

One Care

MassHealth+Medicare
Bringing your care together

One Care Implementation Council



Annual Report

July 1, 2024 – June 30, 2025

Prepared by

One Care Implementation Council Team

ForHealth Consulting at
UMass Chan Medical School

<https://onecarelearning.ehs.state.ma.us/>

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Letter from the Chair

Dear Secretary Mahaniah,

On behalf of the One Care Implementation Council, please accept this Annual Report of Council activities and observations from July 1, 2024 – June 30, 2025.

A new Implementation Council was procured in the summer of 2024; and with a newly procured diverse Implementation Council, the Council is stronger and even better positioned to carry out its duties. New Council members brought fresh energy and engagement to IC meetings and began influencing the Council's priorities with their own areas of interest. The IC Executive Committee was also in a strong position this year with the addition of consumer Bella Rose as a second IC vice-chair.

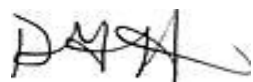
A topic of particular interest to the Council is MassHealth's quality initiatives, specifically the Clinical Performance Improvement (CPI) work, which is key to managing plan performance. The Care Coordination and Care Plan Improvement Initiative under the CPI effort is responsive to an area where the Council has raised quality concerns.

As part of the effort to track One Care's performance, the Council will continue collaborating with MassHealth to identify key performance indicators and will make recommendations on how data can be shared in a dashboard. Over the past year, the Council has provided feedback to plans on care coordination and care planning that can be used by MassHealth to improve contract compliance and program oversight.

Looking forward, the strong foundation the Council has built is important as new health plans join One Care and the transition of the model from a Medicare Medicaid Plan (MMP) to a Dual Eligibles Special Needs Plan (D-SNP) occurs. The Council is closely monitoring One Care's transition to a D-SNP. We are particularly focusing on maintaining the integrity and effectiveness of the One Care model during the transition. In the coming year, the Council will continue to focus on care planning and care coordination as priority areas to address ongoing inconsistencies between plan-stated practices and member experience.

In conclusion, the Implementation Council remains steadfast in its commitment to ensuring that the One Care program effectively serves its members, addressing their needs for services that maximize their opportunity to live meaningful lives with dignity. We look forward to continuing this important work in collaboration with all our partners. The Council remains grateful to the UMass Chan team members who support and make the continued work of the Council possible.

Sincerely,



Dennis G. Heaphy MEd, MPH
Chair, One Care Implementation Council

Introduction

This annual report provides an overview of the One Care and the One Care Implementation Council (IC). The purpose of this report is to highlight the robust and meaningful work accomplished by the IC over the past year.

One Care: Medicaid (MassHealth) plus Medicare

One Care is a health plan for adults who have both Medicare and Medicaid (MassHealth) and are between the ages of 21 and 64. The goal of One Care is to improve health care by treating the whole person, taking into consideration community and independent living goals as well as medical and mental health needs. One Care includes supports not always found in other health plans.

One Care began in 2013 when the MassHealth Integrated Care Team worked with stakeholders from across the Commonwealth to develop a Medicare Medicaid Plan (MMP) demonstration in partnership with the Centers for Medicare and Medicaid Services (CMS). The purpose

of creating the MMP was to integrate care delivery and financing for individuals who are dually eligible for Medicare and Medicaid. The One Care demonstration began enrolling members in October 2013.

On January 1, 2026, One Care will transition from an MMP to a Dual Eligibles Special Needs Plan (D-SNP).

Figures	Facts
39,764 ¹	One Care members
3	One Care plans as of January 1, 2022
10	IC meetings
10	Internal IC presentations/ planning meetings
12	Council members
8	Consumer representatives
4	Representatives from community-based organizations and trade organizations
70-80	Individuals, on average, attend IC meetings
1	Town Hall

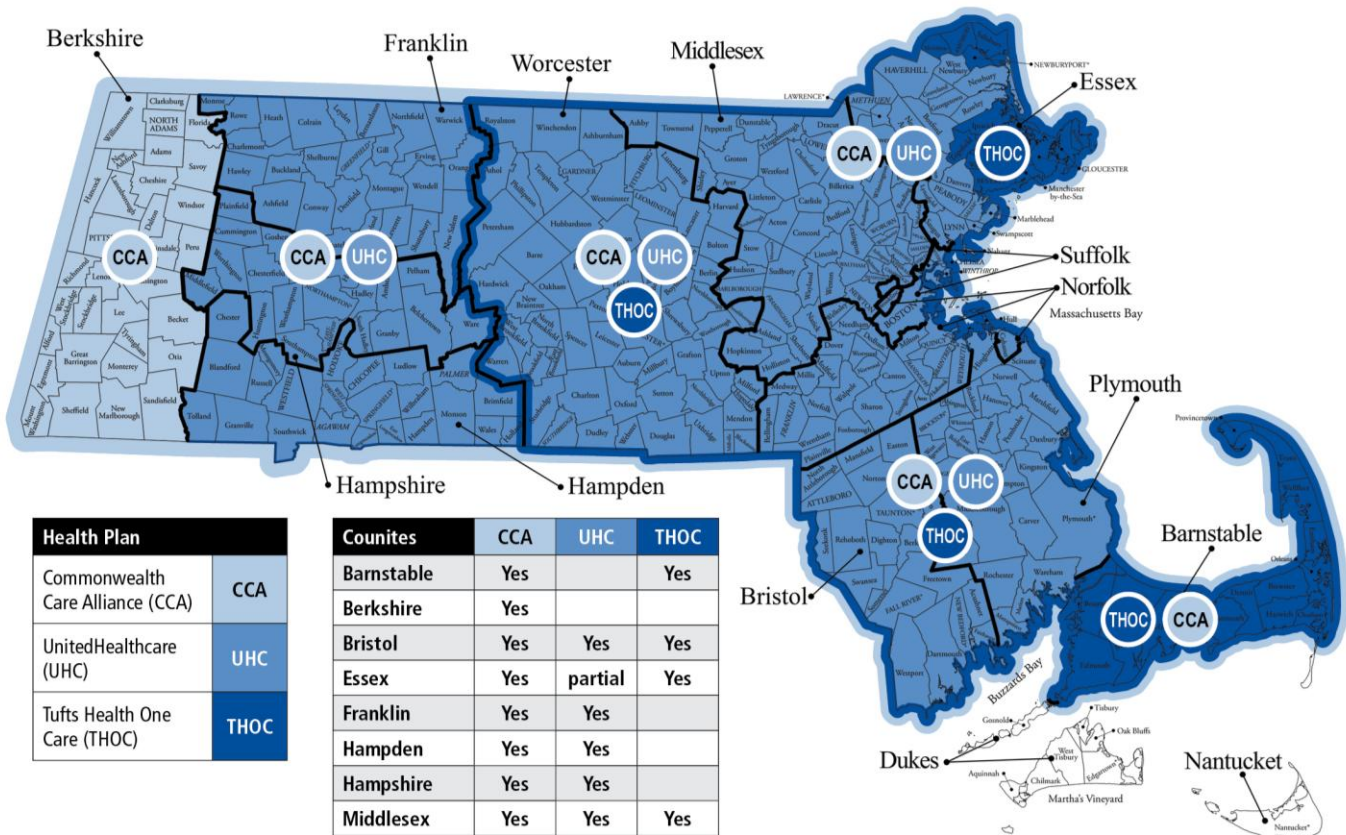
¹ Total One Care enrollment as of June 2025.

