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NWX-HHS-AOA-1 (US)

Moderator: Lauren Solkowski
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Coordinator: Welcome and thank you all for standing by. This call is being recorded. If you have any objections you may disconnect. All lines have been placed on a listen-only mode until the question and answer portion of today's conference. At that time, you may press star 1 on your touch tone phone to ask a question. I'd now like to turn conference over to Lauren Stokowski. Thank you. You may begin.

Lauren Stokowski: Thank you, (Jane). And good afternoon, everyone. And thank you for joining us today for the Administration for Community Living business acumen welcome Webinar. I am Lauren Stokowski with ACL and will be helping to facilitate our Webinar.

As I mentioned, the purpose of today's Webinar is to welcome you to the business acumen morning collaborative, to introduce the network partners to each other, as well as to ACL staff, collaborative funders, and our technical assistance providers. We'll also describe the learning collaborative approach and provide a foundation for what you can expect going forward. And then answer any questions that you may have.

Before we get started, I have a few housekeeping items to run through in terms of the Webinar. If you have not done so, please use the link included in the calendar appointment to get onto the WebEx so that you can follow along with the slides as we go through them.

If you don't have access to the link, you can also go to www.webex.com. Click on the attend a meeting button that's at the top of the page. And then enter the meeting number which is 660038912. That number is 660038912. If you have any problems accessing WebEx, please call their technical support number which is 1-866-569-3239. That's 1-866-569-3239.

If you're not able to access WebEx at all, I did send the agenda and PowerPoint deck in a separate email. You can follow along the PowerPoint manually with the slides. If you did not receive my email, please send me an email and I will forward the slides to you.

As the operator mentioned, all of the participants are in a listen-only mode. However, we will be opening the lines at two points during the Webinar. The first will be during the introduction section of the agenda and the second during the question and answer section. During this time, the operator will provide instructions for activating your line.

In addition to asking questions via the audio line, you are also welcome to submit questions or comments through the Web using the chat function in WebEx that is located on the right-hand side of the screen.

You can enter your questions and I will sort through them and answer them as best as I can throughout the course of the Webinar. If there are any questions that I don't get to, I will follow up with you following the Webinar.

As the operator mentioned, we are recording the Webinar and will be posting the recording, the slides, and a transcript on the ACL Web site as well as on one of our TA provider's Web sites - that's the National Association of Area Agencies on Aging Web site - and you'll hear more about that later in the call.

I have entered my email address in the chat box. I will also post two Web sites where you can find the recordings and transcripts in the chat box as well during the Webinar. So with that, I will turn things over to my colleague, Marisa Scala-Foley.

Marisa Scala-Foley: All right. Thank you so much, Lauren. If we could move to the next slide. All right. So thank you all so much for joining us today. My name is Marisa Scala-Foley and I work in ACL's Center for Consumer Access and Self-Determination.

And in partnership with Lauren, I manage our efforts related to building the business capacity of state and local aging and disability organizations to partner and contract with integrated care entities - whether those are health plans or accountable care organizations, physician practices, and so forth.

So we are thrilled to have you join us. And let me again - I know we've done this via email, and you've gotten calls from our ACL regional administrators - but let me also congratulate you on being selected for the collaborative.

We had more than twice as many applications as we could accommodate with spots, so this was a highly selective process. And we were thrilled with the quality of the applications and the partnerships that your networks represent.

So we're glad to have you join us today for this sort of welcome to the family Webinar. We're thrilled to have you join us and to join you all on your journey toward contracting with integrated care entities.

So I think Lauren's talked a little bit about the agenda. We're going to start with how we came to this at ACL and what activities we've been undertaking. Then we're going to move into really about the learning collaborative - what the goal is, what lies ahead, a little bit about learning collaboratives because action learning collaboratives - while some of you may be familiar with them, for others of you, this may be a new process.

And it's a different way of running meetings and thinking about the work that we all are doing. So we wanted to talk a little bit about what it means to be part of a collaborative. Then we'll get into talking about who's on this journey with you and how we get there, what lies ahead.

And then finally we'll get into the process of, you know, what comes next in the process of making individual technical assistance requests. And then we will open things up for questions.

And I should have mentioned - when you see the bullet on here in terms of who's on this journey with you, that's the point where we'll ask you all - and the operator will help us with that - to introduce really briefly yourselves and your network partners.

So Lauren, if we could move to the next slide. So I probably don't need to even show this slide anymore, but I'm sure you all are aware from the work that you're doing in your respective states and areas.

There are as a result of the Affordable Care Act and other initiatives numerous opportunities for integrated care - for integrating health care and long-term services and supports - whether that's through accountable care organizations or the financial alignment initiative which seeks to coordinate care under Medicare and Medicaid for people dually eligible for those programs, you know, Medicaid managed long-term services and supports.

There are lots of different opportunities that are really pointing toward that integration of healthcare and long-term services and supports. Next slide please. So when all of this work began really in earnest after the passage of the Affordable Care Act, we started getting a lot of questions from the networks whom we serve at ACL about how do community-based organizations fit into the delivery system reforms? Where do they add value?

And we know there are a number of areas where there are what I guess we've called them in the last collaborative, what was termed as sort of pain points for integrating care entities. You know, areas that they really care about that they're often being, you know, benchmarked in terms of quality.

We know that there are a number of areas that they really care about in terms of not only improving population health and improving care but also reducing cost. And you see those represented in the boxes sort of on this wheel on your screen. Things like managing chronic conditions or activating consumers or beneficiaries, avoiding long-term residential stays, and preventing not only hospital readmissions but also hospital admissions.

