



Integrating Long-Term Services and Supports: Advancing New Models for Care and Financing

July 28, 2016

Roundtable Speaker Bios

Key Components: What Matters Most in LTSS Integration

Howard Gleckman is a senior fellow at the Urban Institute, where he is affiliated with the Tax Policy Center and the Program on Retirement Policy. He is author of *Caring for Our Parents* (St. Martin's Press), writes a regular column for Forbes.com on elder care issues, and speaks and writes frequently on health and aging. Mr. Gleckman is co-convenor of the Long-Term Care Financing Collaborative, a non-partisan project to develop a consensus solution to the challenges of financing and delivery of long-term care. He is chair of the board of trustees of Suburban Hospital (Bethesda MD), a trustee of the Armstrong Institute for Patient Safety and Quality at Johns Hopkins Medicine, and a board member of the Jewish Council for the Aging of Greater Washington. Prior to joining Urban, Mr. Gleckman was a senior correspondent in the Washington bureau of Business Week.

Paul Saucier is Senior Director of Integrated Care Systems at Truven Health. He has more than 20 years of experience in program design, qualitative research, and policy analysis. His specialties include accountable care organizations (ACOs), managed long-term services and supports (MLTSS), and integrated services and financing for people who are dually eligible for Medicaid and Medicare. Recent projects include LTSS service delivery reform for the Pennsylvania Department of Human Services, stakeholder outreach and program design for Ohio's Integrated Care Delivery System Initiative, a national inventory of MLTSS programs for the CMS Disabled and Elderly Health Programs Group, a study of barriers to growth of the PACE model for CMS, a study for AARP of care coordination in MLTSS programs, and qualitative data collection and analysis for the CMS/CMMI ACO Initiatives evaluation.

Prior to joining Truven Health in 2010, Mr. Saucier was Director of the Cutler Institute for Health and Social Policy at the Muskie School of Public Service, University of Southern Maine. He has also held positions with the National Academy for State Health Policy and the Maine Legislature. He is a member of the National Academy of Social Insurance.

Getting Better Results: Addressing Delivery, Legislative, and Regulatory Barriers

Lois Simon is the Founder and Principal of L. Simon Solutions LLC, a healthcare integration strategies consulting firm based in Boston, MA. She was also the Co-Founder of Commonwealth Care Alliance and its former President. Commonwealth Care Alliance is a nationally recognized pioneer in the design and operation of programs integrating Medicare and Medicaid financing



and service delivery for populations with complex needs: elders and individuals with disabilities across the age spectrum. Lois has had extensive experience with achieving desired care and cost outcomes by designing approaches to integrate Long Term Services and Supports (LTSS) and behavioral health with medical care.

Lois has over three decades of leadership experience serving complex and high cost government supported populations in clinical program development, government service and executive management roles. Lois served in a variety of Massachusetts government positions, most notably as the Director of Long Term Care for the Medicaid program and as the Assistant Secretary of the Executive Office of Elder Affairs responsible for the agency's vast array of programs. She went on to serve as Senior Vice President and Regional General Manager for The Mentor Network, a national leader in health and human services providing home and community based services to individuals with disabilities. Lois served as Chief Operating Officer at the East Boston Neighborhood Health Center where, among her responsibilities, she oversaw the management of the home care program and the Program for All-inclusive Care for the Elderly (PACE). She also served on the executive leadership team at Neighborhood Health Plan, a large Medicaid Managed Care Organization in Massachusetts, overseeing care management and care delivery services.

Lois received her Master's degree in Public Health with a concentration in Health Systems from the Boston University School of Public Health, from whom she received a Distinguished Alumni Award in 2015. She has served on boards of local, statewide and national organizations and has provided consultancy services to a diverse array of organizations across the country.

Jennifer Kowalski is currently Vice President, Public Policy Institute, at Anthem, Inc., one of the nation's leading health benefits companies. Jenn is responsible for directing data-driven policy research and analysis to inform the company's public policy and business strategies and to support Anthem's contribution to the public policy discourse.