One Care Plan Coverage Areas

Currently, One Care is available in all regions across the mainland, with only the islands of Martha's Vineyard and Nantucket not covered. Three health insurance plans currently offer One Care: Commonwealth Care Alliance (CCA), Tufts Health One Care (THOC) and UnitedHealthcare (UHC). Members can choose between two or more One Care plans in eleven of the twelve covered mainland counties. Image 1 below displays the counties each plan covers and the overlap where members have a choice of One Care plans.

As of June 2025, there were 39,764 individuals enrolled in One Care (CCA: 28,283; THOC: 7,003; UHC: 4,478).

Image 1. One Care Plan Coverage Areas Map and [Table](#)



Implementation Council Origin and Role

The One Care Implementation Council (IC) was created out of the awareness that the collaborative relationships key to developing the One Care model needed to continue throughout its implementation and beyond. The advocacy group Disability Advocates Advancing Our Healthcare Rights (DAAHR), together with MassHealth representatives and other

stakeholders developed the basis of the IC including the structure, roles, and responsibilities. The IC began meeting in February 2013.

The IC plays a crucial role in advising and providing input to MassHealth on One Care and works to promote accountability and transparency within the program. Key purposes of the Council include:

- Soliciting input from stakeholders on the implementation and evolution of One Care.
- Monitoring plan networks to ensure One Care members have access to health care that is in compliance with the Americans with Disabilities Act (ADA).
- Tracking the quality of services delivered to One Care members and examining the quality of One Care Plans, including examining equity in access to services for members in accordance with the principles of the independent living and recovery movements.
- Assisting in shaping quality metrics to be used to measure One Care outcomes.
- Promoting health equity throughout the implementation and evolution of One Care.

Implementation Council Members

The IC members are selected through the state procurement process and are procured for a two-year term, often with the option to extend the term. The current IC was selected by procurement in 2024 and members' terms end in July 2026.

The composition of the IC includes consumer representatives and stakeholders from community-based organizations and trade organizations. Consumer representatives are individuals who have a disability and have MassHealth or are family members or guardians of individuals with disabilities who have MassHealth.

The IC Charter requires that the IC be comprised of up to 21 members, a majority of whom (at least 60%) are consumer members.

The following individuals served as consumer representatives:

- Karen Bureau
- Crystal Evans, Vice-Chair
- Maureen Glynn
- Dennis Heaphy, Chair
- Gary Peters
- Jason Rodney
- Bella Rose, Vice-Chair
- Sara Willig
- Jonathan Yunker*

The following individuals served as representatives of community-based organizations or trade organizations:

- Paloma Fernandes – Mass Families and United Communities Corp.
- Lisa Goldsmith – Vinfen
- Jeffrey Keilson – Advocates, Inc.

- Chris White – Association of Developmental Disabilities Providers

Two additional IC members were procured and stepped down from the Council shortly after their selection.

* Indicates the member stepped down from the IC in 2024.

How the Implementation Council Conducted its Work:

July 1, 2024 – June 30, 2025

New Member Onboarding

The Implementation Council (IC) was reproposed this year and the group welcomed nine new members and five returning members. The new IC was officially welcomed by MassHealth at the September IC meeting.

Member onboarding began in August. Onboarding sessions were open to all IC members, but the purpose of the sessions was to give new IC members a foundation of knowledge to help them engage in IC meetings. Onboarding sessions covered the following topics:

- MassHealth Integrated Care Plans: One Care, PACE, and Senior Care Options
- Dual Eligible Special Needs Plans (D-SNPs)
- My Ombudsman
- One Care Quality of Life and Member Experience surveys
- Role of the IC, the IC Charter and Bylaws, IC Meeting Overview, and IC Member Bios for the One Care IC Website

During onboarding, a “buddy” system was created for members to have another member to be paired with to reach out to with questions or for informal check ins. In most cases, new members were paired with returning members so that they could have a point person to connect with who already has experience on the IC. This system promotes relationship-building, helps new or less experienced members acclimate more quickly, and ensures that all members feel supported and included in IC activities and discussions.

Meetings

The Implementation Council (IC) is chaired by leaders in the disability policy and advocacy communities and includes Dennis Heaphy as chair and Crystal Evans and Bella Rose as vice-chairs. At the March IC meeting, the IC elected Bella and re-elected Crystal as the Council’s vice-chairs.

The IC meets as a full council, in a meeting open to the public, on the second Tuesday of the month for 11 months of the year. Meetings are held virtually over the Zoom platform to allow for broad access and attendance across the Commonwealth. The full council meetings include the IC members and representatives from MassHealth, My Ombudsman, CMS, and the three One Care plans, all of whom participate in discussions. Minutes are kept for each meeting, and the IC records all meeting motions. The Zoom link and all meeting materials are posted publicly on the [One Care](#) website, which MassHealth maintains. Members of the public are able to comment on meeting topics by emailing the One Care mailbox, OneCare@mass.gov.

Additional Engagement Meetings are held each month for IC members to review materials more in depth, engage in building community, and to focus on other priorities as needed. Engagement meetings are not open to the public.

The IC adheres to the Charter and Bylaws that were originally written in 2013 and revised in 2017 and 2025 (Attachment A: IC Charter and Attachment B: IC Bylaws). Each IC meeting is run according to the governing principles outlined in these two documents.

In 2024 and 2025, IC meetings included presentations by MassHealth, CMS, the One Care plans, My Ombudsman, and other invited organizations. More details on the IC's meeting schedule, presenters, and presentations can be found in Appendix C.

Guiding Principles for a Meaningfully Engaged Council

Creating an inclusive space for Council members to share their voices is important to IC leadership. With the onboarding of a new Council, special attention was paid to ensuring all members felt welcome, informed, and included. The IC meets and exceeds many of the guiding principles for building a community-centered, robust and meaningfully engaged group as outlined in a [2024 Blue Cross Blue Shield of Massachusetts Foundation \(BCBSMA\) report](#).

