



## **SPEAKER BIOS**

### **LTQA SUMMIT**

#### **LTSS Pioneers: Pathways to the Future for LTSS Innovation**

**Ari Ne'eman** is the President and co-founder of the Autistic Self Advocacy Network, an advocacy organization run by and for Autistic adults seeking to increase the representation of Autistic people across society. In 2009, President Obama nominated Ari to the National Council on Disability, a federal agency charged with advising Congress and the President on disability policy issues. He was confirmed by the Senate in July 2010 and currently chairs the Council's Entitlements Committee. From 2010 to 2012, he served as a public member to the Interagency Autism Coordinating Committee, a Federal advisory committee that coordinates all efforts within the Department of Health and Human Services concerning autism. Ari also served as an adviser to the DSM-5 Neurodevelopmental Disorders Workgroup convened by the American Psychiatric Association. He is also a member of the National Quality Forum's Workgroup on Measuring Home and Community Based Services Quality.

Ari was recently appointed by Secretary of Labor Tom Perez to serve as a member of the Department of Labor's Advisory Committee on Increasing Competitive Integrated Employment of People with Disabilities. He previously served as Vice Chair of the New Jersey Adults with Autism Task Force, where he represented autistic adults in reviewing the state's autism services. He also previously served on the New Jersey Special Education Review Commission, where he authored a minority report on the topic of aversives, restraint and seclusion. He is also a board member of the American Association of People with Disabilities. In addition, he was named by the New York Jewish Week as one of their "36 by 36" in 2010. He has a bachelor's degree from the University of Maryland-Baltimore County, where he studied political science in the Sondheim Public Affairs Scholars Program.

#### **Panel One:**

**Melanie Bella** served as the first Director of the Medicare-Medicaid Coordination Office at the Centers for Medicare and Medicaid Services (CMS). Ms. Bella joined CMS in 2010 to establish the office, which was created under the Affordable Care Act (Section 2602). As Director, Ms. Bella led the work to more effectively integrate benefits for individuals eligible for both Medicare and Medicaid and improve the coordination and financing between the federal government and states for such individuals. Under her leadership, the Office designed and launched demonstrations across the country to test new delivery system and payment models for Medicare-Medicaid enrollees in both community and institutional settings.

Prior to joining CMS, Ms. Bella was the senior vice president for policy and operations at the Center for Health Care Strategies (CHCS). She led the organization's efforts to integrate care for

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complex populations, including people with multiple chronic conditions, disabilities, serious mental illness, and dual eligibles. In addition, she directed a unique leadership training institute to help Medicaid directors enhance the skills they need to transform their state programs into national models for high-quality, cost effective care.

Prior to CHCS, Ms. Bella served as Medicaid director for the state of Indiana from 2001 through 2005. During her tenure, one of Ms. Bella's most notable accomplishments was spearheading the creation of the Indiana Chronic Disease Management Program. She earned a master's in business administration from Harvard University and a bachelor's degree from DePauw University.

**Julian Harris:** As Cigna's first Senior Vice President of Operations Strategy & Localization, Dr. Julian Harris is responsible for driving a multi-year operating plan that is critical to advancing our growth strategy through segment and local market collaborative planning, prioritization and alignment of operations and investments. He is a member of Cigna's U.S. Operating Committee (USOC) which guides the company's multi-year U.S. business process. While overseeing Localization, he ensures that Cigna delivers on our goals of affordability and personalization and that the perspective of local markets is reflected throughout the organization.

Harris joined Cigna in September 2015. He has a wealth of diverse experience in the health care industry – from public finance, policy, and management at both the federal and state levels, to health care administration and service delivery.

In addition to his work at Cigna, Harris teaches and mentors graduate students in health policy and business at the Harvard Kennedy School of Government. Previously, he served as Associate Director for Health in the U.S. Office of Management and Budget in the Executive Office of the President. As the chief federal health care budget official, he had budget, management, policy, and regulatory oversight responsibility for \$1 trillion in spending across 20 federal agencies and operating divisions, including the Centers for Medicare and Medicaid Services (CMS).

