

**NWX HHS AOA-1 (US)**

**Moderator: Eliza Bangit  
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1:00 PM EST**

Coordinator: Thank you for standing by; all lines have been placed on listen-only until the question-and-answer session of conference. Today's call is being recorded if you have any objections you may disconnect at this time, I will now turn the call over to your speaker Eliza Bangit and you may begin.

Eliza Bangit: Thank you (Lori), thank you for joining us for today's Webinar, Support for Demonstration Ombudsman Program Serving Beneficiaries of Financial Alignment Models for Medicare and Medicaid Enrollees.

My name is Eliza Bangit and I'm the Director of the Office of Dual Demonstration Ombudsman Technical Assistance Program at HHS Administration for Community Living. Before we begin we have a few housekeeping announcements. If you have not done so please use the link included in your email confirmation to get onto WebEx so that you can follow along with the slides as we go through them.

If you have any problems with getting into WebEx please call technical support at 1-866-569-3239, again the number is 1-866-569-3239. As (Lori) mentioned all participants are in listen-only mode, however we will offer you a chance to ask your questions through the audio line towards the end of the Webinar. When that time comes (Lori) will give you instructions as to how to queue up to ask your question. As (Lori) also mentioned we are recording this Webinar.

We will post a recording and the slides on the ACL Website as soon as possible and the Web site is <http://www.acl.gov>. For today's presentation, we are going to go over an overview of the CMS Duals Ombudsman Program, the evaluation criteria used by an independent panel of reviewers to score application, the roles of ACL in providing technical assistance to programs awarded under this program opportunity and to states and other stakeholders as they think about applying for this grant.

We are also going to hear from (Nathan Nau) from the California Department of Health Care Services and (Joani Latimer) from the Virginia Department of Aging and Rehabilitative Services, talk about their state's proposal for implementing the program. And as I mentioned earlier there will be ample opportunity in the end to ask questions. We have a few subject matter experts representing the state's state grantee as I just mentioned.

We are also - will be joined by Edo Banach who is a Senior Advisor at the Medicare-Medicaid Coordination Office at CMS. And we have a few folks here at the Administration for Community Living who could also help respond to questions. What are the objectives of this Webinar? So it's really three-fold, it will outline the funding opportunity announcement to help states and other stakeholders better understand the goals as well as the requirements under this opportunity.

It will introduce the two successfully funded proposals and you'll hear directly from them on their models for implementing their program. And finally we'd like to use this forum to give an opportunity for states and other stakeholders involved in designing and implementing other integrated care models to learn about these Ombudsman programs and why they're important for any integrated model to support and protect beneficiaries that will be served by these programs.

Just a little bit of background information, as many of you know the Medicare-Medicaid Coordination Office at CMS is charged with more effectively integrating benefits under the Medicare and Medicaid programs and also improving the coordination between the Federal Government and states. A financial alignment initiative is federal state partnership to test aligning the service delivery and financing of Medicare and Medicaid programs to better serve individuals who are duly eligible.

The two models under this initiative are capitated model where the state, CMS and the health plan enter into a three-way contract to integrate primary, acute and behavioral health services, long-term services and support and prescription drugs. And the managed fee for service model is an agreement between states and CMS under which states would be eligible to benefit from savings resulting from initiatives to reduce cost in both Medicare and Medicaid.

CMS presented this funding opportunity to provide support for creation or expansion of Ombudsman programs for beneficiaries of the Financial Alignment Demonstration. And also to ensure that the beneficiaries of these models as well as their caregivers and authorized representatives have access to person-centered assistance in resolving problems relating to the demonstration.

These programs will inform states, plans, CMS and other stakeholders regarding beneficiary experience with plans and will recommend areas of improvement and states financial alignment initiative. So who's eligible to apply under this announcement? It's available to states that have a signed Memorandum of Understanding with CMS to implement an approved federal

alignment model at the time of award. In other words an application can be submitted to CMS even before an MOU is signed.

