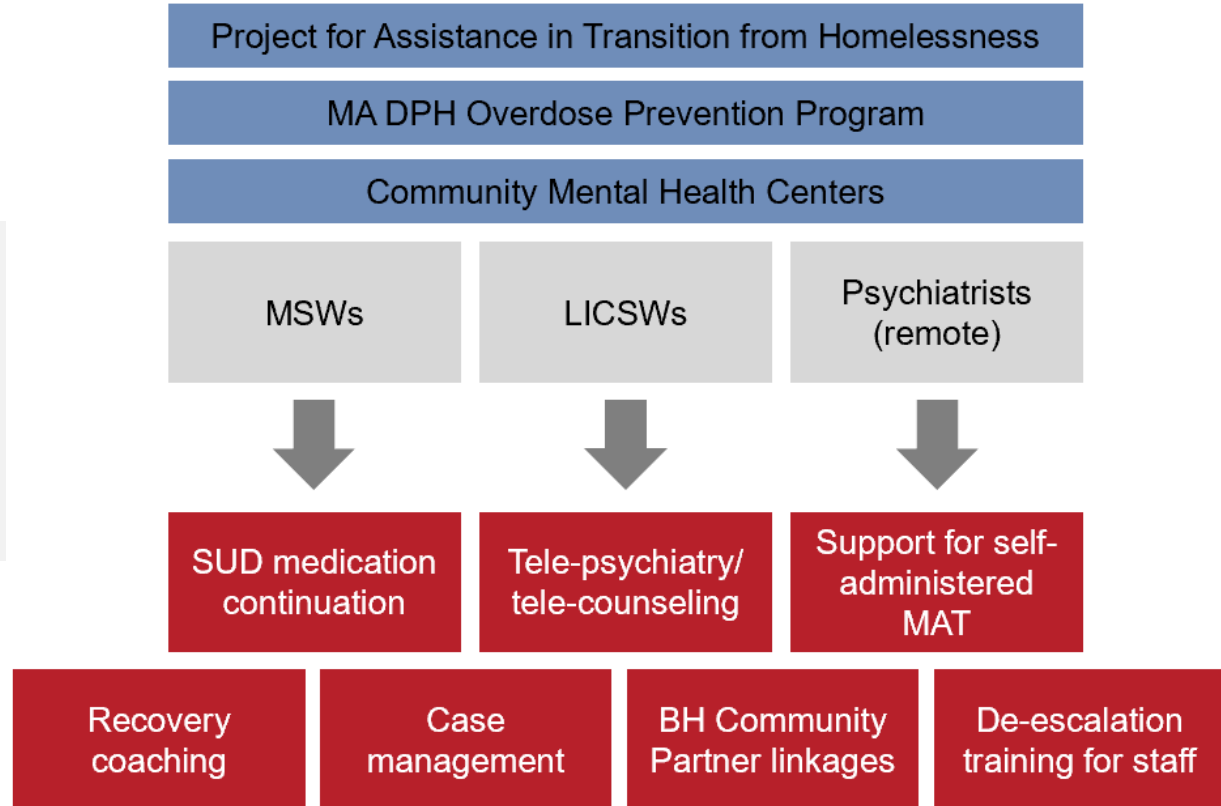
Should the clinical team determine that an I&R Site guest needs a prescription (new or refilled), they coordinate with a centralized Pharmacy Assistance line for timely delivery:



*Additional support teams are available as-needed to discuss SUD-specific medication requests*

# Isolation & Recovery Site Behavioral Health Services

I&R Sites serve as a unique opportunity to address guests' behavioral health needs, as facilitated through partnerships with several local BH providers.



# Isolation & Recovery Site Supplies

- **All I&R Sites are supplied with a “hotel kit”** that includes supplies necessary to open safely. Site managers can then request additional supplies as needed through MEMA.
- Supplies in the hotel kits include, but are not limited to:
  - **Personal protective equipment (PPE)** – N95 masks, gloves, gowns, etc.
  - **Sanitizing equipment** – hand sanitizer, disinfecting wipes, soap, bleach
  - **Vital sign monitors** – blood pressure cuffs, stethoscopes, pulse oximeters, glucometers with test strips
  - **Emergency equipment** – Narcan, AMBU bags, wheelchairs
  - **Medication** – Tylenol, ibuprofen, first aid kits, medicine cups
  - **Comfort supplies for guests** – toiletries, snacks, cough drops, socks and underwear, water bottles, etc.