In addition to his health policy and budget expertise, Harris provided strategic and operational leadership to OMB's oversight of agencies on initiatives as diverse as implementing the Affordable Care Act, developing and implementing new CMS Innovation Center Models and new CMS payment rules in Medicare, Medicaid, and the Marketplaces, and standing up the President's Precision Medicine Initiative.

At the state level, Harris served as the Medicaid Director for the Massachusetts Department of Health and Human Services. During his tenure, the state developed the nation's first integrated model of managed care delivery and financing for dual Medicare-Medicaid members with CMS and developed a primary-care centered accountable care model. He has also supported and led payment and delivery system reform and public health projects in the U.S. and abroad for public

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and private sector organizations including the World Bank, Harvard School of Public Health, and McKinsey & Company.

Trained in internal medicine and primary care at Harvard's Brigham & Women's Hospital, Harris worked as a hospitalist at Cambridge Health Alliance and provided online clinical consults for Best Doctors. He graduated with a B.A. from Duke University in Health Policy and Medical Ethics and a M.Sc. from Oxford University in Economic & Social History. He is also a graduate of the Wharton School of Business and the School of Medicine at the University of Pennsylvania.

**Janet O'Connor** is a seasoned health care executive whose 30 plus career has been with not for profit, government sponsored insurance organizations and Plans. She has been involved in Long Term Care for the past 14 years within the NY metropolitan market.

Janet is currently working at Archcare, the continuity care community of the Archdiocese. As the Senior Director of Quality Management she leads the quality and educational efforts across several plans; PACE, Long Term Care (LTSS) and Special Needs Plan (Institutional and Community). She works closely with care managers bridging health and health outcomes through a person centered care coordination model, improving quality of life with affordability.

Prior to joining Archcare Janet held a position as VP of Clinical Excellence at Health first, Senior Health Partners. She was instrumental in the startup and growth of a LTC Plan taking membership from 45 to over 8000. She was responsible for oversight of member eligibility, network development, quality improvement and education.

Janet is a Licensed Registered Nurse with a Master's degree in Education, Program Planning and Development from George Washington University. She is married with 3 children and resides in the Hudson Valley area, New York.

### **Panel Two:**

**Jennifer Ho** serves as HUD Secretary Castro's Senior Advisor for Housing and Services. She manages the Department's relationship with HHS and the intersection of housing and health—ending homelessness, de-institutionalization and the future of senior housing. From February 2010 to February 2013, Jennifer was at the United States Interagency Council on Homelessness where she shepherded the development of *Opening Doors*, the nation's first-ever comprehensive federal plan to prevent and end homelessness.

Before coming to DC, Jennifer spent eleven years managing a nonprofit focused on health care financing and outcomes associated with supportive housing. Prior to that, she had ten years in

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Medicare and Medicaid managed care. A Minnesota native, Jennifer received a bachelor's degree in philosophy from Bryn Mawr College.

**Laurence C. Gumina** serves as President/CEO of Ohio Presbyterian Retirement Services (OPRS), headquartered in Columbus, Ohio.

Founded in 1922, OPRS is Ohio's largest and most experienced not-for-profit provider of continuing care retirement communities and services. With 12 campus communities, an active Foundation, and a 41-county home and community based service (home health and hospice) footprint, OPRS employs 3,100 and serves more than 90,000 people annually.

Gumina has more than two decades of experience in the healthcare industry with practical expertise in the fields of continuing care retirement communities, skilled nursing and assisted living operations, hospital administration, home health, hospice, and age-restricted affordable housing operations.

Prior to OPRS, Gumina served as Senior Vice President at Springpoint Senior Living where he was responsible for the development of new communities, repositioning existing, and third party management/development service agreements. Previously, Mr. Gumina served as EVP/COO at Bayshore Community Health Services, a hospital-based provider in Holmdel, New Jersey, and served as the Associate Executive Director at Riverview Medical Center/Meridian Health located in Red Bank, New Jersey. Additionally, he served as an active member of the Board of Trustees for VNA Health Group, also located in Red Bank.

His education includes a Master of Public Administration in health care administration from Fairleigh Dickinson University in Teaneck, N.J., and a Bachelor of Business Administration from Bryant University in Smithfield, R.I.