And if recommended by the panel of reviewers for funding the award is granted only after the MOU is signed. Be sure to check CMS's website for an up-to-date list of states that have signed MOUs. Any state government agency may apply, however CMS recommends that the State Units on Aging, (State Disability Agency), State Protection and Advocacy Agency, State Developmental Disabilities Council, (State Behavioral Health Agency) and state Medicare Agency should be involved in every phase of this program and only one application can be submitted from each eligible state.

Award information - CMS made available roughly \$12.2 million in funding over three years. Awards may range from \$275,000 to \$3 million depending on factors such as enrollee population. When awarded funding will be for a three year project period. There are three rounds for this grant, note that two have already passed - August 5th and October 3rd and the third and last opportunity is on January 14, 2014, so for states that have not come in you have a few more weeks to get your application submitted.

What are the activities on Ombudsman program? They will work to empower beneficiaries and help them in resolving problems they have with their healthcare, behavioral healthcare and long-term services and support. They will investigate and work to resolve beneficiary problems with plans and they will provide system's level analysis and recommendations. Now what does it take to be an Ombudsman program under this plan? It must demonstrate credibility with beneficiary.

This means they have to be free of conflicts of interest, be knowledgeable of areas relevant to beneficiary service such as about rights under Medicaid and

Medicare programs, LTSS, health and behavioral health services and person centered planning and service approaches. They must be confidential, in other words the identity of the individual and information provided to the Ombudsman shall not be revealed without consent of the beneficiary.

And they obviously need to be very skilled in negotiation - there will be a lot of that going on. The Ombudsman programs must also be accessible to beneficiary. This means that they offer their services free of charge; they can be contacted in a variety of ways such as by phone, Web and email, and more importantly be able to provide their services in person when necessary.

And they equipped - and they're equipped to provide culturally and linguistically competent services, including but not limited to individuals of varying ethnicities, functional and cognitive abilities and limited English proficiency. The state needs to ensure that the Ombudsman program under this grant is authorized to access information needed to investigate complaints.

They must be provided with access to records of the plan, Medicaid, Medicare, service providers and other regulatory agencies needed to investigate and resolve beneficiary complaints. Because of the types of information that the Ombudsman will come in contact with, they must be required to comply with HIPAA privacy rule and other relevant privacy laws and regulations.

It is critical that the Ombudsman program coordinate with other entities such as the SHIP, relevant licensing and regulatory agencies, consumer assistance programs, legal services providers and the plan in order to resolve beneficiary inquiries or complaints. It will be extremely beneficial to engage these entities and that the program develops a referral protocol so that questions and

complaints don't fall through the cracks and are handled appropriately and timely.

They must be capable of identifying trends and emerging issues, they do this by collecting data on inquiries and complaints as well as outcomes of efforts to resolve them. Based on this data they must provide reports on systemic trends and make recommendations to improve the financial alignment initiative and the services provided to beneficiary.

In selecting the state agency or designated entity to host a Demonstration Ombudsman Program the state must consider the capacity of the entity to be prepared to provide services no later than six months after the award date. It must also consider leveraging existing entities to promote efficient delivery of services. You will hear from two grantees today about their model that clearly leverages existing programs in their state. An application may receive up to a total of 100 points.

Each proposal will be evaluated independently against four criteria, proposed approach, organizational capacity and management plan, evaluation and reporting and budget narrative - budget and budget narrative. An application may receive up to 30 points based on its proposed approach, this is really important. Under this criterion the independent panel of reviewers will look at the sustainability plan in connection with the timeline.

They will look at the proposed planning and implementation activities, ensuring that it is necessary and appropriate and it meets the requirements under the funding opportunity. That the applicant is proposing the essential partnerships - again this is very important in how Ombudsman staff would coordinate with other entities and stakeholders. For this it's really important to

think about the flow of inquiries and complaints. Any entity that touches that case should be engaged in this program.