And we know that there are services that your organizations offer that can add value and that can help integrated care entities with all of these. For example, in terms of, you know, activating consumers or beneficiaries.

Things like evidence-based care transitions programs, or person-centered planning, chronic disease self-management programs, employment-related supports, benefits, outreach, and enrollment all can contribute to that goal of really activating consumers to be, you know, active participants in their healthcare and in their long-term services and supports for better integration of services and also to improve their quality of life.

So, you know, take any one of these sort of boxes on this wheel. And we think that there are services that community-based organizations provide that can really add value and contribute to the quality of services. Next slide please.

So we've been engaged in this. And really this starts with 2012, but ACL's work, you know, formally as the Administration on Aging began long before this in terms of business acumen - in terms of looking at helping community-based organizations to become Medicare-certified providers of diabetes self-management training.

But in 2012 we went out with grants to national partners really to try to build the business capacity of aging and disability organization, which for the most part have been largely grant-funded over the years - and really to build their business capacity to contract with integrated care entities, you know, a part of managing long-term services and supports in other integrated care efforts.

And those grants were awarded to the National Association of Area Agencies on Aging specifically to provide technical assistance to community-based organization as well as NASUAD, The National Association of States United for Aging and Disability, to do similar kinds of work with states when it comes to business capacity and integrated care.

So we went out with these grants and we also, you know, at the same time - ACL by no means does this work alone. So not only do we have our grantees and contractors, but we also have been engaging not only with public partners, our sister agencies within Health & Human Services, but also with private partners - in particular with private philanthropy, who are funding efforts in this area.

Most notably - whom you'll hear about in the course of talking about this learning collaborative - are the John A. Hartford Foundation and the SCAN Foundation, who have been fantastic partners in this journey toward building the business capacity of community-based organization for contracting with integrated care entities.

So we've been working with public and private partners to really explore this issue and to really push in terms of building business acumen and really helping community-based organization to build the skills that they need for these contracts and partnerships.

So as a result of the grants that we had issued, we realized that not only did we need sort of the broad-based technical assistance that was being undertaken all under those grants - but that there were also real opportunities to leverage the grants and contracts that we had within ACL as well as the great work that was being done by private foundations to really provide targeted technical assistance to networks of community-based organization around the country.

And the reason why we emphasize this network concept is that what we've heard often from health plans and other integrated healthcare entities is that they often don't necessarily want to contract with dozens or hundreds of community-based organizations in a given service area.

They want their contracting to be more centrally focused. So they would contract with one or two agencies that could really help them build their networks of providers - and in this case, long-term services and supports providers.

So in 2013, we went out with a request for applications, very similar to the one that you all responded to last fall. We went out in early 2013 with a request for applications for networks of CBOs to become part of what was our first business acumen learning collaborative.

And we were joined in that by the John A. Hartford foundation who supported in-person meetings of that learning collaborative. And really, it was a tremendous 18-month journey, I think, for all of us.

For that round of the learning collaborative, we selected nine networks of community-based organizations, all of whom shared the same goal which we're going to get to in a minute when we talk about this learning collaborative that you all are embarking on with us.

And we really learned a tremendous amount in the course of those 18 months. And I'll talk a little bit more about the gains that all of those networks of community-based organizations made during the course of that learning collaborative. But that's a little bit about our history in all of this.

And really the success of the last learning collaborative and the tremendous partnerships that we were able to develop and the great work that was done by that group really led us to go out with a new request for applications and to continue this work in new areas of the country and with new networks of community-based organizations. And we're thrilled to have you all with us in this second collaborative.

So the next slide, Lauren. So now let's get into - so I've told you a little bit about our history and some of our activities in this area. One of the things that marks an action learning collaborative is really to have a big goal that everyone is striving toward.

And so our goal for this learning collaborative, as it is for the last one, is that each network - each of you, each of your networks - will have at last one new contract with an integrated care entity, whether that's a health plan or an accountable care organization or a physician practice or a health system, by the end of the collaborative.

Next slide. And that is what all of our activities really will center on in all of this. And so the format for this is what I mentioned before in an action learning collaborative. So what does that mean?

Next slide. An action learning collaborative centers on a number of different kinds of activities. First is the aim or the goal that we just talked about - that each of your networks will have at least one new contract with an integrated care entity by the end of the collaborative.

The second thing that marks an action learning collaborative is something called a change package. And really a change package - how I think about a change package, and we'll get to what exactly our change package will be in a minute - is really the tools, the topical areas, and the types of tools that we will offer to your networks in the course of this collaborative that will help to build your business capacity.

And I should mention, you know, we were very deliberate in the selection process, in selecting networks of organizations. Some of you have been

engaged in this kind of work for a while. For others of you, you are in the very beginning stages in terms of exploring, you know, this idea of contracting with integrated care entities. And we were very deliberate about that.

It was a mix that worked really well in the first collaborative in terms of learning. Everyone has something to learn from each other, which is another hallmark of an action learning collaborative - really a recognition that you all are the ones who are doing the work and who are the experts. The experts are sort of in the room.

And in this case we're in this virtual room together. In the very near future, hopefully, we will be physically in a room together learning from each other and so forth. But that's also one of the hallmarks of this learning collaborative.

So as part of this change package, we will have learning sessions - or what are often called pacing events. Those will be either virtual via Webinar like we're doing today, or in person as we'll talk about in a little while. You will also have access to individual technical assistance through our technical assistance grantees and contractors.

And then finally there are what are called action periods - those periods sort of in between the events we have, where you all will be doing work on your own in your communities to figure out who your targeted contracting organization are, to think about what your market looks like and map that out, and so forth - and really to bring your networks together for this really important work. So that's a little bit about what an action learning collaborative is all about.