**Colette M. Silverman** is the Chief Administrative Officer at the Visiting Nurse Association of Cape Cod (a member of Cape Cod Healthcare) and Cape Cod Healthcare's Director of Corporate Quality. She has been with the VNA in various capacities over the past 26 years including, Interim CEO, Director of Quality Improvement and Risk Management, Director of Rehabilitation Services, and as a Speech-Language Pathologist. Previous employment in healthcare includes working at the VNA of Northwest Indiana and the VNA of Rhode Island. Supporting collaboration between the entities at Cape Cod Healthcare has been the focus of her position as the Director of Corporate Quality. She is committed to effective patient care in the healthcare environment, striving for optimum quality outcomes in a fiscally responsible manner.

**Bill Henning** is executive director of the Boston Center for Independent Living, which annually provides services to over 4,000 people with disabilities of any age in Greater Boston. He has been involved in disability rights activism since 1984, helping lead advocacy efforts to expand

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personal care attendant services; expand affordable, accessible, and integrated housing; ensure ADA compliance in public buildings, healthcare facilities, and public transit systems; and ensure consumer control and protection of LTSS in Massachusetts' health reform initiatives, including One Care, the state's duals demonstration. He has worked closely with the National Council on Independent Living, ADAPT, and Community Catalyst on national disability rights and healthcare campaigns.

### Panel Three:

**Alice Bonner**, Secretary of the Executive Office of Elder Affairs for the Commonwealth of Massachusetts, has been a geriatric nurse practitioner caring for older adults and their families for over 25 years. From 2013-2015, she was an Associate Professor in the School of Nursing, Bouve College of Health Sciences and a Faculty Associate in the Center for Health Policy at Northeastern University.

From 2009-2011, Dr. Bonner was the Director of the Bureau of Health Care Safety and Quality, at the Massachusetts Department of Public Health. From 2011 to 2013, she served as Director of the Division of Nursing Homes in the Centers for Medicare and Medicaid Services (CMS) in Baltimore, MD.

Dr. Bonner's research interests include quality and safety in health care systems and community-based settings; falls prevention; improving dementia care and reducing unnecessary antipsychotic medication use; and improving care transitions.

**Bernadette Di Re** has more than 20 years of experience in strategic planning, operations, marketing and product development within the Massachusetts and Rhode Island healthcare environments. Ms. Di Re joined the UnitedHealthcare (UHC) Massachusetts Community Plan in 2011 as the plan's Chief Operating Officer and assumed her current role as Health Plan CEO of the Massachusetts and Rhode Island Plans in early 2014. Ms. Di Re oversees UHC's Senior Care Options (SCO) program, the largest and one of the original SCOs that began in 2004. Ms. Di Re is a board member and Treasurer of the Massachusetts Association of Health Plans, a Volunteer Mentor with Women UNLIMITED, Inc., and a member of Women in Healthcare Management. Ms. Di Re received her MBA in International Business from The American University and BS in Marketing from Georgetown University.

**Camille Infussi Dobson** is the Deputy Executive Director at the National Association of States United for Aging and Disabilities. In that role, she provides executive leadership and policy guidance to state aging and disabilities agencies, focused on managed long-term services and supports and quality measurement. She serves as the project director for NASUAD's MLTSS Building Business Capacity activities, and represents NASUAD on the HCBS Quality Measurement workgroup convened by the National Quality Forum. Prior to joining NASUAD, she worked for

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10 years at the Centers for Medicare & Medicaid Services, focusing on Medicaid policy and operations. Her responsibilities at CMS included negotiating and monitoring section 1115 Medicaid demonstrations in New York, Iowa, Maryland, Hawaii and the District of Columbia; managing a team of analysts who reviewed and recommended approval of managed care waivers and State plan amendments, and most significantly, serving as Senior Policy Advisor for Medicaid managed care. In that role, she served as the agency's policy expert on Medicaid managed care delivery system issues and managed the agency's regulatory and technical assistance efforts regarding managed care.

Before joining CMS in 2005, she spent twelve years working on Medicaid managed care issues for the Maryland Association of HMOs, CareFirst BlueCross BlueShield and Maryland Physicians Care. She has expertise in Federal Medicaid managed care regulations as well as health plan operations. She is a certified professional in healthcare quality, and received her bachelor's degree in International Affairs and master's degree in Public Administration, both from George Washington University.

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