# Isolation & Recovery Site Setup



# Isolation & Recovery Site Connections to Services

**Isolation & Recovery Site partner Eliot Community Human Services has assisted guests with MassHealth applications and service referrals.**

**Over 2,500 total guests served**

## **Referrals to services included:**

- Projects for Assistance in Transition from Homelessness (PATH)
- MassHealth Community Partner
- Recovery Coaching
- Teletherapy
- Telepsychiatry
- Office-Based Addiction Treatment Program

# In-Home Vaccination Program

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# In-Home Vaccination Program Overview

- **Goal:** Eliminate barriers to vaccine access by leveraging trusted community resources and bringing vaccine to people's homes
- **Approach:** [In-home vaccinations](#)—originally for homebound individuals only—available **for anyone who is unable to get to a vaccine location** by calling the program's central central phone number (1-833-983-0485)
  - MassOptions handled the intake, registered individuals for the program, and helped triage general questions
  - Commonwealth Care Alliance (CCA) handled the scheduling, accommodation needs, and administration of vaccines for the state in-home vaccination program in areas not covered by an LBOH in-home program
  - Program primarily used Johnson & Johnson single-dose vaccine but administered Moderna as needed
  - Individuals 12-17 years old offered the Pfizer vaccine
  - Intake available in all languages and resource guides available on website in 12 languages

- **Impact Metrics:**



25,000+ total calls



13,000+ appointments



361 municipalities served



10,000+ households visited



12,000+ total vaccinations administered

# In-Home Vaccination Program - CCA Partnership with Massachusetts

On March 26<sup>th</sup>, 2021, **CCA formed a partnership with the State of Massachusetts** to deliver in-home vaccines patients across the Bay State, regardless of their health plan or coverage.

**CCA's expertise was sought by the Commonwealth's Command Center** to help establish protocols, and support the administration of vaccines in the home for qualified patients.

- CCA handled all **central operations** for the Massachusetts COVID Command Center's in-home vaccination effort.
- The state's created a toll free line for in-home vaccination, screened callers, and passed them to CCA for appointment scheduling and vaccination.

## CCA In-Home Vaccination Program Results:

- 4,900 individuals fully vaccinated.
- 5,400 vaccinations administered across 12 of the 14 counties in Massachusetts.
- 320 individual cities and towns served by the program.
- 130+ clinicians performed vaccinations.

# In-Home Vaccination Eligibility

- **In-home vaccination was initially intended for individuals who would not be able to be vaccinated unless they receive the vaccine in their home (“homebound”)**
- It did not include populations temporarily homebound and/or are able to leave the home with adequate assistance.

	Definition	Examples
<p><b>Meet definition for in-home vaccination program</b></p>	<ul style="list-style-type: none"> <li>▪ <b>Individuals who are not able to leave their home to get to a vaccination site without significant assistance</b></li> <li>▪ These individuals either:               <ol style="list-style-type: none"> <li>1. Have <b>considerable difficulty and/or require significant support</b> to leave the home for medical appointments</li> <li>2. Require <b>ambulance or two person assist</b> to leave the home</li> <li>3. <b>Are not able to leave the home for medical appointments</b> under normal circumstances</li> </ol> </li> </ul>	<p><b>Unable to leave the home because:</b></p> <ul style="list-style-type: none"> <li>▪ “Bedbound”</li> <li>▪ Significant cognitive or behavioral needs (dementia, panic disorder)</li> <li>▪ Frail individual who can barely leave home and requires significant support to do so</li> <li>▪ Individual with significant, ongoing mobility issues who has trouble getting to the doctor</li> </ul>
<p><b>Do not meet definition for in-home vaccination program</b></p>	<ul style="list-style-type: none"> <li>▪ Individuals who can <b>access a vaccination site with transportation support</b>, even if they prefer in-home vaccination</li> <li>▪ Individuals who are <b>short-term/ temporarily homebound</b></li> <li>▪ Individuals who reside in a Long Term Care facility</li> </ul>	<ul style="list-style-type: none"> <li>▪ Individual who fear leaving their home due to the virus</li> <li>▪ Individual with a broken leg</li> <li>▪ Individual who has PCA / related supports but is able to leave their home with their support person</li> <li>▪ Individual who leaves home for medical appointments but is concerned about going to a vaccination site</li> </ul>