Next slide, Lauren. All right, so I mentioned this idea of a change package. And I wanted to talk a little bit about what we mean by our change package -

the kinds of areas where we will be working with you all and our technical assistance partners, whom we'll introduce to you in a couple of minutes who will be working with you all - whether that's in person in your communities, or in meetings, or on Webinars and conference calls.

So here are the sort of topical areas that we think will help us and will help your networks to achieve the goal of signing at least one new contract with an integrated care entity by the end of this collaborative.

And it starts with really understanding your market. What it is right now, how it's changing, what your customers want - what are the areas that are real needs for the contracting organizations, your target contracting organizations? Where do they need help? Knowing what your network's strength and weaknesses are. And also who your competitors are. That's all part of this issue of understanding your market.

Next is really identifying your product line or your service line. You know, what does it cost you to deliver those services? And what can the market bear? You know, what can you charge? How do your costs lead to coming up with a rate that you can charge for your services?

Next slide. Also included in the change package are really making a business case or articulating your value. What it is that you communicate in your services and your value to target contracting organization clearly and consistently, and how the service package that you offer can help to meet what your customers' needs are or solve problems that they might have.

So a great story from our first collaborative. One of the partners within the collaborative, Elder Services of Meramec Valley, talked really eloquently in a

presentation about how, you know, they had gone to some conference that physician practices were there.

And one of the things they learned there was that, you know, a real problem that physician practices were facing was that their patients were often no-shows at their appointments, particularly after hospitalization.

And so they went and really market said - we have transportation services that we can offer that can help your patients not only get to you for a follow-up, but can help you solve that problem of no-shows within your practice. So a great opportunity of a service that meets a need or helps to solve a problem for a potential customer.

Forging relationships or partnerships. You know, who's in your network right now? Who isn't but who needs to be based on the needs that your customers or that your targeted contracting organizations have? And really importantly - and this came out in the course of our first collaborative as a really important topic - you know, who are your champions?

Where are there relationships that you can tap into that you may have, your network partners may have, their boards may have, with target contracting organizations? Who can help you get your foot in the door and really sort of emphasize the value that your network can bring to potential contracting organizations?

Next slide. This next one - this is probably going to be one of the first Webinars or sessions that we offer you all. And we learned this - I think the first time we went through this we really underestimated this, but we're not going to do that this time. In terms of organizational culture and really how

fundamental a shift this is for some organizations in terms of going from what is largely a grant-funded culture to thinking more entrepreneurially.

And really, how are you balanced? Because most of us got into this work because we were, you know, interested in the mission of the work that we all do - in terms of whether it's working with older adults or persons with disabilities.

And how you balance that mission with trying to achieve margin and trying to market and sell your services to potential contracting organizations. So we'll likely start there. And we'll get back to you with a schedule for Webinars that we'll be part of.

So establishing your legal structure. What is your network going to look like? What are the options for structuring your network? You'll hear a number of them. And different networks within the last learning collaborative have structured their networks in different ways - whether it's pursuing a limited liability corporation, or developing a management services organization that can help to support back office functions, or something looser and less formal.

It really depends on what your network's needs are and, you know, what you're able to do from a legal standpoint. So we'll talk about those options, what kinds of firewalls you might need, and what potential contracting vehicles are.

Of course we'll talk with you all about the issues of how you go about pricing services, capital, cash flow, things along those lines - and really building your infrastructure for referral, billing, and tracking outcomes.

And we'll explore the issue of how information technology can potentially support that. That's an area certainly that was of keen interest to the last collaborative. And we will continue to work not only with you all but with them on how community-based organization and providers of long-term services and supports can be part of the health information architecture and infrastructure that's being built in communities and states.

Okay. Next slide, Lauren. And then the last few things that will be part of this change package - whether it's through individual technical assistance or Webinars or the in-person meetings that we'll have - are really about ensuring scalability, how you go about building volumes because, you know, as we were talking about on a recent sort of leadership call that we had - the contract, while it's an important goal of this - we all sort of thought okay, we'll sign the contracts and then that will be it. Well no, there are issues related to sort of building volume and how you staff up accordingly and so forth.

And then finally, you know, selling your services, negotiating contracts with integrated care entities. And finally, you know, we'll continue to work on issues - and we'll work on with you all as well as with the members of the last collaborative - issues related to quality performance management.

And we'll explore this issue of, you know, potential accreditation of community-based organizations. And one of the networks within the last collaborative that was led by the Partners in Care Foundation, which is continuing to serve with us in a leadership role in terms of these learning collaboratives - they are pursuing right now with the NCQA, The National Committee for Quality Assurance. So we will continue to explore that issue.

Next slide. All right. So now we've talked a lot about the different kinds of topics that we will seek to address throughout this learning collaborative. Now I want to turn things back over to my colleague here at ACL, Lauren Solkowski, to walk us through the introductions.

Lauren Solkowski: Great. Thank you, Marisa. So as I had mentioned earlier at the beginning of the call, to go through the introduction section we will be activating the lines to give us an opportunity to hear from all of our site leads and to help us get to know each other better. So to begin this portion of the agenda, I will ask the operator to please provide instructions for activating your line.

Coordinator: Thank you. At this time, site leads, if you would like to introduce yourself please press star 1 on your touch tone phone. You will be prompted to record your name. Please ensure that your phone is un-muted and record your name clearly so I may introduce you. Again, site leads, for introductions please press star 1 now. One moment please.

Lauren Solkowski: Thank you, (Jane). So while we're waiting for those lines to queue up, I just wanted to do a brief reminder in terms of the introductions that I had sent out in the email earlier today. So essentially we're asking each network to address your network name and the location, the network lead name and organizations, the primary network partners, and then just a sentence or two about the main reason that your site applied for the learning collaborative.