The IC embodies each community-centered principle described in the BCBSMA report. Specific examples include:

- Prioritizing trust, promoting diversity, and inclusion
 - The IC chair and vice-chairs work to promote diversity and inclusion in their meeting facilitation by recognizing and making space for different perspectives during discussions
- Using a trauma-informed approach that incorporates collaboration and mutuality
 - IC leadership identifies topics IC members are interested in and encourages their input when these topics come up
 - Engagement meetings provide space for all IC members to have an open dialogue together
- IC Operations support a robust and meaningful group
 - Equitable compensation guidelines
 - Robust charter

Areas that the IC can work towards include ensuring sustainability and measuring success and impact. The IC is considering implementing strategies such as tracking and documenting action items, recommendations and accomplishments in a way that is carried forward over time, and administering surveys to capture feedback on IC operations. This year, the IC piloted using surveys to measure success and impact by including a satisfaction survey for the IC Town Hall meeting.

Implementation Council Work Plan Outcomes:

July 1, 2024 – June 30, 2025

Each year, the Implementation Council (IC) creates a work plan to guide its activities, with many priorities continuing from year to year. Each year the Council's work plan priorities and their goals aim to support robust action steps to advance One Care and support enrollee rights. The focus of each year's work plan comes from prior IC work, such as presentations or discussions at IC meetings and Town Halls, IC member experiences, and motions, and from discussions with MassHealth.

The Implementation Council Work Plan for 2024 - 2025 focused on: Priority Area	Goal
Member Engagement	Continue regular communication between One Care members and the IC.
Fidelity to the One Care Model	Ensure that the One Care Model of Care operates as intended – continuing the work started during CMFI – through education and advocacy. Focus on role of care coordinators in implementation of all One Care benefits.
Measuring Quality	Ensure Transparency in One Care Quality Measures

Priority Area 1: Member Engagement

1. Promote Annual Town Hall

Completed Activities:

- Framed the Town Hall as an open discussion with the theme of, What is your One Care story? while also providing a diverse set of topics through discussion questions that members could choose to answer.
- Built in space during discussions for the IC Chair to follow up on member comments to collect more detail on their experiences to further inform future IC actions.
- Added the consumer-facing FAQ on the LTS-C role to the Town Hall presentation as a resource. All Town Hall registrants also received the FAQ by email. The FAQ was developed for consumers by the LTS-C Work Group, which IC members were a part of in 2022 – 2024.
- Developed and distributed a post-Town Hall survey to get feedback that can be used to further improve the Town Hall next year.

2. Support Onboarding for New IC Members

Completed Activities:

- The fall Engagement Meetings were used for onboarding IC members.

- Onboarding topics included an overview of MassHealth’s Integrated Care Plans (One Care, Senior Care Options (SCO), and PACE), an overview of One Care’s transition to a Dual Eligible Special Needs Plan, an introduction to My Ombudsman, and an overview of the quality measures used in One Care.
- A “buddy” system was created to promote relationship-building.
- The IC Executive Committee conducted one on one conversations to get to know new members.
- The IC updated their Charter and Bylaws to match current IC structure.
 - The Charter and Bylaws were adopted at the February Engagement Meeting.

3. Support D-SNP Transition

Completed Activities:

- IC members signed and submitted a letter of support for MassHealth’s 1115 Waiver Amendment to Secretary Walsh.

Continuing Activities:

- Have MassHealth provide regular updates on D-SNP transition during IC or Engagement meetings.
- Attend public D-SNP transition meetings as they occur.
- Invite CMS to provide updates on the transition at IC Meetings.
- Collaborate with CMS and / or MassHealth to develop star ratings applicable to the One Care population.

Priority Area 2: Fidelity to the One Care Model – Care Coordination

1. Increase Understanding of Transportation in One Care

Completed Activities:

- MassHealth and the plans presented on transportation at the December IC meeting.
 - MassHealth presented the contract language on transportation covered services, the definitions of transportation grievance types (admin and clinical), and shared data on transportation grievances by type and by plan from January 2023 to June 2024.
 - The plans presented on the role of the care coordinator in ensuring members can access transportation services and best practices around the transportation benefit.

2. Improve the Care Coordination Model

Completed Activities:

- The January IC meeting focused on care coordinator training.

- MassHealth presented the training expectations for care coordinators.
- UMass Chan Medical School presented on the Learning Management System used by care coordinators, Long Term Supports Coordinators (LTS-Cs), and others.
- Plans shared brief overviews of their training requirements for care coordinators during the discussion portion of the IC meeting.
- The January IC presentations sparked the idea to form an IC subcommittee on care coordinator training.
 - The Care Coordinator Training Subcommittee held its first meeting in May.
- The April IC meeting focused on how care coordinators assist members with housing.
 - Plans presented on the role care coordinators play in finding and maintaining housing for members.
- In May, MassHealth shared the results of their care plan audits and their denials, appeals, and grievances audit. Their presentation included areas that were done well, areas for improvement, and recommendations for the plans.

Continuing Activities:

- Continue to deepen understanding of the care coordinator's role in Flexible Benefits through MassHealth presentations on updated contract definitions and requirements for Flexible Benefits.

3. Utilization Management Decisions

Completed Activities:

- The plans and MassHealth presented on members' access to behavioral health diversionary services at the March IC meeting. MassHealth also presented data on emergency department boarding and brought the same presentation to the April IC meeting to continue the discussion on diversionary services.
 - In advance of the presentations on behavioral health diversionary services, IC Executives met with representatives from Community Behavioral Health Centers (CBHCs) to better understand how CBHCs work with One Care plans and members.

Continuing Activities:

- The IC would like to better understand the impact of AI on utilization management processes through a MassHealth presentation on contract requirements and other safeguards imposed on the use of AI in making service authorizations and utilization management decisions.
- The IC is planning to discuss pharmacy denials (e.g., MassHealth crossover claims) through consumer-lead conversations at a future Engagement Meeting.

Priority Area 3: Measuring Quality

1. Support MassHealth with the Development of Key Performance Indicators (KPIs) and a Data Dashboard for One Care

Completed Activities:

- Met with MassHealth to align on what data should be shared with the IC on a routine basis, and to ensure that data is presented in a way that consumers can use it to make determinations about plan choice and care and to track plan quality
- At the November IC meeting, MassHealth presented on their Clinical Performance Improvement (CPI) quarterly KPI reporting requirements and their Care Coordination and Care Plan Improvement Initiative.

Continuing Activities:

- MassHealth to regularly present on the dashboard to IC members once it is established.
- Work with MassHealth to identify a location where can the IC access the dashboard outside of meetings.

2. Continue collaborating with My Ombudsman (MYO) and provide space to present data presentations

Completed Activities:

- Met with MYO in advance of their IC meeting presentations to collaborate on how to present their data trends.
- Held a discussion with the plans at the November IC meeting about how care coordinators help members decide whether to use the plan's internal resolution process or seek external support from MYO when filing a complaint.

Continuing Activities:

- Create a plan for a combined data presentation by MYO, MassHealth, and the plans on complaints / grievances and appeals.

