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Prop 206 Impact on Provider Network Adequacy

Task Order #YH18-0031
Arizona Health Care Cost
Containment System

September 28, 2017

Contact Information:
Sellers Dorsey
1635 Market Street, Suite 301
Philadelphia, PA 19103
Contact: Christopher Labonte
215.279.9746
clabonte@sellersdorsey.com

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1. Company Name and Contract Number

<i>Company Name</i>	Sellers Dorsey & Associates, LLC
<i>Contract #</i>	AHCCCS16-100501

2. Cover Letter

September 28, 2017

Michael Kowren, Procurement Specialist
AHCCCS Procurement Office
701 E. Jefferson, MD 5700
Phoenix, AZ 85034
Michael.Kowren@azahcccs.gov

Dear Mr. Kowren,

Thank you for this opportunity to provide information about Sellers Dorsey, our qualifications in the areas of long-term services and supports (LTSS) and analytical reporting, and our approach to the scope of work under this task order.

Sellers Dorsey is a national healthcare consulting firm with a reputation for developing successful solutions in Medicaid and public healthcare funding, policy and program innovation. Sellers Dorsey is comprised of former state Medicaid and human services officials, Centers for Medicare and Medicaid Services (CMS) leadership, and industry executives with expertise in the development and implementation of reimbursement, financing, administration and quality improvement strategies. Our firm has worked in over 30 states, providing a suite of services including rationale considerations, operational gap assessment, funding structure analysis, financial modeling, impact studies, and other services.

We are pleased to include information about our team of seasoned Medicaid and long-term care experts. Our team has extensive experience both in supporting states in designing and implementing LTSS programs (including LTSS in managed care (MLTSS)), and in operating such programs as senior staff within state Medicaid functions. As you will see over the following pages, our Texas-based team includes Gary Jessee, recent former Deputy Executive Director of Health and Human Services Commission and former Medicaid Director for Texas. He and the other proposed staff have direct and deep experience working with and assessing the performance, quality, and capability of providers, networks, and payers.

We have demonstrated success in building, managing and updating programs that achieve value, quality, efficiency, innovation, and savings goals, while preserving high quality services and supports to citizens. While other organizations make that claim, the expertise of the Sellers Dorsey Team is diverse and specialized, and includes financial, clinical, compliance, measurement, stakeholder development/engagement, and operational design. Each person has high level experience in the public and/or private sectors in LTSS and general Medicaid programs in different states. The collective proficiency of our team can be a valuable asset to AHCCCS.

Our proposal details key experience of our firm, qualifications of our outstanding proposed team, and our method for performing the analysis you require to ensure AHCCCS members can access the health

care services they need. If you have any questions, please do not hesitate to contact me at 215.279.9746 or clabonte@sellersdorsey.com.

Sincerely,

A handwritten signature in blue ink that reads "Christopher Labonte". The signature is written in a cursive style with a long, sweeping underline.

Christopher Labonte
Vice President of Business Development

3. Person Responsible for Task Order Response

Christopher Labonte, Vice President of Business Development

Sellers Dorsey

1635 Market Street, Suite 301

Philadelphia, PA 19103

215.279.9746

clabonte@sellersdorsey.com

4. Experience and Capacity

Sellers Dorsey is a national consulting firm with a track record of developing successful solutions in Medicaid and public healthcare funding, policy and program innovation. The firm has worked in Arizona and in more than thirty other states, with leading Fortune 100 Companies, and other leading healthcare companies, providers, advocacy organizations, and foundations to leverage opportunities within Medicaid and other public healthcare programs. Our mission is dedicated to finding solutions to the challenges of financing and delivery of public healthcare for the underserved and economically-disadvantaged populations. Our firm has a keen understanding of the impact of federal health reform policy on state operations and the related implications for Medicaid providers. Our considerable experience has taught us that every state environment is unique and requires nuanced solutions.

Sellers Dorsey provides consulting services on Medicaid service delivery with a strong focus on LTSS, managed care implementation, and provider relations. Our services include consultation on program innovation, policy development, public healthcare financing, Medicaid program implementation and operations nationally. Our team is prepared to bring AHCCCS our extensive experience to support the envisioned scope of work.

a) Experience of the firm working on projects same or similar to this scope of work

We offer variety of perspectives stemming from work with non-state government entities, state and federal agencies, provider associations, and other stakeholders in health care delivery. All of these perspectives, combined our evidence-driven analytical capability, add value to this potential engagement. Following are a few examples of the work of Sellers Dorsey that is relevant to the scope of work under this task order.

Experience with State and County LTSS Programs

Our firm has worked in over 30 states and has helped with LTSS program analysis, reform, design, implementation, approval and compliance. Here is a sample of engagements we have performed in this area.

Pennsylvania Community HealthChoices LTSS Delivery Reform

Sellers Dorsey is providing extensive technical assistance to the Commonwealth of Pennsylvania in connection with the state's Medicaid MLTSS program Community HealthChoices. Our ongoing engagement has involved supporting development of various educational items, assisting with the stakeholder engagement process, supporting the procurement process, including creating the RFP and evaluating responses, assisting with provider transition, and supporting readiness review for selected plan, and helping with the design of early implementation monitoring and performance measurement tools.