And then since we will be talking, as Marisa mentioned, rather frequently in the upcoming months - in the interest of time, if you could keep your introductions brief that would be great. We'll definitely be hearing a lot from one another as we move forward. So operator, have we had the lines queued up?

Coordinator: Yes. Our first introduction comes from Mary Fredette. Your line is open.

Mary Fredette: Good afternoon, everybody. I am with the Vermont group. And we are Triple A, Adult Day, and some other partners. And we came together hoping to, you know, build capacity and really learn the basics of bundling our services.

Lauren Solkowski: Thank you, Mary.

Mary Fredette: Thank you.

Lauren Solkowski: Okay. We'll move to the next.

Coordinator: Our next one comes from Terry Arnold. Your line is open.

Terry Arnold: Hi. I'm Terry Arnold and I'm the Executive Officer of the ADRC of the Greater North Shore Incorporated, north of Boston, 19 communities. Our leadership is comprised of one ILC, three ASAPS, our local PACE model, and the North Shore Career Center. We've been around since 2004. And we're incorporated for about two years now.

And we're looking through this technical assistance award to further our efforts in offering more enhanced, effective long-term services and support. So the premise of this proposal. And also looking to really take a better look at our strengths and our weakness, our opportunities and our threats, which we've already done to varying degrees.

We have crafted a work plan as part of our strategic approach. So we don't really want to start over, but we really would like some help moving forward with what we've done assessing impact and figuring out how to best move forward.

Marisa Scala-Foley: And Lauren, let me just interject really quickly - this is Marisa. Terry, that's exactly what we want to do. As I mentioned before, we really were deliberate in choosing networks that were a little further along as well as networks that were sort of in the beginning stages.

And we want to take everyone from where they are and move them forward toward that goal of contracting with integrated care entities. So thank you for sort of exhibiting exactly what we're hoping to be able to do.

Lauren Solkowski: Terrific.

Marisa Scala-Foley: Lauren, sorry for the interjection there.

Lauren Solkowski: No, it's fine. Thank you. Thank you, Terry. Okay, we'll go to the next.

Coordinator: Our next one is Melissa Mandrell. Your line is open.

Melissa Mandrell: Hi. I'm speaking on behalf of Laura Davy who's on vacation in sunny California, not snowy New Hampshire. And our network consists of all the service-linked resource disability centers in New Hampshire with are our ADRCs as well as Granite State Independent Living, which is New Hampshire's center for independent living. And UNH Center in Aging and Community Living is serving as the project director and the liaison.

And New Hampshire is an atmosphere of change right now. We have a lot of people who are implementing ACOs. And we're also looking at Medicaid managed care. And we see this as a prime opportunity for our community-based organizations to really step in and try to do some entrepreneurial work.

Lauren Solkowski: Thank you, Melissa. Next?

Coordinator: Our next one is Brenda Schmitthenner. Your line is open.

Brenda Schmitthenner: Hi everyone. I'm Brenda Schmitthenner from the County of San Diego's Health & Human Service Agency, Aging and Independent Services. We are the area agency on aging for San Diego County. We're also the county's umbrella agency for programs and services for older adults and persons with disabilities. And we're the lead agency in San Diego County's Aging and Disability Resource Connection.

And the network leads are myself, Brenda Schmitthenner. I'm the Aging Program Administrator at Aging and Independent Services and the manager of the long-term integration project, and Louis Frick who is the Executive Director of Access to Independence which is our independent living center and a core partner in our county's EDRC.

Our primary network consists of more than 90 different service providers as well as an expanded network that includes 13 hospitals, multiple physician groups, community clinics, side-managed medical health plans, consumers, family members, and care givers - which are all part of our long-term care integration project, more than 800 different stakeholders.

The reason that we applied for this opportunity was we wanted to have the opportunity to learn how to sustain and grow our Aging and Disability Resource Connection programs - which include the largest community-based care transitions program in the country.

As well as how we could perhaps look at the feasibility of implementing a home and community-based services brokerage to increase access to home

and community-based services. So we really want to learn how to increase our contracting and our sustainability so that we can move into the next decade as an aging network provider.

Lauren Solkowski: Thank you, Brenda. Now we'll go to the next.

Coordinator: Next up we have Kerry Guiden. Your line is open.

Kerry Guiden: My name is Kerry Guiden. I'm with the ARC of Tennessee. And our network is comprised of several local chapters of the Arc and also a private provider of health and community-based services for people with intellectual disabilities and also the Alzheimer's Association.

And so it's sort of a diverse group. And we formed this collaborative or network because our state is moving towards managed long-term services and support for intellectual disabilities in the very near future. And they currently do that for the population of people with physical disabilities and who are aging. And so we have a lot of small chapters or small organizations that are sort of worried about getting swallowed up in the bigger managed care world.

And so we're trying to figure out a way to leverage the administrative abilities of the ARC of Tennessee and the service provider abilities of a lot of the other chapters so that we can somehow do an umbrella where we would handle the administrative pieces. And then the chapters and the providers can continue doing what they do well, so that we're looked at as a bigger entity and hopefully more marketable to managed care organizations.

Lauren Solkowski: Thanks, Kerry. Next?

Coordinator: Next up we have Tracy Murray. Your line is open.

Tracy Murray: Hi. I'm Tracy Murray and I'm the Assistant Director of the Alameda County Agency on Aging. And I am representing our local and newly formed ADRC. Our core partners are the Center for Independent Living and Community Resources for Independent Living. And we represent and/or contract with a network of about 45 agencies.