And as we discussed earlier sufficient state capacity and resources are also something that the reviewers will be watching closely. Here the applicant must demonstrate sufficient infrastructure and capacity to plan and implement the program. The number of staff, IT, ability to extract data, use of existing programs are just a few examples that would need to be addressed in this section of the application. There's a total of 25 points possible under this criterion.

Under evaluation and reporting the proposal must describe plans for meeting the reporting requirements. There are two categories of programmatic reports that's due to - that are due to CMS under this grant, the semi-annual award progress report and the quarterly data report. It's important to describe how data will be collected, how they will be compiled, analyzed and reported out. As well as how they are utilized in making systems level recommendation.

Now you've heard throughout the Webinar about leveraging existing programs, I think I've mentioned that quite a few times. So it follows that funding may be requested to expand service capacity, however the application cannot propose the use of award funds as a match to any federal funds. Now under the budget and budget narrative the application must reflect efficient and reasonable use of funds. It must include a comprehensive budget reflecting all costs of staffing and implementing the program.

If an applicant previously - and this is actually very important, if an applicant previously has received an award under a CMS funded consumer assistance or Ombudsman program the application should clearly describe how it plans to use funds under this current funding opportunity in a manner that avoids

supplantation or duplication of funds for the same services, in other words you need to show how you're expanding your program. Now who is the (Administration for Community Living) and what is our role here?

ACL in collaboration with CMS will manage and administer technical assistance to Demonstration Ombudsman Program grantees. ACL is prepared to assist in a wide array of activities and as you will see on this list in this slide as well as the next it's pretty comprehensive. We can assist in refining strategies and updating work plans, developing reporting elements and systems, developing a learning collaborative among Demonstration Ombudsman Program, facilitating outreach and stakeholder engagement, like what we're doing today and developing a training curriculum.

We can also help with providing feedback on contract requirements, something that we're already doing for one of the grantees. Or also could help in strategizing and problem solving, helping the program work through complex issues or cases and giving guidance on how to analyze and communicate trends and consumer issues.

And our assistance should not be limited to this list, CMS grantees know that they can always reach out to me and our team here at CMS for any questions and we're more than happy to help in any way that we can. Okay now let's look at a couple of state proposals, I would like to turn over the mic to (Nathan Nau), he serves as a senior Chief of the Plan Monitoring and Special Projects Section within the Medi-Cal Managed Care Division at the Department of Health Care Services.

He is responsible for maintaining and monitoring health plan audits and working on key expansion initiatives and special projects within the Medi-Cal Managed Care Program. He earned his Bachelors of Science Degree in



Business Administration with a concentration in management and an MBA from California State University at Sacramento. He worked for eight years in the banking and finance sector serving as a senior stock broker and manager of domestic and international expansion for a major brokerage firm - (Nathan) the floor is yours.

(Nathan Nau): Thank you Eliza and thank you for giving California the opportunity to speak on the Webinar today.

Eliza Bangit: You're welcome.

(Nathan Nau): And California is implementing demonstration under the financial alignment initiative called Cal MediConnect. For those of you who don't know or haven't heard of Cal MediConnect it is a three year project to promote coordinated health care delivery to seniors and persons with disabilities who are duly eligible for both Medicaid and Medicare.

The Cal MediConnect aims to improve care coordination for dual eligible beneficiaries and drive high quality care that helps people to stay healthy and in their homes for as long as possible. Also another goal is shifting services out of institutional settings and into home and communities that will help create a person centered healthcare system that we hope is sustainable long-term. The Department of Health Care Services is responsible for implementing Cal MediConnect.

The demonstration will be operational no sooner than April of 2014 and we are currently on target to hit that date and it will be implemented in eight counties which are Alameda, Los Angeles, Orange, Riverside, San Bernardino, San Diego, San Mateo and Santa Clara. Now California is very large in terms of geography and populations, so the counties were strategically

selected to represent different delivery systems and different areas within California to test the demonstration.