We led initiatives for stakeholder input to the design of the program and contractual requirements. The Commonwealth received over 2300 comments to their MLTSS Concept Paper and we provided feedback to all the comments. Many of the providers and advocacy organizations expressed concern with access to services in rural areas. In response to these concerns the Commonwealth strengthened their contract

requirements for the MCO to require continuity of care, provider contracting protections, and required current rates to be paid for the transition and longer for nursing facilities.

Texas Managed Care Pilot for Home and Community Based Services for IDD Community

Sellers Dorsey assisted the Texas Health and Human Services Commission (HHSC) develop a managed care procurement for the Intellectually and Developmentally Disabled (I/DD) population. The pilot included allowing provider organizations to bid as well as managed care organizations, so the design included providing for a non-capitated approach as well as a capitated approach. For the HHSC, Sellers Dorsey:

- Reviewed and analyzed Request for Information (RFI) responses and recommended policy and program strategies to address concerns raised by stakeholders in the RFI
- Designed and developed a model for the pilot structure
- Wrote a Request for Proposal (RFP) in collaboration with state staff
- Recommended policy, program and reimbursement strategies to the State with stakeholder input including, but not limited to, stakeholder forums to gather input on the IDD managed care pilot
- Managed and obtained stakeholder input including, but not limited to, stakeholder forums to gather input on the IDD managed care pilot
- Designed and developed a procurement evaluation process
- Developed readiness review criteria, timeline, and work plans for the pilot

Arkansas LTSS Reform

Sellers Dorsey is working with the Arkansas Health Care Association (AHCA) and the State of Arkansas to develop comprehensive reforms to Arkansas LTSS for seniors. The firm's scope of work includes policy development and program design, options development, research and analysis, briefings of state leadership, assistance with stakeholder outreach, and drafting of all necessary policy documents, including SPA, administrative rules, s. 1915(c) waiver amendment, and s. 1115 waiver application. The impetus behind this engagement was the desire of AHCA to propose an alternative to MLTSS that would deliver some of the same cost containing and accountability benefits.

This LTSS delivery system reform development has carefully considered rural populations as a dimension of overall provider adequacy. Personal care program integrity has been a vital component of the AR LTSS reforms with specific attention paid to the aging and physically disabled population receiving services in the home from a designated caregiver. Sellers Dorsey has provided strategic guidance to ensure Medicaid program changes account for those LTSS beneficiaries located in rural parts of the state and that the plan of care administered in a home-based setting meets the same quality and safety standards required of a nursing home.

Texas STAR Kids MLTSS Program

In another Texas engagement Sellers Dorsey team members participated in several phases of the procurement for the Texas STAR Kids LTSS Program for Children on SSI. Our subject matter experts used their extensive experience with LTSS programs and knowledge of the state's goals to perform readiness reviews for community based managed care plans who had no experience with MLTSS. For one MCO we

performed a gap analysis, remediation, and drafted the RFP response (see below). For four other plans we assisted with readiness review preparations including performance of mock operations and systems review. All plans passed the state's readiness review.

Contra Costa and San Diego Counties

Pam Coleman, our proposed Project Director and subject matter expert, was engaged by Contra Costa County and San Diego County to assist them with activities in preparation for new MLTSS programs. Pam provided advice and recommendations on processes and functions needed for an effective MLTSS program. In California the counties are responsible for administering the Medicaid programs and in particular providing LTSS services through county hired staff and community partnerships. There was concern about the In-Home Services and Supports (personal care services) going to managed care organizations since county staff were providing these services. Under pressure from the counties the state elected to allow the counties to continue managing the authorizations and delivery of these services when managed care for LTSS was implemented.

Recent Impact Research and Analysis Experience

Our experience helping managed care groups, along with the states in which they operate, to study the effect of their role in delivery systems, involved detailed research, analysis and reporting.

Ohio Association of Health Plans Impact Report

In 2017 Sellers Dorsey completed a study of the state managed care program, which documented the performance of the managed care programs and impact on costs. Our report conveyed findings about managed care plans being accountable for health outcomes, quality of care, appropriate utilization of services and cost effectiveness. The reports also described the plans' solutions to access-related issues as well as services such as vision or dental benefits, nurse hotlines, transportation assistance, and weight loss programs. Actual reviews demonstrated cost savings.

Texas Medicaid/CHIP Managed Care Report

Sellers Dorsey prepared a comprehensive report of the status of Medicaid/CHIP managed care in Texas for the Texas Association of Health Plans (TAHP). Led by Pam Coleman, the team coordinated efforts with local actuaries and assistance from the Texas Health and Human Services Commission. The report included history of the expansion of managed care in Texas, explaining the key differences between fee-for-service, primary care case management and managed care, as well as the four Medicaid managed care programs Texas currently operates. As health care reform is continuous, the report also reviewed anticipated federal and State changes and areas for innovation.