Our interest in applying for this grant is really looking at ways to move forward from our very recent designation of an ADRC. And we're very particularly interested in developing expertise in quantifying our own data, relating that to the service needs of our consumers, and then ultimately of contracting with and selling those services to outside parties. And we're really looking forward to this project.

Lauren Solkowski: Great. Thank you, Tracy. Next?

Coordinator: Next up we have Kristen LaEace. Your line is open.

Kristen LaEace: Hi. I'm Kristen LaEace. I'm Chief Executive of the Indiana Association of Area Agencies on Aging and our limited liability corporation, the Indiana Aging Alliance. Our network is inclusive of Indiana's 16 area agencies on aging, which are all designated ADRCs. So they are our primary network partners, all 16 area agencies on aging.

The focus of our network will be statewide. And we are pursuing contracts with Indiana's managed care entity. So our three major managed care entities that are going to be managing the age, blind, and disabled population exclusive of long-term services and supports.

They are also managing the HIP 2.0 population which for Indiana will be the new Medicaid expansion. And finally Hoosier Healthwise which will now be essentially the CHIP population.

So we're seeking to expand our expertise in several of the areas that you highlighted earlier, including preventing hospital readmissions and evidence-based care transitions, et cetera - and working with those managed care entities to expand our other populations, primarily for two reasons.

One is to make sure we don't get swallowed up if the state moves to managed long-term services and support because we are a primary case manager for the Medicaid waiver program. But also to ensure ADRC's sustainability for the future. And just listening to everybody else's collaboratives, it's going to be very interesting learning from everybody else and especially how your ADRCs are operating. Thank you.

Lauren Solkowski: Great. Thank you so much. Next?

Coordinator: Next up we have Betsy Abramson. Your line is open.

Betsy Abramson: Hi. Thank you. Again, I'm Betsy Abramsom. I'm in Madison, Wisconsin. And we are the Wisconsin Institute for Healthy Aging. Our partners in this - excuse me, we do research in dissemination of evidence-based health promotion programs. We're a private nonprofit that's been around for a little more than four years.

Our partners in this project are the Wisconsin Coalition of Independent Living Center. We have three Triple A's in Wisconsin. And the Greater Wisconsin Agency on Aging Resources and the Milwaukee County Department on Aging - they're two of our partners as well as the State Unit on Aging.

In the last couple of years we've done a big business plan and a strategic plan. And both of those have identified the need to develop relationships with particularly healthcare providers with whom we partner in our evidence-based health promotion programs. And we're looking to develop through this exciting opportunity kind of a menu and rate sheet, whatever, of how we can start to partner in a way that also builds towards sustainability.

We're super excited to have been selected and look forward to working with all of you. I should point out also that Wisconsin's had managed care in our Medicaid long-term care programs for over 14 years. So hopefully we'll be able to share some experience on that as well.

Lauren Solkowski: Great. Thank you so much, Betsy. Next?

Coordinator: Next up we have Clark Miller. Your line is open.

Clark Miller: All right. Good afternoon. This is Clark Miller. I'm the Director of INCOG Area Agency on Aging. And I'm with Ability Resources, which is a Center of Independent Living. Carla Lawson and Vicki Haus - we're the primary partners.

And we do have a number of health-related entities in the Tulsa area that are willing to work with us. And I think what we are trying to do is sort out which ones should we work with and how should we package our services that will meet their needs?

The Federal Qualified Health Center as well as the University of Oklahoma School of Community Health is working with us and also an organization called MyHealth Access Network. And they have a lot of electronic records

and health information. The one they don't have is home and community-based services. So I think there's a number of opportunities for us. And we're going to use this to sort through them and become more involved.

Lauren Solkowski: Great. Thank you so much, Clark. Next?

Coordinator: Next up we have Pearl Bouchard. Your line is open.

Pearl Bouchard: Good morning from eastern Washington. And Aging and Long Term Care of Eastern Washington is the organization that's taking the lead on this project with all of you. And it really initiates out of our ADRN which is Aging and Disability Resource Network, which is called Community Living Connections here in Washington State.

And our primary partners from the network are the Spokane Center for Independent Living, and Rural Resources Community Action agency. All three of us have been very actively involved and successful in care transitions through the CCTP project around the country. And we really want to market this service to a broader audience in eastern Washington, especially the rural communities.

And I did want to mention that our Center for Independent Living also has been involved in care transitions through Money Follows the Person, which is known as Roads to Community Living here in Washington state.

So this experience that we will gain will help us to, as I said, market to a broader audience - the care transitions - but also help us to develop a longer menu of services that can be marketed to our community. Thank you for having us and inviting us to be part of this effort.

Lauren Solkowski: Thank you, Pearl. And I am showing we should have one more site - Missouri?

Coordinator: Yes. Finally we have Sarah Lovegreen. Your line is open.

Sarah Lovegreen: Thank you. My name is Sarah Lovegreen. And I am with the National Health Director at the OASIS Institute. And we are acting as the lead for our Saint Louis Metropolitan Integrated Health collaborative.

Our collaborative is made up - we've got about 30 organizations at the table. But really as part of our lead advisory committee, we've got our two area agencies on aging that cover our region - the Regional Arthritis Center, we've got a university involved, senior housing, parish nurses.

And then we're also very fortunate to have at the table as an active part of our discussions our accountable care Organization, a private physician practice, as well as folks who are actively doing case management from some of our large area hospitals. So they're able to provide us with some really great insight.

I think in terms of what we're hoping to get out of this, you know, we came together and really started learning as a collaborative last year what was happening in this space. And we're all very excited and very motivated and know that we need to build the structure of our network, and price and package our services.