3. Make Quality of Life and Member Experience Survey results more consumer-friendly for the IC

Completed Activities:

- Determined that the Quality of Life Survey results presentation and the Member Engagement Survey results presentation should be combined into one presentation at the May IC meeting.
- Worked with the UMass Chan Medical School survey team in advance of their May IC meeting presentation to review survey results and ensure the presentation was understandable and summarized important takeaways.

Continuing Activities:

- Determine how KPIs can be included in data analysis and presentations once they are collected regularly.

Annual One Care Implementation Council Town Hall

Provided space for One Care member voices to share their experiences.

Town Hall Purpose

With One Care transitioning from an MMP demonstration to a D-SNP in January 2026, the theme of this year's Town Hall was *What is your One Care story?* The Council will use the discussions from the Town Hall to ensure core aspects of One Care's care model continue when the demonstration ends. The purpose of the annual Town Hall is to hear from One Care members directly to help focus the IC's work plan priorities for the year to come. Members are invited to share their experiences, ask questions, and hear from fellow One Care members.

Outreach

The IC requested that as in past years, MassHealth, My Ombudsman (MYO), the One Care plans, Aging Services Access Points (ASAPs), and Independent Living Centers (ILCs) join them in outreaching to One Care members and families encouraging participation in the Town Hall. The IC hoped to hear from new voices – including One Care members who do not regularly participate in other forums such as IC meetings and DAAHR forums, members who live outside of metro Boston, and other more diverse voices.

The IC invited Sabrina Anthony from My Ombudsman (MYO) to facilitate the convening. As the director of MYO, Sabrina is a key stakeholder in the IC's work and is familiar with the One Care population and program. In addition to serving as a facilitator, Sabrina and her MYO team also assisted with outreach to potential attendees and provided support to people who needed help registering for the meeting.

The IC created promotional materials to support outreach efforts, including a flyer (in both English and Spanish) and a frequently asked questions (FAQ) document. The materials were shared with stakeholders for circulation and to use as a reference when reaching out to members. Last year, the IC amplified its outreach efforts by creating social media pages. The social media pages were a key part of outreach efforts again this year. The pages developed a small following and underwent a name change to increase visibility. Facebook and X posts about the Town Hall included flyers, the registration link, and other information and were shared by IC members and stakeholders.

Consumer Engagement

More than half of the One Care members who attended the Town Hall participated in conversations during the meeting. There were several new voices not heard at prior IC meetings, Town Halls, or other One Care forums.

One Care member representation came from different areas of the Commonwealth:

- Metro Boston (12)
- Northeastern Mass (2)
- Southeastern Mass including Cape Cod (5)

Town Hall Topics

The conversation focused on members' experiences with One Care, leading to topics that included Care Coordination and the Care Team, Long Term Supports Coordinators (LTS-Cs), Access to and Provision of Services and Supports, and Transportation.

Care coordination and the Care Team discussions showed that members have had positive experiences with their care coordinators in getting access to services. Members shared that they generally like their care coordinators but have varying experiences with response times from their care coordinators. Some shared that they have had difficulties in care coordination around communication, with multiple participants highlighting that they do not like the triage process that they have to go through to get in touch with their care coordinators.

Members shared positive experiences accessing services such as homemaking through their LTS-Cs. However, not all participants knew that an LTS-C was available to them.

Conversations around Access to and Provision of Services and Supports showed that members had difficulties getting access to services due to worker shortages, waitlists, and lack of local providers. Members also said that they would like access to wellness services such as gym memberships.

Members shared that they like having access to transportation services but also expressed that transportation can be unreliable. There continues to be an emphasis on non-medical transportation, with members wishing they could get more than eight non-medical rides per month. Members also expressed that they would like an on-demand transportation option, rather than having to schedule in advance.

Attendee Survey

For the first time, Town Hall attendees were sent a survey to capture their feedback on the Town Hall. There were 23 respondents to the survey. When asked if they feel they understood the purpose of the Town Hall, 96% of respondents answered "Yes." The other 4% of respondents answered, "Not sure," and 0% of respondents answered "No."

Respondents shared that they wished there was more time or more opportunities to share stories during the Town Hall. Some people recommended that there should be opportunities for attendees to share feedback in smaller focus groups or one-on-one conversations.

When asked what was least helpful about the Town Hall, respondents noted that it did not seem that people who shared their stories got resolutions to their problems. Respondents would like to have access to a representative at each plan that could follow up with members about their stories after the Town Hall. In response to being asked if there was anything they hoped there would be more of at the meeting, respondents shared that they would like to hear more from the One Care plans and from MassHealth during the Town Hall.

Overall, respondents liked the Town Hall and 96% of respondents said that they would recommend the Town Hall to One Care members in the future.

Table 2. Town Hall Attendance

Individual Attendees²	97
Participants who shared their experiences during the Town Hall	12
One Care Members	19 ³
IC Members	10
Phone participants	1
Centers for Medicare and Medicaid Services (CMS)	1
MassHealth	15
Plan Representatives	23
State / City Agency	0
My Ombudsman	2
Independent Living Centers	10
Aging Services Access Points	3
Disability Advocates	1
Community Based Organizations	3
Research / Policy	2
Others ⁴	7
Meeting Support, Interpreters, and CART	11

² Total number of unique participants who attended the meeting.

³ Total number of participants who are One Care Members, including IC consumer members.

⁴ The “other” category of attendees are individuals who did not update their name on Zoom to indicate their affiliation upon joining the meeting.

Highlighted Accomplishments:

July 1, 2024 – June 30, 2025

While the Implementation Council (IC) followed the 2024 – 2025 work plan, it also achieved some key accomplishments beyond its goals. This section highlights accomplishments within the work plan and beyond.

1. New Council Onboarding and Establishing IC Governance

Welcomed, onboarded, and established a new council.

New Member Onboarding

- The entire council went through the procurement process, requiring both members who wanted to return to the council and new members to apply and be chosen to join the IC. This was the first time the entire council had been procured since 2017.
- Two thirds (66%) of IC members are consumers. This is a historic high of consumer members of the council and is a product of the outreach of the outreach of past and returning IC members.
- The council elected two co-vice chairs at a public IC meeting.
- The council spent time getting to know each other, which has helped them in working well together. The council members have found that utilizing chat during meetings is a great way to hear everyone's voices. IC members proposed suggestions for ground rules at meetings and had discussions around priorities they would like to work on in partnership with MassHealth.

Increased Engagement

- The IC consistently meets for a second time each month in a private meeting outside of the public IC meeting. These meetings have been coined "Engagement Meetings," and allow the IC members to connect on topics that are important to them. Many of the Engagement Meetings this year were dedicated to onboarding activities, but also provide a space for the council to invite other stakeholders to have discussions outside of the public meetings.
- During this year the council had increased engagement with partners such as MassHealth, My Ombudsman, and the One Care plans. Before each IC meeting, the IC executives met with presenters to discuss presentations and have conversations around how the IC could support that stakeholder.