The Department applied for and received funding from CMS in support for a Demonstration Ombudsman Program in the state. The amount of funding for year one is \$708,366. The Demonstration Ombudsman will operate for the entirety of a three year Cal MediConnect project so we will be receiving funding and a grant for years two and three as well.

Now the Department of Health Care Services is also partnering with the Department of Managed Health Care to develop a Cal MediConnect Ombudsman Program which will be modeled on the existing Department of Managed Health Care administered consumer assistance program. The Department of Managed Health Care's role in California is to regulate health plans. And today they regulate over 100 plans including plans with commercial lines of business and Medicaid lines of business.

Part of DMHC's role is to offer consumer assistance. Their current consumer assistance program is designed to assist consumers who are struggling with health care questions in navigating the health care system in California. DMHC will release a request for proposal to contract with an independent qualified Ombudsman Services Providers which we're calling OSP who will provide Ombudsman services to individuals enrolled in Cal MediConnect.

Among other qualifications, OSP providers must have demonstrated experience in providing direct consumer assistance services related to health coverage and health insurance in the designated region. Expertise in Medi-Cal, Medicare and long term services and supports and competency in seniors - servicing seniors and persons with disabilities, a proven ability to coordinate

its services with other entities and the ability to provide cultural and linguistically competent services.

And I had mentioned earlier that DMHC already offers - operates a similar program so we're really going to hedge our experience on the subject matter expert in operating the independent Ombudsman. Now this slide has a chart of the roles and responsibilities broken down by each department. How we plan to memorialize this breakdown is by entering into an inter-agency agreement with the Department of Managed Health Care for operating independent Ombudsman services.

This isn't a new practice - we currently have interagency agreements with the Department of Managed Health Care and other departments, so we're hedging existing business practices that are successful to ensure that this Ombudsman project is successful as well.

The roles of the Department of Managed Health Care are to act as a principal agent administrating the Cal MediConnect OSC component of the program. In cooperation with the DHCS to develop a request for proposal which we're currently doing; solicit RFP for a bid, reviewing submissions and awarding contracts and once a contract is awarded managing selected OSPs. The rules of the Department of Health Care Services will be responsible for all other functions which include obtaining stakeholder input, collaborating with DMHC in developing the RFP, developing an outreach strategy, developing a training curriculum and training the OSPs and providing ongoing support.

In terms of the Phase 1 and 2 activities the Phase 1 activities include obtaining stakeholder input and we'll be obtaining stakeholder input on the RFP. We plan on having a stakeholder call and releasing a frequently asked questions

document and a fact sheet for the independent Ombudsman. We will obtain stakeholder input and apply it to the RFP as we deem fit.

We'll develop, solicit and initiate a Medi-Cal - Cal MediConnect Ombudsman Program RFP, develop reporting elements and systems, develop an outreach plan, develop training materials and train OSPs. We're really going to look at best practices and lessons learned and we're going to find our strategy and work plan on an ongoing basis and we're going to share resources across states as we can like we're doing today on this phone call.

The Phase 2 activities which are going to be the post-implementation to OSP, we're going to implement the outreach plan, develop the Ombudsman services, project oversight and management, data collection and case work and report submissions. Now some of the key points about reporting is we are going to focus on data collection and analysis, tracking of problems reported and assistance provided, rapid identification of urgent system problems based on individual request for assistance, broader identification of system elements in need of reform and unmet consumer repair and service needs.

Correlate submissions of data to CMS, informing and making recommendations to CMS, DHCS, DMHC, the plan and other stakeholders. And recently the DHCS has been working on enhancing or monitoring oversight of the Medicaid program and we're applying lessons learned and best practices that we've learned from other 1115 waiver initiatives.