And sort of figuring out how to do that within our current funding mechanisms while we're in the process of making that switch from that grant-driven, grant-funded, programmatic approach to that more business-minded entrepreneurial approach is something that we're really looking forward to helping us kind of get over that hump and drive us forward.

Lauren Solkowski: Great. Thank you, Sarah. So as I said, I think that we should have heard from everyone - all 11 of our sites. So I just wanted to thank everyone again for sharing those pieces of information.

And hopefully it gave all of us - and you all as well - an opportunity to hear a little bit more about who our networks are representing and, you know, sort of what they're looking to do as being a member of this collaborative.

So let's see. Now I think we're going to go and hear more about us. So Marisa, I think I'll turn it - well you sort of already introduced yourself. I don't know if you have anything else to add.

Marisa Scala-Foley: No, I think we're good if you want to go from there.

Lauren Solkowski: Okay. And then just in terms of myself, I also work with Marisa in the Center for Consumer Access in Self-Determination. And I serve as sort of the liaison between the collaborative partners and ACL. And I'm the immediate point of contact for questions or information that you would like to share across the collaborative. And I also help to coordinate the monthly Webinars and office hours calls. So I'm looking forward to working with all of you.

Marisa Scala-Foley: And we should also mention, Lauren, that, you know, while you and are both sort of the primary contacts within ACL, we also have many other ACL staff who either are project officers or contracting officers on the grants and contracts that support the technical assistance that will be provided through this learning collaborative - or, you know, whose work here within ACL touches on business acumen in some way, as this has become an increasingly important issue for the agency.

But there are too many people to mention. So we just really want to put up us as the primary contacts but know that there are lots of us within ACL who are working to support this work that you all are doing and will be doing over the course of the next several months. Okay. So next slide. So I mentioned before that none of this work would be possible without the partnership and support we have with our collaborative funders.

And while we've been getting increasing interest from foundations around the country, our two primary partners for the work that will be undertaken under this collaborative in 2015 are the John A. Hartford Foundation and the SCAN Foundation who are supporting not only the in-person meetings that we will have during the course of this collaborative but also other technical assistance opportunities that will be available through the course of the collaborative.

And you'll get to meet our contacts with those foundations - Nora O'Brien-Surec with the John A. Hartford Foundation and Erin Westphal with the SCAN Foundation - at the meetings that we have and so forth and on various calls. But we really wanted to acknowledge and express our gratitude for their incredible partnership in this work related to business acumen.

So next slide. So now we wanted to introduce - so we have two sets of technical assistance providers who we're going to sort of introduce to you today. The first set whom you see listed on this slide are the main TA providers who will be offering the individual technical assistance that your networks can access through the course of this collaborative. And I will let them introduce themselves. But first we will turn to Tim McNeill.

Tim McNeill: Hi. So I'm Tim McNeill and I'm a consultant support in the Administration of Community Living and Administration of Aging. I have had the opportunity

to work with the administration for the past five years really looking at sustainability of the evidence-based programs.

And a little bit about - some of the things that I have expertise in providing consulting with is obtaining reimbursement from Medicare/Medicaid, negotiating with managed care entities, and successfully implementing negotiated projects with the United Healthcare and other large managed care organizations, really supporting reimbursement of community-based organizations.

Marisa Scala-Foley: All right. And next we have Mary Kaschak who is with the National Association of Area Agencies on Aging or n4a, who represents their Aging and Disability Partnership for Managed Long Term Services and Supports. So, Mary.

Mary Kaschak: Great. Thanks, Marisa. I also wanted to echo the congratulations to all of the sites to be part of this next round of the learning collaborative. I'm very excited to be working with you all over the course of this next year.

As Marisa said, I'm from the National Association of Area Agencies on Aging. And n4a currently has a grant from the Administration for Community Living to provide technical assistance to aging and disability organizations across the country to help build their business capacity for (MLT) and partnering and contracting with other integrated care organizations.

And so as part of that project, n4a came together to form the Aging and Disability Partnership for Managed Long Term Services and Supports. And our partners you can see listed here is the Disability Rights, Education, and Defense Fund, Health Management Associates, the National Disability Rights

Network, and the National Center on Elder Abuse which is now being known as Justice in Aging.

I'll be happy to work with all of you and pull in our network partners as needed to help with things like your pricing and any of your business planning or strategic planning, some of your service packaging needs, and through our other partners a wide array of other technical assistance things. So if Tim is tied up with something, we'll be able to still get you taken care of. And looking forward to working with you over the course of this next year.

Marisa Scala-Foley: All right. Thank you so much to Mary and to Tim for introducing. You will get to know them well over the course of the collaborative. But we also want to introduce just really quickly other technical assistance providers, some of whom you've heard me mention and others are being introduced for the first time on this slide who are with us in this business acumen work.

I mentioned earlier NASUAD. Also the National Council on Aging and the National Resource Center on Nutrition and Aging are extremely important partners. And the work that they do through grants that they have through ACL are really contributing to building the business capacity of state and community-based organizations for this work. And they offer many resources that you all may want to take advantage of.

And you'll get to meet them at meetings and on conference calls and so forth. So we couldn't do this work without all of the partners that we have - both our funding partners as well as our technical assistance partners in all of this. So we're thrilled to have everybody on board.

Lauren, the next slide. So who else? So we mentioned this first collaborative that we had last year and, you know, were fortunate enough to work with nine

networks of community-based organization in our 2013-2014 collaborative. And you're sensing sort of a theme here, I'm sure, in terms of the people who are sort of on this road with you.

And let me talk just for a minute about what they were able to achieve. So I think when we started out in this work related to the first collaborative, none of us really knew what was possible. But all of us were striving toward that goal of achieving a new contract with an integrated care entity during the course of the collaborative.