2. Care Coordinator Training Subcommittee

Started work on minimum training and proof of competency requirement recommendations for Care Coordinators in One Care.

In response to an IC member's recommendation at an IC meeting, the IC formed a subcommittee focused on care coordinator training and standardized competency assessments.

Seven IC members are participating in the subcommittee. Other key stakeholders and subject matter experts will be invited to meetings to share their perspectives on the work. The work of this subcommittee will continue into the next year, ultimately recommending minimum mandatory trainings and proof of competency for care coordinators in One Care.

3. 1115 Waiver Amendment Letter of Support

IC members signed a letter of support for MassHealth's 1115 Waiver amendment in advance of the amendment being submitted to CMS. The letter supported the two changes in the amendment – continued access to community-based services and flexible benefits and allowing individuals on Medicare and CommonHealth over the age of 65 to join Senior Care Options (SCO). The letter also offered an area for MassHealth to consider adding to their amendment. The ask from the Council was for MassHealth to consider adding language to the waiver amendment that would prevent insurance brokers from marketing nonaligned duals plans. The letter was signed by 10 Council members as was submitted to MassHealth on November 12, 2024.

4. Met with External Organizations in Advance of Plan Presentations

As part of achieving the Work Plan goal of Improving Care Coordination, the IC requested that the plans give a series of presentations on care coordination. To prepare for these presentations, the IC collaborated with Boston Health Care for the Homeless, community-based health centers (CBHCs), and the health plans to get a more comprehensive understanding of the current state of care coordination. The information gained from those conversations helped IC Executives craft presentation requests for the plans and helped shape discussion questions for the Council.

Over the course of the year, plans gave three presentations relating to care coordination: the role care coordinators play in providing transportation to members; diversionary services with a focus on network adequacy; and how care coordination has been improved to meet members' needs, including people who are hard to reach and members with high social needs such as being at risk of losing housing.

The care coordination presentations were followed by Council discussions on the topics and led to future conversations around next steps and recommendations for future improvement of care coordination.

5. Established Focus Areas of Alignment for MassHealth and the Implementation Council

Identified shared areas of interest for MassHealth and the newly procured IC to collaborate on.

At the February IC meeting, MassHealth invited IC members to identify one or two specific and achievable goals for the council and MassHealth to focus on over the next year. The Council used the February Engagement meeting to brainstorm ideas for collaboration with MassHealth, seeking to promote the voices of new council members. The following potential areas of focus were identified:

- **Care Coordinator Training Subcommittee**
 - The Care Coordinator Training Subcommittee idea was first introduced by an IC member during the January IC meeting. The committee has started meeting and is working to identify a slate of minimum mandatory trainings for Care Coordinators
- **One Care Plan Information Graphic**
 - In January 2026 two new One Care plans will be on the market in Massachusetts and all One Care plans will transition to the Dual Eligible-Special Needs Plan (D-SNP) model. The IC proposed working with MassHealth to identify the key information about the 2026 One Care plans that is of most importance to One Care enrollees.
 - The information collected could be used to update the One Care brochure or create a plan comparison one-pager to help current and new One Care members select the best plan for their needs.
- **Social Isolation and Loneliness**
 - The IC suggested they might determine specific goals that could be accomplished in one year to help address social isolation and loneliness among One Care members.
- **Public-Facing Dashboard**
 - The IC would like to continue to work with MassHealth to develop a public-facing dashboard that shares information on plan performance.
 - While that is in development, the IC suggested they could regularly collect specified information from the One Care plans and/or MassHealth, at a set cadence that could be shared during IC meetings.

The IC discussed these ideas with MassHealth at the May IC Engagement Meeting and determined that the finalized focus areas and specific goals will be noted in the Fiscal Year 2026 Work Plan that will be shared during the September IC meeting. Feedback provided to the council during the Annual One Care Town Hall will also be considered in making these recommendations.

Appendix A

Charter

Implementation Council

One Care Duals Demonstration⁵

A Program of the Executive Office of Health and Human Services

February 20, 2025⁶

I. The Council will be called the Implementation Council. It may be referred to as the IC. It is convened by the Executive Office of Health and Human Services (EOHHS).

II. Purposes

The Council is convened to operate during the One Care Duals Demonstration. The key purposes of the Council include:

- Advise, support and provide input to MassHealth on One Care issues
- Solicit input regarding the One Care Duals Demonstration and the implementation and evolution of the program from stakeholders
- Monitor plan networks to ensure One Care members have access to health care that is in compliance with the Americans with Disabilities Act (ADA)
- Track quality of services delivered to One Care members and examine the quality of One Care Plans
- Assist in shaping quality metrics to be used to measure One Care Duals Demonstration outcomes
- Review issues raised through the grievances and appeals process and My Ombudsman reports on One Care
- Examine equity in access to services for One Care members (medical, mental health, substance use disorder, Long Term Services and Supports (LTSS), and services that address health related social needs) in

⁵ Effective January 1, 2026, the One Care Medicare-Medicaid Plan (MMP) Duals Demonstration model will transition to a Fully Integrated Dual Eligible Special Needs Plan (FIDE SNP). Amendments to the Council Charter and Bylaws will need to be made accordingly.

⁶ The Implementation Council voted to adopt this Charter on February 20, 2025.

accordance with the principles of the independent living and recovery movements

- Promote accountability and transparency within One Care
- Participate in the development of accessible public education and outreach campaigns related to One Care and related dual eligible matters, as deemed appropriate by the Council
- Promote health equity throughout the implementation and evolution of the One Care Duals Demonstration

III. Relationship of Council to MassHealth and EOHHS

It is the role of the Council to serve as an advisor to MassHealth throughout the implementation and evolution of the Massachusetts One Care Duals Demonstration. MassHealth, part of EOHHS, is responsible for the operations and policy direction of the One Care Duals Demonstration as well as bringing material and other relevant matters to the attention of the Council in an accurate and timely manner. MassHealth staff are not members of the Implementation Council. The Council will offer recommendations to MassHealth and EOHHS leadership who will take Council recommendations into account when planning and implementing the operation and policy direction of the One Care Duals Demonstration.

IV. Membership

Composition: The Council will be comprised of up to 21 members at all times. A majority (at least 60%) of members will be MassHealth consumers with disabilities and/or family members or guardians of consumers with disabilities.

We seek to create a truly diverse Implementation Council, encompassing individuals from different social, racial and cultural backgrounds, including Deaf and Hard of Hearing and LGBTQ+ communities, as well as individuals with diverse lived experiences.

Term: The term for Implementation Council members is two years. MassHealth has the discretion to invite IC members to extend their participation on the IC for additional one or two year terms, with IC member agreement. There is no limit to the number of terms an IC member can serve on the Council.