# In-Home Vaccination Role of Local Boards of Health

**Local Boards of Health (LBOH) understand the needs of their community and are a trusted resource with strong cultural and linguistic competencies**

- LBOH played a vital role in identifying and serving vulnerable populations in their communities
- LBOH were encouraged to support in-home / homebound vaccination in the following ways:
  - Provide **education** to address vaccine confidence
  - **Identify** members of the community who have **transportation and medical barriers** to getting vaccines
  - Match qualified **volunteers** with individuals who need help **navigating the vaccination site**
  - **Refer** individuals to right resource
- In addition, **LBOH could select one of two options** for supporting homebound individuals:

**Option 1:  
LBOH assumes responsibility for all homebound  
vaccinations within the municipality**



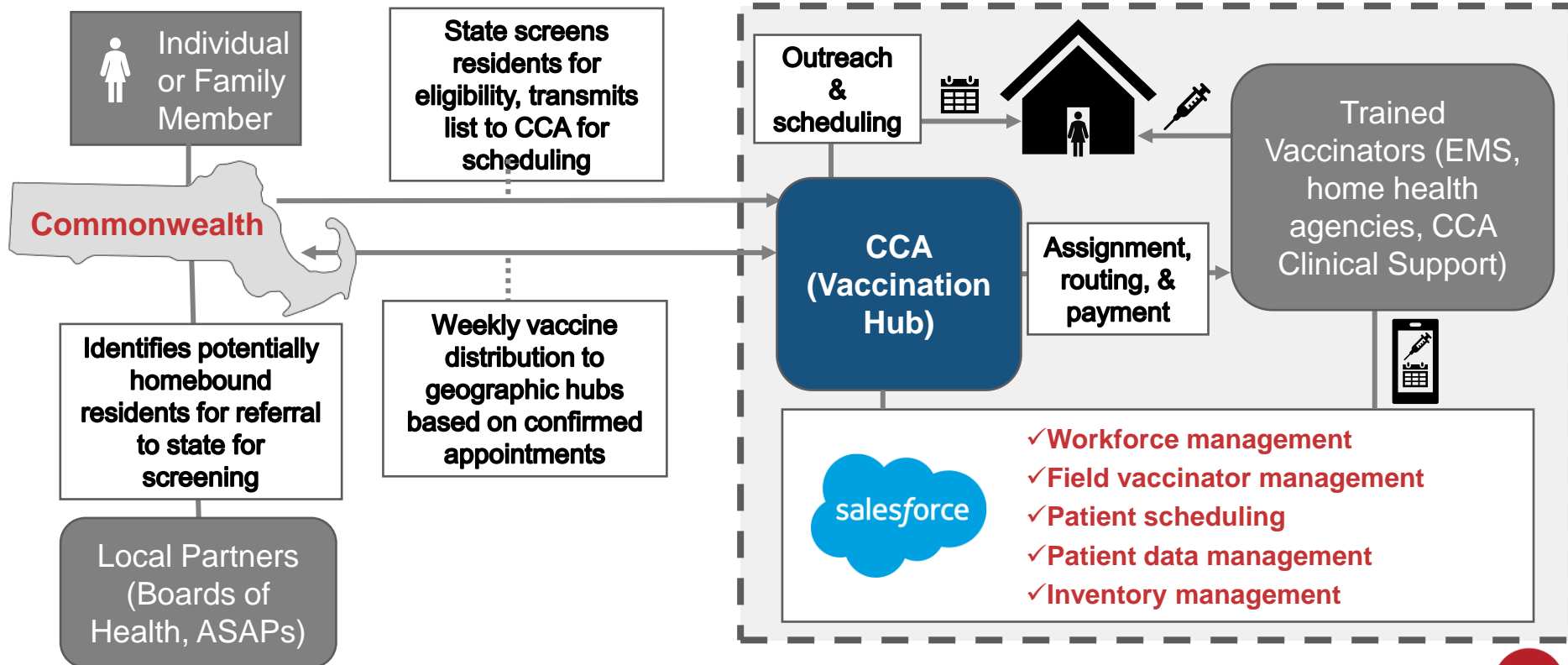
LBOH

**Option 2:  
LBOH partners with the State Homebound  
Vaccination Program to manage and administer in-  
home vaccinations**