And these nine networks really were able to achieve some wonderful things. Among them, there were 15 signed contracts with integrated care entities - whether those were health plans, you know, Medicaid managed plans, or plans serving dual eligible under the financial alignment demonstration, physician practices, accountable care organizations, health systems, and more.

They really were able to, you know, surpass what we ever thought was even possible within the course of the collaborative. And all of them, even if they didn't achieve a contract, really made significant strides in terms of thinking about their networks and developing their networks and thinking about how they want to do business together as a network.

And one of them has formed a management services organization that is going to be serving their state. Another is pursuing walking down the road toward a limited liability corporation under which their network will do business. So they really did some tremendous work through the first collaborative.

And we will be drawing on the lessons that they learned not only in written form in case studies that we're working on right now, but also on Webinars and at our in-person meetings in terms of - they'll be able to share the lessons

that they learned and are still learning, I think, as they implement these contracts with you all. And so you'll get to meet them as well, whether it's in our meetings or on Webinars and other opportunities.

Okay. Next slide. All right. So we've talked about all the people who are sort of on this road with you all. And we really want to support the important work that we know you all are going to be doing as part of this collaborative.

But we wanted to spend a little bit of time also talking about, you know, how we get there. And I mentioned some of the elements that are part of an action learning collaborative. We want to talk a little bit about some specifics about what we'll be doing together in the course of these next several months.

First, Lauren mentioned we do monthly calls. We typically do two of them a month if we can. One of them usually is what we call a topical call. We will pick a topic that we know we heard from you all is of real interest or that, you know, similar kind of thing that we did to the first learning collaborative.

We'll address a particular topic, we'll give you access to not only experts from outside the learning collaborative but also within your own learning collaborative who have worked in that particular area, and give you the opportunity to talk with them and ask questions and so forth. We'll also do a call similar to what we're doing right now, although I won't talk nearly as much as I have today.

And we do what we call our office hours calls, which are really sort of less formal opportunities for you all to talk about the progress you're making, to share successes that you've had, to share challenges that you're experiencing in the work that you all are doing, and really to sort of pick each others' brains about the work that you all are doing together.

Peer to peer learning is a really important part of this action learning collaborative, whether it's by conference call or in person. And that's actually the next piece I wanted to talk about. We mentioned earlier when we were talking about our collaborative funding partners that they are generously supporting in-person two-day meetings which will be held in the D.C. area.

We are working with hotels and with our partners to try to schedule these dates as quickly as possible. One of the pieces of feedback that we received from the first collaborative was that having the first meeting as early as possible is helpful both in terms of really building a rapport with each other but also getting some critical topics underway in terms of some face to face work.

So you see on the screen some dates that we are looking at. And right now we're just trying to pin down some hotel availability. We're looking at March 30th and 31st, April 15th and 16th, or April 16th and 17th.

As soon as we get all of the information back from the hotels, which we hope will be later this week, we will get back to you on some potential dates. If there are dates with which you know already you have conflicts, if you could please email Lauren. And you have her contact information on the meeting invite for today.

How this will work is that the Hartford and SCAN Foundation funding will pay for up to two people per network to come to D.C. You also have the opportunity to bring two additional people from your network at your own cost.

And we will have opportunities during the course of the in-person meetings to be able to connect in via phone and Webinar your network partners back home for different sessions and work sessions who might not be able to attend the meetings. But the Hartford and SCAN Foundations will pay for up to two people per network to come. And you can also bring two additional people from our network if you choose.

And then finally, what happens in between all of the pacing events are really action periods. So you'll be doing work on your own. And we'll give you occasional homework that will come, you know, in preparation for meetings or in response to consultations that you have with Tim or Mary or other partners of theirs. So there will be time in between. And we'll be checking in with you on the office hours calls to really how things are going.

Next slide, Lauren. So we'll be offering - you know, in addition to all these things - certainly we mentioned one on one technical assistance. Some of you mentioned some of these things that you were hoping to get in terms of, you know, situational analyses. And I should have spelled out SWOT - strengths, weaknesses, opportunities, and threats. As well as GAP analyses.

Our technical assistance providers will work with you to develop a strategic plan for you network with a schedule for deliverables. We will also offer other optional learning opportunities that either our technical assistance partners offer or that we hear about that relate to business acumen. And we'll make you aware of those in case your network wants to participate.

And then finally - and this was one of the things that we found to be really helpful, you know, as we at ACL and other national partners really make the case to health plans and other champions for the important work that you all do - we will be asking, and not right away but soon, to start monthly reporting.

Looking at different areas that relate to not only contracting with integrated care entities but also network development.

That monthly reporting - we mentioned before the Partners in Care Foundation. They were part of the first learning collaborative and they remain important partners for us along with Elder Services of Merrimack Valley in Massachusetts in terms of providing leadership from the perspective of community-based organizations, in terms of what's needed when it comes to building business capacity. They will be facilitating the monthly reporting.

But we'll talk more with you all once that gets underway. All right. Next slide, Lauren. So we've thrown a lot at you over the course of the past hour. And we thank you for listening. So you're probably wondering right now - what happens now? We've got a lot of technical assistance resources, you know. What's going to happen next?

The first thing that we really want to do is all of you provided wonderful applications for this learning collaborative. We want to spend some concentrated time doing situational analyses and interviews. And Tim McNeill will be our primary contact on that.

He will be contacting you within the next week or so to set those up - to set up interviews and initial site visits where he can come out and meet with you and your partners and really talk through and start to develop those analyses that we talked about before, in terms of where your network is right now and where things can go in the future. So that's one of the first things after this call that will happen.