And we plan on utilizing that information to make for a better reporting and monitoring system in identifying issues and mitigating those as soon as possible. Moving on to key points of outreach, the department will create and implement an educational program to support OSPs that can train their staff to assist enrollees and their representatives, so this would be like a train the

trainer scenario. Include discussions of Ombudsman services during monthly meetings with advocacy groups at the statewide level.

Include discussion of Ombudsman services as part of an ongoing monthly conference call with DMHC and OSP staff. Coordinate with other entities and local stakeholder organizations on outreach efforts; coordinate with all relevant California Ombudsman programs. Continue to update and refine <http://www.CalDuals.org> which is a consumer-friendly Web site through which enrollees and their advocacy - advocates can help access relevant information.

Work with provider associations to ensure that information flows in a timely manner for gathering in publications as well as work to assist with routine member inquiries and clarification. So in terms of outreach we really have three broader goals which is to have a robust communication plan. We want to coordinate internally to ensure that our other Ombudsman offices and our roll-up brokers are providing consistent information.

And we also want to coordinate externally with all possible stakeholders and advocates that we can. And Eliza I believe that ends my portion of the presentation.

Eliza Bangit: Okay thank you so much (Nathan), now if you wouldn't mind just returning the control back to me so that I can then pass on the mic to (Joani Latimer) who is from the Virginia Department of Aging and Rehabilitative Services.

(Joani) holds a Master of Science Degree in Gerontology and has service Virginia's State Long-Term Care Ombudsman since 2000. As stayed Ombudsman she administers the state-wide Ombudsman program with a current staff of 32 local Ombudsman serving in 21 local offices across the

states. (Joani) has worked professionally in both acute care and long-term care services and support in the non-profit sector, including work with geriatric care management, quality assurance, caregiver support and advocacy.

(Joani) before I hand the mic over to you I'm going to wait until I get control. All right there we go - (Joani).

(Joani Latimer): Thank you Eliza, well I'm very pleased and excited to be a part of this today and really looking forward to and excited about partnering with CMS and with our Department of Medical Assistant Services here in Virginia and kind of pioneering a whole new area for Ombudsman services.

I have also on the line with us today two folks who have been very involved in this in Virginia and who will be available during the Q&A period. One of those is (Christian Berhoff) and (Christian) is the Complex Care and Services Advisor with our Department of Medical Assistance services and has worked extensively and oversees the outreach and educational components of this. And (Katie Roper) is our assistant commissioner here at the Virginia Department for Aging and Rehabilitative Services.

And has had a major hand in other pieces but especially working closely with us in putting together our plans for the Demonstration Ombudsman Program. So they will be available to answer questions at the end of the presentation. I'll start out by saying that like California, Virginia is one of those six states that as of earlier this summer had signed an MOU with CMS and so was really positioned when this opportunity came along to submit a proposal.

We had thought long and hard about that at that point in time and I'll talk a little bit more about that. The demonstrate in Virginia and I think we're all - yes the demonstration in Virginia is being implemented by our Department of

Medical Assistance Services which is the state's Medicaid agency and the project for the financial alignment to serve Medicare and Medicaid enrollees is called Commonwealth Coordinated Care or CCC. DMAS is tentatively responsible for the overall implementation of that program.

And it will be implemented in a phased-in process in five separate regions of the state, starting with two regions and then phasing in after that point three additional regions of the state. As I said we had thought a good deal about developing an Ombudsman component and actually to have some informal discussions with some of our folks at our Department of Medical Assistance Services as this was beginning to take shape and it was clear that Virginia would have a financial alignment program in place.

And we as Ombudsman thought seriously about the fact that there would be a strong need for an Ombudsman component to that in order to, you know, even in the best programs ensure that enrollees got their full and adequate services under the plan and were able to exercise their rights. So we had done a good bit of thinking about it and then when the opportunity came along in August we went ahead and submitted a proposal.