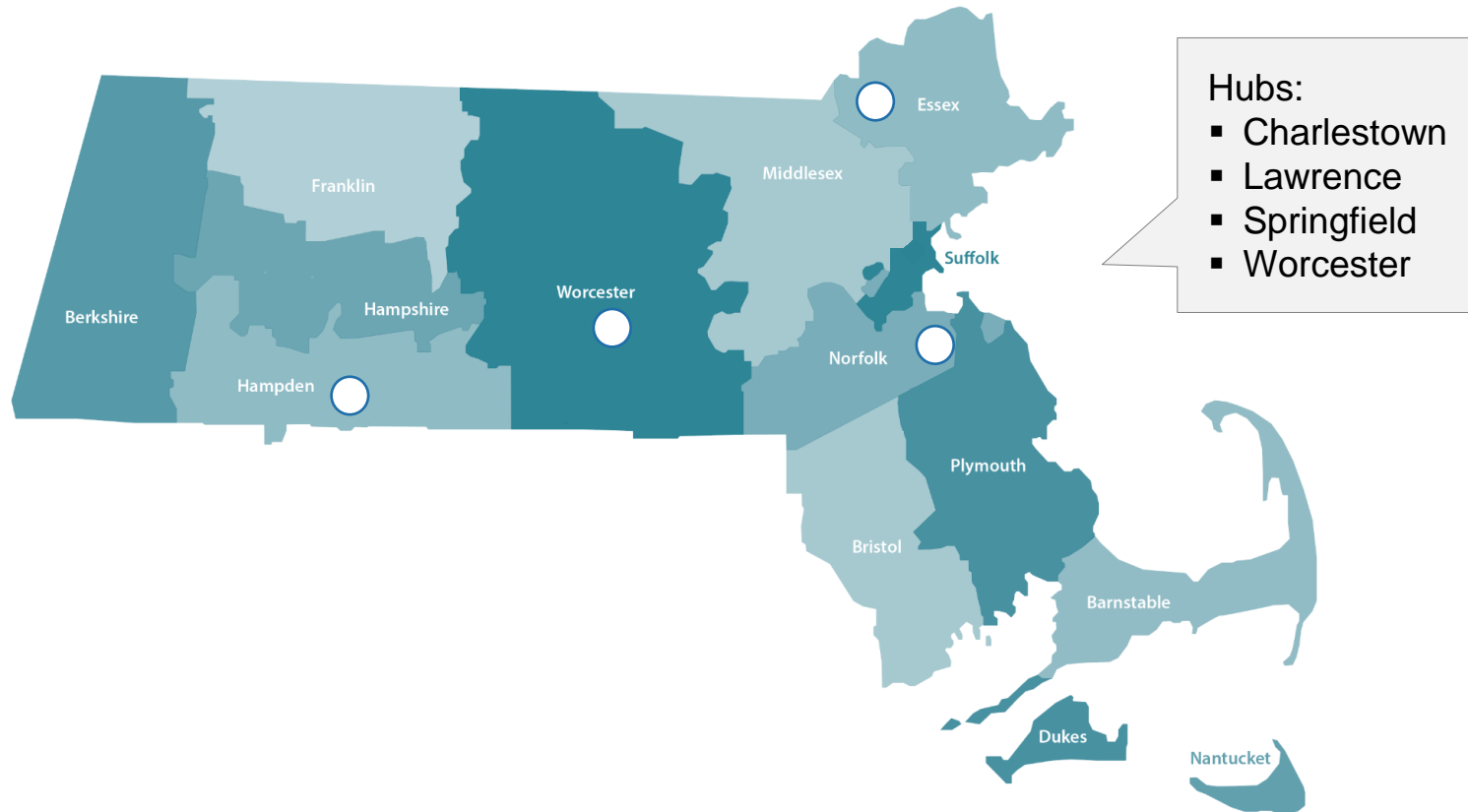


State in-home vaccination program

# In-Home Vaccination Roles, Responsibilities, and Process



# In-Home Vaccination Hubs



# In-Home Vaccination Operations

- **Network administration and contracting**

- CCA built an integrated network of community partners (home health agencies, EMS providers) who, in collaboration with CCA clinical resources, utilized our technology platform to perform vaccinations in the resident's home.

- **Technological infrastructure**

- CCA partnered with Salesforce to build system to support appointment scheduling, resource assignment, and efficient routing capabilities, including mobile application utilized in the field for real-time documentation requirements.

- **Distribution logistics and vaccine-related supplies**

- CCA managed storage, distribution, and accurate tracking of vaccine supply, as well as all required PPE for vaccine administration.

# In-Home Vaccination Targeted Outreach

- Initial targeted outreach with specialized script for member call center to guide members through vaccine scheduling, including special booking code from the state for vaccination sites. Non-emergency transportation provided as needed to get member to appointment.
- Follow up robocalls deployed as vaccine eligibility broadened, along with targeted outreach calls by culturally-matched health outreach workers and Care Partners.
- Social media, special edition of member newsletter and other communications highlighted the vaccine and showcased members who received the vaccine.
- For underserved communities, including communities of color, CCA developed a newsletter article addressing mistrust in the vaccine and posted a blog on our member facing website to increase confidence and awareness in the vaccines.
- CCA continuously re-engaged members who had previously declined to be vaccinated, assessing their hesitancy and providing tailored follow-up.





# In-Home Vaccination Lessons for National Learning

- Prioritize homebound populations, their households, and underserved communities with clear, equitable criteria.
- Foster state partnerships with providers, the aging and disability networks, and health plans to quickly and equitably vaccinate this population.