V. Organizational Structure

Officers: The Council will have one chair and up to two vice-chair(s) who are elected by the membership. Elections will be held within 6 months of the first Implementation Council meeting for any newly procured Council, and every two years, thereafter, aligning with the Council member term. Elections may be held at additional times as necessary. The Chair and Vice-chair(s) will be MassHealth

members with disabilities or family members or guardians of MassHealth members with disabilities.

The Chair and Vice-Chair(s) will be responsible for developing meeting agendas, facilitating Council meetings, and ensuring completion of work plan deliverables and the annual report to be submitted to the Medicaid Director and Secretary of EOHHS.

Staffing: MassHealth staff will ensure support is provided to the Council for all meeting planning, accommodations and logistics, the production of relevant documents and material, and to the consumer Chair as requested.

The scope of work, as described in Purposes above, undertaken by the Implementation Council is contingent upon resources made available by EOHHS.

MassHealth Staff will attend all meetings to exchange information with the Implementation Council.

VI. Procedural Rules

Bylaws: The Council will adopt a set of written bylaws. The bylaws govern Council operation. Bylaws require a two-thirds vote for adoption or change.

Meetings: The Council will meet at least 8 times per year. Meetings will be held during standard daytime business hours. All Implementation Council meetings will be announced and open to the public. Invitations to upcoming Implementation Council meetings will be emailed to members and available online at least 10 days before a meeting. The Council may hold Engagement, subcommittee, and other additional meetings, as defined in the Bylaws, as needed.

Minutes: Minutes will be kept for each Implementation Council meeting and emailed to all members for approval at the next Council meeting. Once approved, meeting minutes will be distributed to MassHealth for public posting.

Recommendations and Reports: Council recommendations and reports will be submitted in writing to MassHealth and EOHHS as deemed appropriate by the Council. Recommendations will be captured in meeting minutes. Reports, such as the annual report, will be submitted upon development.

Appendix B

Bylaws

Implementation Council

One Care Duals Demonstration⁷

A Program of the Executive Office of Health and Human Services

February 20, 2025⁸

I. Implementation Council (IC) Operation

- a. Implementation Council meetings will be held at least eight times per year and are open to the public.
- b. The Chair will manage the meeting process. If the Chair is unavailable, the Council Vice-chair(s) will manage the meeting process.
- c. The Chair and Vice-Chair(s) will determine the agenda for each meeting.
- d. Discussion to obtain consensus will be the prevailing procedure used at meetings. [Modified Roberts Rules of Order](#) will be used when a decision is to be recorded and transmitted as a recommendation or a motion.
- e. A quorum will consist of a simple majority of appointed members, consisting of over 51% consumer members defined as MassHealth members with disabilities or family members or guardians of MassHealth members with disabilities.
- f. Council Charter and Bylaws may be amended or added to by a two-thirds majority vote of active members at any Council meeting.
- g. Minutes will be kept for each meeting and emailed to all members for approval at the next Council meeting.
- h. Accessible documents for all meetings should be available prior to the meeting.

II. Engagement Meetings, Subcommittees and Other Additional Meetings

- a. Engagement Meetings

⁷ Effective January 1, 2026, the One Care Medicare Medicaid Plan (MMP) Duals Demonstration model will transition to a Fully Integrated Dual Eligible Special Needs Plan (FIDE SNP).

⁸ The Implementation Council voted to adopt these Bylaws on February 20, 2025.

- i. Engagement meetings are additional meetings that request full Council participation, and may be held as needed.
 - ii. Council member attendance for Engagement meetings is voluntary.
 - iii. Members who attend an Engagement meeting must fulfill the same responsibilities and expectations for preparation and participation as they are held to for Implementation Council meetings.
- b. Subcommittees
 - i. Council member participation in subcommittees is voluntary.
 - ii. Standing subcommittees may be established for relevant topics addressed by the Council.
 - iii. Temporary subcommittees may be established for short-term topics addressed by the Council.
 - iv. Subcommittees may vary by size.
 - v. Subcommittee chairs and/or vice-chairs will be appointed by the Implementation Council Chair. At least one subcommittee chair or vice-chair must be a consumer member.
 - vi. Subcommittee membership may be open to stakeholders who are not Implementation Council members.
 - vii. The subcommittee chair and/or a representative selected by the subcommittee chair may make recommendations to the Council; however subcommittees may not vote or make motions on topics undertaken by the Council.
- c. Additional voluntary meetings may be held for other topics as decided by the Council.

III. Officers

- a. Officers will be elected by a simple majority.
- b. Officers will include one chair and up to two vice-chair(s).
- c. Elections for officers will be held within 6 months of the first Implementation Council meeting for any newly procured Council, and every two years, thereafter, aligning with the Council member terms.
- d. Elections may be held at additional times as necessary.

IV. Member Responsibilities

- a. Each member is expected to attend and participate in Council meetings and Council activities.
- b. Each member is expected to review all meeting materials prior to meetings
- c. Each member is expected to assist with outreach for Council activities and meetings as needed, such as the Annual Town Hall and Council procurements.

- d. Remote participation by Zoom or phone is required for Council meetings. In-person participation is not required for any meetings.

V. Member Requirements

- a. Each member is expected to:
 - i. possess strong analytic and critical reading skills or have comparable lived experience, good interpersonal and communication skills, and have the ability to work constructively with MassHealth,
 - ii. reside in Massachusetts,
 - iii. not directly or indirectly have an employment or contractual relationship with a One Care Plan through which the One Care member renders services to the Plan, excluding non-financial participation on a consumer advisory committee, aside from individuals serving on the Implementation Council as representatives from community-based or consumer advocacy organizations, provider or trade association representatives, and
 - iv. not directly or indirectly have an employment or contractual relationship with My Ombudsman
- b. The Assistant Secretary for MassHealth may remove members, including those who:
 - i. are not meeting Member Responsibilities, including regular Council meeting attendance,
 - ii. have an actual or perceived conflict of interest,
 - iii. or have a direct or indirect employment or contractual relationship with My Ombudsman or any entity that is or applies to become a One Care plan.
- c. ADA accommodations should be responsive to council member preference.

VI. Member Compensation

- a. Stipends and travel reimbursements will be provided 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.
- b. Receipt of a stipend is optional, and the amount may be reduced upon request of the Implementation Council member.
- c. The stipend is \$50 per Implementation Council meeting, \$25 for the time spent reviewing materials prior to an Implementation Council meeting, and \$25 per hour for Engagement meetings. There is no

stipend for additional voluntary meetings, including the Subcommittee meetings.