The Virginia Department for Aging and Rehabilitative Services or DARS as we call it is responsible for implementing the Demonstration Ombudsman program and we were of course excited to learn a couple weeks ago that we have been funded by CMS in the amount for the first year, the program of \$245,079. Like in the case of California, our submitted proposal covers plans for the three year period and we hope to continue the funding - and I'll go to the next slide.

So Virginia's strategy is really essentially a hybrid and what we mean by that is that we thought it wise to start by leveraging the full complement of the

current Ombudsman program which has been a strong I think and well received and effective program in our state to utilize that part of the program for a piece of these services to this population and then to add a brand new component onto that, so that additional persons that were brought onboard could address the many needs of the - all the enrollees in the Ombudsman project of any age living in the community.

In order to make it a successful and a robust program, we thought it was important to make sure we enhance the current Ombudsman program to make sure it was at full strength and able to serve the new sets of needs that would be coming down as they serve enrollees under a plan. Our Ombudsman as the results will be serving dual eligible who are living in nursing homes or assistant living facilities and providing advocacy on their behalf on helping to problem solve and empower them to solve problems and understand their rights.

We felt like this is a good strategy in that the current Ombudsman program already has credibility and is known in the community. Also at a time when there is change to the environment and to the coverage for the enrollees it's - we feel it's going to be less confusing for them to be able to continue with the current advocates that have been helping them in the program and that they see in their nursing homes and assistant living facilities on a day-to-day basis.

Then in terms of the new component we saw an opportunity to really set up an arrangement where we could bring on some additional members of our team, particularly with certain diverse areas of expertise and knowledge and experience to really fully outfit our programs to be able to respond to the broad range of needs now including those of persons living in the communities who may have long-term needs for services and support.



That piece of it, the new component we will be implementing via a request for proposal process under the state's procedure for that and will assemble those folks as a part of the team based largely on the particular sets of skills that they can bring, areas of expertise, abilities to help us meet diverse needs both culturally and linguistically as well and that will be a team that works hand-and-hand with the current and existing Ombudsman program.

Together we think we're really going to have a broad range of abilities to meet the full gamut of human - health and human service needs across the system and to be nimble and flexible in doing that. The other pieces that are advantageous I think in this arrangement are the additional strengths of diverse groups in terms of problem solving abilities as well as a diminished conflict of interest potential. We have multiple entities, multiple agencies even individuals that might be hired under the RFP process who are serving the population.

And I'll go to the next slide - what we tried to do here is to just set out in kind of chart form the structure of the program to help you kind of see how this would be playing out. The top row is the staff that we intend to hire at the state level, a statewide coordinator which would be a full-time position. It would be within our Ombudsman program here at the Virginia Department for Aging and Rehabilitative Services.

And that would be the person who has primary responsibility as described in our proposal who are doing the overseeing and monitoring of the program for coordinating - for doing - submitting reports and for taking a lead role in terms of the important piece of systems advocacy that needs to go with this project. And of course that part of your population was based on the entire enrollee population that we're serving.

The middle row refers to the enhancement, the expansion of current Ombudsman services, these are the folks who are going to focus on serving really high need enrollees in those - in the sense that those are persons receiving care in nursing homes and assistant living facilities. So they would be helping those individuals to understand and exercise their rights and to help empower them to resolve problems to step in as needed in problem-solving with those individuals and essentially making people aware of the availability to access to an Ombudsman service.

And then finally the bottom row is describing the new - newest component which would be at the regional level, the individuals or entities that are hired through the RFP process to fill the needs - the specialized needs, particularly of those enrollees who are living in the community and who could be persons of any age as opposed to our program focused on those 60 and older. And I think we can probably go to the next slide with that - what we have here is a delineation of primary activities that are planned for the two major phases of the program.