- Provide a dedicated vaccine supply to organizations that serve this population – with health plans serving in an organizing and convening role.
- Build processes and technologies to ensure efficient delivery systems in order to maximize resource effectiveness and geographic reach.



# In-Home Vaccination Patient Perspectives

- One family member was overcome with joy throughout the scheduling process: not only that her mom got the vaccine, but that it was administered in the comfort of her home. She had no idea how she was going to get her mother to an in person vaccination site without any help or specialized vehicle.
- Another participant was so excited to get her COVID-19 vaccine so she could finally be around her grandchildren without fear she would get sick after having been isolated from family and friends for nearly a year.
- Another resident was relieved we could go out to their home to provide a vaccination for her daughter who is autistic and suffers from cerebral palsy. She was concerned about the long wait at an in-person vaccination site and having to  
33 come back for a second dose.



## Patient Voice

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*“I am very lucky to have health care such as this and would like to express how grateful I am for the work you are doing. [While others don’t] seem to believe people like myself even exist, I am touched and appreciate you and your company. Not to mention [the] brave house visits by the nurses during a pandemic. . . . Generally, people like me that outwardly appear relatively normal in most moments are dismissed as leeches or worse. To be seen and looked out for makes a tremendous difference. . . . Before I [was diagnosed], I helped people for a living and it was rewarding, what is the point of life if not to help those in your community? When I gave the news to my [family] it made them cry, but not for my own vaccination, they cried because people and companies still care about those of us in [these] vulnerable populations. The work you do is good . . . don't lose perspective on that.”*

*-Patient served by In-Home Vaccination Program*

# Contact Information

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[commonwealthcarealliance.org](http://commonwealthcarealliance.org)