Next slide, Lauren. But some of you are probably thinking - well we already know we have a technical assistance need. In fact, some of you have already

made some individual technical assistance requests because you have meetings coming up or something along those lines.

What we're going to ask initially is that if you have any requests right off the bat, that you make those initial requests through Lauren. And you have her contact information here as well as on the Outlook appointment that you received for today's call.

And then after that initial request, you know, once you sort of have an established relationship with Tim or Mary or one of the technical assistance providers, you're more than welcome to make subsequent TA requests through them.

But we ask at least initially that you make those requests through Lauren, so we can sort of triage those out and make the right connections for your networks when it comes to that individual sort of one on one technical assistance for your networks.

Okay, Lauren. Next slide. All right, so I'm not going to go through all of these. You all have these slides. And we will be posting them - as Lauren mentioned - on the ACL Web site and on our TA providers' Web sites.

But we wanted to sort of make available to you or point out to you a number of different Web sites not only from ACL but also from our partners that deal with the issue of community-based organizations, that your networks can explore right off the bat.

You've got our Web site, the SCAN Foundation's Web site, the Web site at the bottom of this page, the MLTSS network Web site is the Web site of the

Aging and Disability Partnership for Managed Long Term Services and Supports that you heard Mary Kaschak from n4a talk about.

We will as part of that MLTSS network site likely develop a password protected site that you all can access and share resources like contracting templates and other kinds of things that, you know, can be helpful to you in your journey toward contracting with an integrated care entity.

Next slide, Lauren. One of our partners whom I mentioned before, the National Resource Center on Nutrition and Aging, is doing a Momentum Webinar 101 series looking at positioning your health and community-based services organization in the healthcare market.

They've done two of those Webinars so far. And you have links to the recordings there. And they have two more scheduled for later in February which they invite you to register for. And you have those links in the slides that we sent to you all earlier.

Next slide. And then finally, terrific resources from the National Council on Aging having to do not only with diabetes self-management training but also sustainability. They also have online communities that you can access and talk with other community-based organizations about issues related to sustaining evidence-based programs. And you have that link as well.

So now I've done a lot of talking. And you've had the chance to introduce yourself. I'll turn things back over to Lauren. And we'll open things up for questions that you have.

Lauren Solkowski: Great. Thank you so much, Marisa. Yes. We'll give Marisa's vocal chords a break for the next few minutes. And we would like to open it up for question

and answer. So operator, if you could please again provide instructions for asking a question.

Coordinator: Thank you. At this time, if you would like to ask a question please press star and then 1 on your touch tone phone. You will be prompted to record your name. Please ensure that your phone is un-muted and record your name clearly so I may introduce you for your question. Again, for questions from the phones please press star 1 now.

Lauren Solkowski: Great. Thank you, (Jane). While we wait for that, just a few items from me. So as Marisa had mentioned, the monthly topical Webinars and the office hours calls - I will be in contact with you following today's Webinar to schedule specifically the office hours calls. They're once a month.

So I'll work with everyone to sort of find the best time to have that call. Typically we set aside 90 minutes for the call. And just depending on what information we have to share, we will use or not use that time for those calls.

As Marisa said, they're pretty informal settings. And then I'll also be in touch with you as soon as we have our first topical Webinar scheduled to make sure that you have dates and times for that as well.

I'm also showing a note here. I believe this is from (Mavda) with the National Resource Center. In terms of the Webinars - I'll go back a few slides - the 101 series, the part three and part four Webinars, the two dates that are listed here I believe are changing. And they're going to be pushed back to sometime in March.

And I will keep everyone updated as well confirm those dates. And I will share that with everyone once we have them confirmed. Okay. So (Jane), do we have any questions that have come in?

Coordinator: We have a question from Pearl Bouchard. Your line is open.

Pearl Bouchard: Thank you. I have a question regarding the in-person meetings. Can the content get to us quickly or along with the dates so that we can be strategic about selecting who we send?

Marisa Scala-Foley: Pearl, this is Marisa. That's a great idea. We have preliminary ideas for topics. So we can certainly get that to you as quickly as possible. Typically how we've done these meetings in the past is that we've selected a few different topics.

I think with past meetings we've typically addressed three topics per meeting. And you would have the opportunity to not only hear from presenters but also to do really some individual concentrated work with your networks back home and then to sort of share that with a larger group.

So typically we would address three topics per meeting. But we have a pretty good idea of what the topics will be for that first meeting. So we will definitely share them with you in advance. Thank you for that suggestion.

Pearl Bouchard: Thank you, Marisa.

Coordinator: And again, that is star 1 if you have a question.

Lauren Solkowski: And I'm looking - I don't see any questions that have come in through chat. And again, you know, as Marisa said this has been a lot of information in

the past hour. So if anything does come up after we hang up, please feel free to call or email me.

Coordinator: I'm showing no further questions from the phone lines at this time.

Lauren Solkowski: Okay. Thank you, (Jane). Okay. Well I think with that we can conclude our Webinar. And just wanted to again thank everyone for joining us. We're again looking forward to working with everyone. And again, please email me if you do have other questions or comments. And thank you. Enjoy the rest of your day. Unless, Marisa, if you had anything else to add.

Marisa Scala-Foley: No, that's it. Again, we're really looking forward to our work with you in the coming weeks and months. But if you think of a question that you have, you know, an hour from now or a day from now, please don't hesitate to contact us. But know that you'll be hearing from Tim McNeill very soon to start the work that you all will be doing together. Thank you all.

Lauren Solkowski: Thank you, everyone.

Coordinator: That does conclude today's conference. Thank you for participating. You may disconnect at this time.

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