During the first phase we anticipate forming a stakeholder's group that will be a critical piece of staying focused on mission and goals and on communicating that to the larger community and advising in terms of customizing communications, etc. And I think that that group as we see it at this point would also be important to looking at our methods and our results in terms of identifying trends and recommending changes to the plans and to our Department of Medical Assistant Services as the program goes along.

We also would be during that phase hiring, recruiting and interviewing and hiring the coordinated care advocate manager, the state level position that you saw on the chart that will be full-time within the Office of the State Ombudsman and responsible for doing primary coordination of the program,

submission of reports, many of the work that as you see in the next bullet on the development and policies and procedures for the program. Along with that we will also be working on the development of the specific job descriptions.

As this new plans calls for expanded duties for the entire staff and with the development of the Request for Proposal process identification of the criteria that will be used to select, etc. And the development identification of field offices where we would locate the persons who are contracted and these would be contracted directed - directly between the contracting entity and the Virginia Department for Aging and Rehab Services to operate out of field offices around the state.

So they really and truly are there at the local level assessable to advocate for the enrollees in the community. Another piece of what we will be working on during that phase will be the development of the tools and the protocols for collecting critical data, identifying trends and utilizing those pieces of our current system in an enhanced way to really assess the success and the beneficiary experience with the rollout of the program.

We will also be working on development of some Memorandum of Understanding with some of our key partner agencies. In some cases these are agencies that because we already have established working relationships and a history of coordination, we have some of those pieces in place and we will be adjusting those, expanding those to address additional needs and coordination in working with this entirely new population and with our managed care plans of course.

Since the enhanced local Ombudsman portion of the program, we anticipate will still be operated through our Area Agencies on Aging which has proven a strong relationship and a strong structure for the operation of the traditional

Ombudsman program. We'll be working with those agencies on understanding the goals and the steps and processes involved with assisting the population under this demonstration and reflecting that in the area of plans.

We'll also be - excuse me, be reviewing the performance, excuse me the pertinence statutes that give us authorization. Again that was a key part of the proposal's requirement that the state implementing this plan has those pieces in place. And we do have the advantage in that we're leveraging our current program which has had authority under statute. And we will be working, in fact we're currently working on doing the modifications to those statutes to ensure that we have the full access to serve the population fully.

And we're currently also talking with our vendor that handles our state-wide data management system and we will begin during this phase to work directly with them specifically on re-tooling that system to make sure that we can track appropriately the elements that will ensure that we can monitor and reflect recommendations back to those managed care organizations and the Department of Medical Assistance Services as we go.

Beginning as a Phase 2 we're really looking at that point of developing and implementing training and this will be a key and important piece. While we assume that - and would be looking to hire a very specialized areas of knowledge and expertise as we hire for the new component, both the new component and expanded local Ombudsman staff through the Triple A will need specific training in dealing with the managed care plans and advocating within that framework for the rights and the benefits of enrollees.

We'll be working of course with those Commonwealth Coordinated Care communications and outreach components and our stakeholder's groups as well just to make sure that appropriate and adequate information is going out.

Not only about the plan in general but about the availability and the function of the Ombudsman pieces of it. We would hope that certainly enhanced public awareness and access to Ombudsman services and build on the existing access that is there.

Then also of course in that phase is the fairly important part of beginning delivery of actual services, advocacy and problem solution support for the enrollees and the plan. And to begin immediately at that point with the monitoring of those services and enrollee experiences for the purposes of developing recommendations for the plan, for the Department of Medical Assistance Services and particularly for improvements and adjustments to our services as we go along with that.

And I think with that we've kind of - we've come to the end of the Virginia piece.

Eliza Bangit: Great, thank you so much (Joani), that was a wealth of information and I'm sure they'll be a few questions for our, you know, for our subject matter experts today.

So - I apologize, I was talking the whole time and it was muted. I just wanted to say thank you to (Joani) for the wealth of information that she had shared with all of us and to (Nathan). (Lori) if you wouldn't mind opening up the lines for questions.