- d. When necessary, additional pre-meeting preparation work taken on by the Chair and Vice Chair(s) will be paid \$25 per meeting for up to 8 planning meetings in preparation for each IC meeting.⁹

VII. Resignation

- a. Each Council member shall have the right to resign at any time upon written notice thereof to the Council Chair.
- b. Unless otherwise specified in the notice, the resignation shall take effect upon receipt thereof, and the acceptance of such resignation shall not be necessary to make it effective.
- c. The Implementation Council shall, in communication with MassHealth, appoint new members when the Implementation Council membership is no longer consistent with the membership requirement specified in the Council Charter including when membership:
 - i. Falls below a 10 member minimum; or
 - ii. Falls below the specified 60% consumer member composition.

VIII. Quorum

- a. At each Implementation Council meeting, the presence of at least half the members is required to hold a meeting and to vote. At least 51% of the half must consist of consumer members.

IX. Proxy

- a. There will be no proxy participation at Implementation Council meetings, Engagement meetings or subcommittee meetings.

X. Amendments

- a. The Council Charter and Bylaws may be amended or added to by a two-thirds majority vote of active members at any Council meeting.

XI. Rules of Order and Member Expectations

- a. The meetings and activities of this Council shall be conducted according to Modified Roberts Rules of Order, except as otherwise provided by these bylaws.
- b. During meetings and activities, Council members are expected to:
 - i. Refer to all members, presenters and other meeting participants in a respectful manner
 - ii. Arrive prepared to actively listen and participate in meetings

⁹ Includes the IC check-in, preliminary planning, IC executives and MassHealth, and IC meeting prep meetings.

- iii. Interact thoughtfully and constructively during discussions
- iv. Provide feedback that is relevant and responsive to the presentation or topic under discussion
- v. Keep comments to two minutes to ensure enough time for everyone to be heard
- vi. Respect viewpoints that may differ from their own

Appendix C – IC Meeting Schedule, Presenters, and Presentations

Meeting Type	Meeting Description
IC Meeting	The IC meets as a full council, in a meeting open to the public, on the second Tuesday of the month. Meetings are held virtually over the Zoom platform to allow for broad access and attendance across the Commonwealth. The full council meetings include the IC members and representatives from MassHealth, My Ombudsman, CMS, and the three One Care plans, all of whom participate in discussions.
IC Engagement Meeting	Engagement Meetings are held each month for IC members to review materials more in depth, engage in building community, and to focus on other priorities as needed. Engagement meetings are not open to the public.

Meeting Date: July 9, 2024

One Care Implementation Council Monthly Meeting Presentations:

- MassHealth Updates
 - Henri McGill, Senior One Care Program Manager, thanked the IC for their years of work and acknowledged that this meeting was their last official meeting and newly procured IC members come on in September.
- One Care Member Experience Survey Results
 - Linda Long-Bellil, Assistant Professor, and Yara Halasa-Rappel, Senior Project Director, UMass Chan Medical School, provided an overview of the findings from the One Care Member Experience Survey.
 - Presentation title: One Care Member Experience, Findings from the 2018–2022 surveys.

Meeting Date: August 29, 2024

IC Engagement Meeting

- MassHealth presented on their Integrated Care Plans (One Care, PACE, and SCO).

Meeting Date: September 10, 2024

One Care Implementation Council Monthly Meeting Presentations:

- MassHealth Updates
 - Henri McGill, Senior One Care Program Manager, welcomed and introduced the new IC members for the start of their term, announced the plans that were selected to move on to contracting for One Care and SCO for 2026, and shared that the MassHealth Member Advisory Committee (MAC) applications were open.
- Boston Health Care for the Homeless Program (BHCHP)

- Dr. Jim O'Connell, BHCHP President, and Mary Takach, BHCHP Senior Health Policy Advisor, presented on the BHCHP care model and best practices for working with homeless populations.
- Presentation title: Boston Health Care for the Homeless Program: Picture of a Practice and Impact of Payment Reform

Meeting Date: September 19, 2024

IC Engagement Meeting

- MassHealth presented on One Care's transition to a Dual Eligible Special Needs Plan (D-SNP).

Meeting Date: October 8, 2024

One Care Implementation Council Monthly Meeting Presentations:

- MassHealth Updates
 - Elizabeth Rivenburgh, Deputy Director for Plan Administration and Oversight, and Dr. Randi Berkowitz, Associate Medical Director, presented on the updated critical incident reporting process being used for Integrated Care Programs.
 - Malinda Ellwood, Deputy Director for Member Engagement and Experience at MassHealth, engaged the council in a conversation about the upcoming procurement of a vendor to provide ombudsman services.
 - Presentation titles: Integrated Care Critical Incident Reporting; My Ombudsman Discussion
- IC Town Hall Debrief
 - Dennis Heaphy, IC Chair, presented an overview of who attended the June 2024 Town Hall, summaries of the discussions on care coordination, access to services and supports, transportation, person-centered care, communication and trends over time from town hall polling questions.
 - Presentation title: 2024 One Care IC Town Hall Debrief

Meeting Date: October 24, 2024

IC Engagement Meeting

- My Ombudsman gave a presentation on their program to the IC.

Meeting Date: November 12, 2024

One Care Implementation Council Monthly Meeting Presentations:

- MassHealth Updates
 - Henri McGill, Senior One Care Program Manager, presented MassHealth's proposed 1115 waiver amendment request.
 - Dr. Chuck Pu, Senior Medical Director, presented an overview of MassHealth's Integrated Care Clinical Performance Improvement Care Coordination and Care Plan Improvement Initiative.
 - Presentation title: Integrated Care Clinical Performance Improvement (CPI) Overview: One Care Implementation Council
- My Ombudsman

- Sabrina Felteau, Director, and Jerry Marcel, Senior Team Lead, My Ombudsman, presented data from quarters two and three of 2024 for One Care plans.

Meeting Date: November 21, 2024

IC Engagement Meeting

- MassHealth presented the quality measures used in One Care.
- Linda Long-Bellil, Assistant Professor, and Yara Halasa-Rappel, Senior Project Director, UMass Chan Medical School, provided an overview of the One Care Quality of Life and Member Experience Surveys.

Meeting Date: December 10, 2024

One Care Implementation Council Monthly Meeting Presentations:

- MassHealth Updates
 - Henri McGill, Senior One Care Program Manager, presented One Care's transportation benefit.
- Tufts Health One Care (THOC)
 - Nick Fiore, Policy and Strategy Manager, presented THOC's transportation benefit and the role of care coordinators in the transportation process.
 - Presentation title: December IC Presentation: One Care Transportation
- Commonwealth Care Alliance (CCA)
 - Corey McCarty, Senior Vice President of Product, Provider Organization and Ancillary Programs, and Jessica Vida, Senior Director, Ancillary Programs, presented CCA's transportation benefit and the role of care coordinators in the transportation process.
 - Presentation title: Implementation Council: CCA Transportation
- UnitedHealthcare (UHC)
 - Kerry Naccarato, Behavioral Health Manager, and Karmissa Rolle, Senior Provider Relations Advocate, presented UHC's transportation benefit and the role of care coordinators in the transportation process.
 - Presentation title: One Care Implementation Council

Meeting Date: December 19, 2024

IC Engagement Meeting

- Discussion on the IC charter, bylaws, and meeting best practices.