Prior to joining Anthem, Jenn spent more than nine years at Avalere Health, a Washington, DC based health policy consulting firm, where she was most recently Vice President and co-director of the health reform practice. At Avalere, Jenn advised managed care and life sciences companies on policy and strategy around issues including health reform, health insurance exchanges, Medicare Advantage and Part D, and Medicaid. She also led the day-to-day management and strategic direction of a practice of 30 professionals.

Previously, Jenn was an associate at the The Lewin Group, where she focused on quantitative analysis and program evaluation of behavioral health and substance use initiatives. Jenn holds a Masters of Science in health policy and management from the Harvard University School of Public Health and a Bachelor of Arts in community health from Brown University.



Duals Demos: What Are We Learning? Where Do We Go From Here?

Tim Engelhardt is the director for the Medicare-Medicaid Coordination Office at the Centers for Medicare and Medicaid Services. The office was created by the Patient Protection and Affordable Care Act of 2010 to improve services for individuals dually eligible for Medicaid and Medicare. Prior to joining CMS in 2010, Mr. Engelhardt was a consultant with The Lewin Group, where he supported a variety of health and long-term care initiatives for federal, state, and local government agencies. He previously served as the deputy director for long-term care financing at the Maryland Department of Health and Mental Hygiene (the state Medicaid agency). Mr. Engelhardt received a BA degree in sociology from the University of Notre Dame and an MHS degree from the Johns Hopkins School of Public Health.

Scaling Up: More Widespread Adoption as a Base for LTSS Financing

Martha Roherty is the Executive Director of NASUAD—the National Association of States United for Aging and Disabilities. Martha actually strongly dislikes the official title of the association and only uses the acronym when speaking; she has no one to blame but herself though, since she was the director when the name was adopted.

After dropping out of nursing school and changing her major 13 times in college, Martha applied on a whim for an internship with the NYS legislature her junior year in college, and thus began her 30-year career working for state governments and their associations, including: the National Conference of State Legislatures, the National Association of State Budget Officers, the National Governors Association, and the National Association of Medicaid Directors (where she served as director). Martha's early work in state budgeting, coupled with her Master's in Public Policy Finance, has propelled her to work with states to drive innovation and improve quality, while lowering the costs of programs.

Martha is one of the 66 million Americans serving as a family caregiver for a husband with Early Onset Alzheimer's and an adult son with Autism. When the opportunity to lead an organization with a mission to help states improve the lives of seniors and people with disabilities came her way in 2008, she jumped. She and her team spend their time educating Congress, the Administration, and advocacy groups on important realities, such as the fact that 10,000 Americans turn 65 every day, but the funding to support the Older Americans Act is not increasing; Medicare does not cover long term supports and services; and Medicaid is the program that covers home and community based services, but only if you qualify. She and her team also facilitate the exchange of information and promising practices between states.

Michael Monson is the Vice President of Long Term Care & Dual Eligibles at Centene Corporation. Operating in 21 states and with revenue of \$15 billion, Centene Corporation, a Fortune 500 company, is a leading multi-line healthcare enterprise that provides programs and related services to the rising number of under-insured and uninsured individuals. Many receive benefits provided under Medicaid, including the State Children's Health Insurance Program



(CHIP), as well as Aged, Blind or Disabled (ABD), Foster Care and Long-term Care (LTC), in addition to other state-sponsored/hybrid programs, and Medicare (Special Needs Plans). Mr. Monson provides corporate leadership for Centene's Medicaid Managed Long Term Care products and its Medicare-Medicaid Plans (CMS Dual Demonstration).