Coordinator: Thank you, at this time if you would like to ask a question from the phone please press star one, you will be prompted to record your name. Please ensure that your mute feature has been removed before you record your name.

Again at this time if you would like to ask a question from the phone please press star one and it could take just a moment. Again at this time if you do have a question from the phone please press star one - and one moment for the first question. Okay our first question comes from (Carie Bollinger), your line is open.

(Carie Bollinger): Yes thank you, I was just curious to hear California and Virginia discuss their plans for sustainability beyond the grant period, thank you.

(Nathan Nau): Hi this is (Nathan) from California, from our perspective the demonstration is - technically it's a three year demonstration project.

So we're looking at it as a demonstration and we're going to see how the program works and then from there we have the goal to, you know, move forward with continuing with it which would include hopefully the independent Ombudsman but right now we're focused on the April implementation and staying up both the demonstration program and the Ombudsman and once we have it up and running then we're going to look to, you know, the future plans of the program.

So sorry I can't answer questions specifically and provide more detail, but I think that's where we're at in the process.

(Joani Latimer): And this is (Joani), I would say that Virginia would echo that approach.

You know, I think one of the benefits to expanding on the existing infrastructure of the current Ombudsman program is that we can think more fully about how that program is sustained and how we can expand - expand kind of on that piece to - if we continue with the dual program to integrate some of the funding and expand the funding that supports that program.

Coordinator: Okay were you ready for your next question?

Eliza Bangit: That would be great (Lori), yes please

Coordinator: Thank you, (Beverly Lawford) your line is open.

(Beverly Lawford): Hi I was just wondering we in Ohio have not yet received our response to our second round application because of the shutdown it looks like the response period's going to be extended for longer than the shutdown was.

So in the case that we would be denied that's going to really shorten our opportunity to apply in the third and final round, but I was wondering if CMS is contemplating extending that January date.

Eliza Bangit: Thanks for the question (Beverly), this is Eliza - I do have my thoughts about that but I would like to give (LaTonya) or Edo an opportunity to respond first - I think they're on.

Edo Banach: Yes we can address that; (LaTonya Phipps) will address that, thank you.

Eliza Bangit: Thank you.

(LaTonya Phipps): Right now as you know the application - excuse me, the shutdown that impact one of our contracts that we use to get reviewers in place to review the application, so that's what we're still waiting on right now before the application can be reviewed.

You should not worry, the round three deadline does not apply, we have your application and we will work with you on that. But the January 14 deadline

still stands and at this point we're not going to extend that deadline, so any other applicant's needs to get their application in by that time.

Eliza Bangit: Thank you.

Coordinator: Thank you, again at this time if you would like to ask a question from the phone please press star one and record your name. I am showing no further questions at this time. One moment, I am showing one next question - (Cathleen) your line is open - (Cathleen) your line is open for your question.

(Cathleen): Thank you, I was curious for either of the states, if the Triple A's are actually providing any direct services currently and if so how are you protecting from any conflict of interest?

(Joani Latimer): This is (Joani) in Virginia and we have a number of Triple A's that are looking at the possibility of being involved in some degree of service delivery and some of them have already for some time not under financial alignment managed care plan but on - have been providing community-based services.

So part of our thinking on that was - and part of the rationale for the development of the new components was to provide alternative advocacy on the services that would be independent in certain areas where there might be a potential conflict of interest. So we're hoping that's going to be a way of addressing that and feel confident that we can, you know, work out a system where the conflicts are minimized.

Coordinator: Again at this time if you do have a question from the phone please press star one. And I'm showing no further questions at this time.



Eliza Bangit: Great, thank you so much (Lori) and thank you all - thank you to our speakers and thank you for joining us today in learning more about the funding opportunity announcement that's coming out of CMS to support the dual Demonstration Ombudsman Program. So thank you so much and have a great afternoon.

Coordinator: Thank you and that does conclude today's conference and parties may disconnect at this time.

END