Meeting Date: January 14, 2025

One Care Implementation Council Monthly Meeting Presentations:

- MassHealth Updates
 - Henri McGill, Senior One Care Program Manager, presented training expectations for care coordinators and others.
- UMass Chan Medical School Shared Learning
 - Lisa McGlinchy, Associate Director of Curriculum Development at UMass Chan, and Henri McGill, Senior One Care Program Manager at MassHealth, presented on the Learning Management System used by care coordinators and others for training.

- Presentation title: One Care LMS Changes

Meeting Date: January 16, 2025

IC Engagement Meeting

- Discussion on legal aid programs with South Coastal Counties Legal Services, Health Law Advocates, the Justice Center of Southeast Massachusetts, and My Ombudsman.

Meeting Date: February 11, 2025

One Care Implementation Council Monthly Meeting Presentations:

- MassHealth Updates
 - Henri McGill, Senior One Care Program Manager, presented the quality measures used in One Care.
 - Daniel Cohen, Director of Integrated Care, shared that MassHealth would like to have an open conversation with the IC to come to an agreement on focus areas for the IC and MassHealth to collaborate on over the next year and a half.
- Dennis Heaphy, IC Chair, presented on state LTSS dashboards.
 - The dashboards provided examples of public-facing dashboards on LTSS-related services from other states.
 - Presentation title: State Dashboards
- My Ombudsman
 - Jerry Marcel, Senior Team Lead, My Ombudsman, presented data from Q4 of 2024 for One Care plans and a recap of inquiry and complaint themes from 2024.

Meeting Date: February 20, 2025

IC Engagement Meeting

- Vote on the updated Charter and Bylaws, discussion on IC Vice-Chair elections, Care Coordinator Training Subcommittee, and the IC's priorities for MassHealth.

Meeting Date: March 11, 2025

One Care Implementation Council Monthly Meeting Presentations:

- Vote on Implementation Council Vice-Chairs.
 - Dennis Heaphy, IC Chair, facilitated the vote on two IC Vice-Chair positions.
- MassHealth Updates
 - Daniel Cohen, Director of Integrated Care, facilitated a conversation with the IC on focus areas that they would like to collaborate with MassHealth on in the future.
 - Henri McGill, Senior One Care Program Manager, presented the Behavioral Health Roadmap, data on One Care members accessing Medication Treatment for Opioid Use Disorder, and emergency room boarding numbers.
- UnitedHealthcare (UHC)
 - Kerry Naccarato, Behavioral Health Manager, presented UHC's diversionary services and the role of care coordinators in helping members access behavioral health and diversionary services.
 - Presentation title: One Care Implementation Council
- Tufts Health One Care (THOC)

- Nick Fiore, Policy and Strategy Manager, presented THOC's diversionary services and the role of care coordinators in helping members access behavioral health and diversionary services.
- Presentation title: March IC Presentation: Behavioral Health and Care Coordination
- Commonwealth Care Alliance (CCA)
 - Roxanne Lewin, Vice President of Behavioral Health, presented CCA's diversionary services and the role of care coordinators in helping members access behavioral health and diversionary services.
 - Presentation title: Implementation Council: CCA Behavioral Health Care Coordination

Meeting Date: April 8, 2025

One Care Implementation Council Monthly Meeting Presentations:

- MassHealth Updates
 - Henri McGill, Senior One Care Program Manager, continued the discussion from the March IC meeting by re-presenting on the Behavioral Health Roadmap, data on One Care members accessing Medication Treatment for Opioid Use Disorder, and emergency room boarding numbers.
- Commonwealth Care Alliance (CCA)
 - Amy Hudspeth Cabell, Vice President & Associate General Counsel, and Rachel Russo, Director of Community Intensive Care Operations, presented
 - Jorie Epstein-Mares, Senior Director of the Community Health Services Department, presented how the plan meets the needs of members who are hard to reach or at risk of losing housing.
 - Presentation titles: CCA's Volunteer Health Care Agent Matching Program, CCA Community Health Services Housing Assistance
- Tufts Health One Care (THOC)
 - Nick Fiore, Policy and Strategy Manager, presented how the plan meets the needs of members who are hard to reach or at risk of losing housing.
 - Presentation title: April IC Presentation: Housing Support and Care Coordination
- UnitedHealthcare (UHC)
 - Kerry Naccarato, Behavioral Health Manager, presented how the plan meets the needs of members who are hard to reach or at risk of losing housing.
 - Presentation title: One Care Implementation Council

Meeting Date: April 17, 2025

IC Engagement Meeting

- Discussion on the One Care Quality of Life Survey and the One Care Member Engagement Survey with Linda Long-Bellil, Assistant Professor and Yara Halasa-Rappel, Senior Project Director, UMass Chan Medical School.

Meeting Date: May 13, 2025

One Care Implementation Council Monthly Meeting Presentations:

- CareSource Updates

- Dennis Heaphy, IC Chair, shared an update that Commonwealth Care Alliance (CCA) has been purchased by CareSource.
- MassHealth Updates
 - Henri McGill, Senior One Care Program Manager at MassHealth, presented on MassHealth's audit of denials, appeals, and grievances and on MassHealth's care plan audit.
- One Care Member Experience Survey and Quality of Life Survey Results
 - Linda Long-Bellil, Assistant Professor at UMass Chan Medical School, and Yara Halasa-Rappel, Senior Project Director at UMass Chan Medical School, presented key findings from the One Care member surveys.
 - Presentation title: Key Findings from One Care Member Experience and Quality of Life Surveys

Meeting Date: May 22, 2025

IC Engagement Meeting

- Discussion on priority areas for MassHealth and the IC to work on in the upcoming year.

Meeting Date: June 10, 2025

Annual Town Hall Meeting, facilitated by Sabrina Felteau, Director, My Ombudsman

- The Annual IC Town Hall meeting is a state-wide discussion about One Care. The meeting's theme was *What is your One Care story?*

Meeting Date: June 26, 2025

IC Engagement Meeting

- Discussion debriefing the IC Town Hall.

Appendix D – One Care Plan Coverage Areas Table

Counties	CCA	UHC	THOC
Barnstable	Yes		Yes
Berkshire	Yes		
Bristol	Yes	Yes	Yes
Essex	Yes	Partial	Yes
Franklin	Yes	Yes	
Hampden	Yes	Yes	
Hampshire	Yes	Yes	
Middlesex	Yes	Yes	Yes
Norfolk	Yes	Yes	Yes
Plymouth	Yes	Yes	Yes
Suffolk	Yes	Yes	Yes
Worcester	Yes	Yes	Yes