Previously, Mr. Monson was the Chief Administrative Officer & Vice President of Residential Services at Village Care of New York, an integrated health system with more than \$200M in revenue. Mr. Monson joined Village Care after having spent more than eight years working at the Visiting Nurse Service of New York (VNSNY) as the Senior Vice President of Performance & Innovation. He has also worked for McKinsey & Company and for then Congressman Robert Menedez's campaign. Mr. Monson has a Masters in Public Policy from Harvard's Kennedy School and a BA from the University of Pennsylvania.

Replicating the Advantages of Integration in an Imperfect World

Dr. Bruce Chernof serves as the President and CEO of The SCAN Foundation whose mission is to advance the development of a sustainable continuum of care for seniors. The SCAN Foundation is one of the largest foundations in the United States focused entirely on improving the quality of health and life for seniors.

Previously, Dr. Chernof served as the Director and Chief Medical Officer for the Los Angeles County Department of Health Services. Dr. Chernof has also served as a Regional Medical Director for Medicaid and SCHIP programs at Health Net, a network model HMO.

In 2013, Dr. Chernof served as the Chair of the federal Commission on Long-Term Care, which produced a bipartisan report to Congress recommending reforms for our nation's long-term care financing, delivery system, and workforce needs.

Dr. Chernof completed his residency and chief residency in Internal Medicine as well as a Fellowship in Medical Education at UCLA. He earned his medical degree from UCLA and completed his undergraduate work at Harvard University. Currently, Dr. Chernof is an Adjunct Professor of Medicine at UCLA.

Dr. Matt Narrett is the Chief Medical Officer for Erickson Living. He is responsible for directing the Erickson Health Medical Group, Erickson Living's unique health plan, Erickson Advantage®, as well as the employee health and wellness centers at all Erickson Living communities nationwide. The medical centers that Matt directs are recognized as being among America's leading geriatric health care facilities.

Prior to his current position at Erickson Living, Matt served as Vice President and Regional Medical Director and Medical Director for the Charlestown community. Before joining Erickson Living, he was in private practice in Derry, N.H., where he also served as director of medical quality assurance at Parkland Medical Center. He has extensive experience in adult and geriatric



medicine, having seen and treated thousands of seniors throughout his 30 year career. Matt received his medical degree from Harvard Medical School's Harvard-M.I.T. Division of Health Sciences and Technology and completed his internship and residency at Beth Israel Hospital in Boston and is board certified in internal medicine. He serves on the board of CRISP, the health information exchange for the state of Maryland and is a member of the American College of Physicians and the American Geriatrics Society.

Next Steps: Follow-On Activity to Advance Integrated LTSS

Carol Raphael is a Senior Advisor at Manatt Health Solutions. She served as President and Chief Executive Officer of the Visiting Nurse Service of New York (VNSNY), the largest nonprofit home health agency in the United States from 1989 to 2011. Ms. Raphael expanded the organization's services and launched innovative models of care for complex populations with chronic illness and functional impairments. Prior to joining VNSNY, Ms. Raphael held executive positions at Mt. Sinai Medical Center and in New York City government. In 2013, Ms. Raphael was appointed by President Obama to the Bipartisan Commission on Long Term Care. In 2012, Ms. Raphael was an Advanced Leadership Fellow at Harvard University.

She is chair of the New York eHealth Collaborative, a public-private partnership to advance the adoption of health information technology and of the Long Term Quality Alliance. Ms. Raphael is a member of the National Quality Forum Coordinating Committee where she chairs its Post Acute, Long Term Care and Hospice Workgroup. She served on numerous commissions including MedPAC, the New York State Hospital Review and Planning Council and several Institute of Medicine Committees. She was a member of New York State Governor Cuomo's Medicaid Redesign Team. In 2012 and 2013, Ms. Raphael was involved in a Commonwealth Fund Project to spur the development of high-performing integrated health plans for dual eligibles. She was recently elected Chair of the AARP Board and serves on the boards of Henry Schein, Inc., the Primary Care Development Corporation, Pace University and the Medicare Rights Center. She co-edited the book "Home Based Care for a New Century" and was a Visiting Fellow at the Kings Fund in the United Kingdom.