Recent Managed Care Bid Projects

These examples of Medicaid managed care RFP response writing engagements include addressing network adequacy requirements as part of creating a successful bid.

Driscoll Health Plan – Texas MLTSS Bid

We engaged with Driscoll Health Plan to prepare a response to the Texas STAR Kids program. STAR Kids is a new program serving SSI children that require LTSS. Driscoll had no experience with LTSS so we helped develop their program including requirements for LTSS network, Service Coordination, comprehensive LTSS assessments, and development of person-centered care plans. Driscoll received the award from the state and is operating one of the most successful STAR Kids programs in Texas.

Magellan Health Plan – Virginia MLTSS Bid

Sellers Dorsey was retained by Magellan Complete Care to assist in their bid preparation for Virginia’s MLTSS program. Magellan’s experience with LTSS was minimal so we helped them build a new program that would meet all of Virginia’s requirements. Magellan was successful in winning the bid.

Health Partners Plan – Delaware MLTSS Bid

Sellers Dorsey together with The Menges Group assisted Pennsylvania based Health Partners Plan (HPP) with responding to a Request for Quote for the Delaware managed care program including LTSS. HPP does not have LTSS experience but was encouraged to respond to this initiative. Results of the RFQ have not been released yet but HPP was very satisfied with the assistance we provided.

b) Experience of the proposed staff and list of names and classification personnel expected to perform specific activities, including use of subcontractors

Based on the expectations contained in this Scope of Work, we will assign a team of highly experienced consultants with backgrounds in operating state Medicaid LTSS and Medicaid managed care programs. A Project Director/Lead Author will be complimented by four additional Subject Matter Experts including a Project Manager. This core team will be additionally supported by a senior-level Strategic Advisor.

The key consultants supporting this project include individuals who held senior leadership positions in state Medicaid programs. The accomplishments and areas of expertise of each individual are specialized and align with the goals of this Task Order. All members of the Sellers Dorsey team have important experience in supporting the designing and implementation of LTSS delivery reform programs. Our team brings in-depth knowledge of federal LTSS requirements, various state LTSS programs around the county, and the current GOP proposals for Medicaid funding.

Proposed Project Staff

Consultant	Engagement Role	Classification
Pam Coleman	Project Director and Lead Author	CMS and Policy Expert
Brian Dees	Project Manager, Subject Matter Expert, and Contributing Author	Project Management
Emily Zalkovsky	Subject Matter Expert and Contributing Author	Senior Analyst
Lindsay Littlefield	Subject Matter Expert and Contributing Author	Senior Analyst

Consultant	Engagement Role	Classification
Lisa Carruth	Subject Matter Expert and Contributing Author	Senior Analyst
Gary Jessee	Strategic Advisor	CMS and Policy Expert

Pam Coleman, MBA – Senior Consultant*Engagement Role: Project Director and Lead Author**Classification: CMS and Policy Expert*

The core team for this project will be led by Pam Coleman, who will serve as the Project Director, a Subject Matter Expert, and the Lead Author of the deliverable. Ms. Coleman will be accountable for the project delivery timelines, milestones, and final deliverable.

Pam Coleman is a health and human services executive with extensive experience creating solutions for funding, managing, and improving Medicare and Medicaid services. Ms. Coleman often leads projects focusing on long term services and supports, an area in which she brings a deep background in managed care techniques in delivering LTSS to a diverse population. She is focused on healthcare delivery system redesign and transformation, supporting states and health plans with strategies for serving new Medicaid and exchange populations and in implementing innovative accountable care approaches to service delivery and payment reform. For 26 years Ms. Coleman held various senior level administrator positions in the Texas Medicaid Program, including Deputy Medicaid Director. Previous to Sellers Dorsey she most recently worked as Senior Vice President of Government Programs for Optum. As a consultant Pam has provided technical assistance to the Texas IDD Managed Care, Pennsylvania Long Term Care Commission, Virginia MLTSS programs, and for the last 18 months Pam has been providing consultation for the Commonwealth of Pennsylvania on the implementation of Pennsylvania’s Community Health Choices (LTSS delivery system reform). Pam Coleman frequently presents at national conferences on complex care populations and integrated delivery systems.

Brian Dees – Consultant*Engagement Role: Project Manager, Subject Matter Expert and Contributing Author**Classification: Project Management*

As a former Senior Advisor to the Deputy Associate Commissioner for Medicaid and CHIP Policy and Program for the Texas Health and Human Services Commission, Brian led high profile MLTSS program implementations, interacted with a variety of stakeholders, developed Medicaid policy, and provided legislative analysis and ongoing management of provider and client-related issues to the Medicaid program in Texas. Prior to becoming a Senior Advisor, Brian worked as a Senior Policy Analyst conducting policy analysis related to acute care and long-term services and supports in the Medicaid and CHIP programs.

Emily Zalkovsky, MPA – Senior Consultant*Engagement Role: Subject Matter Expert and Contributing Author**Classification: Senior Analyst*

Emily Zalkovsky joined Sellers Dorsey as one of the firm’s growing number of Texas-based former state Medicaid officials and senior staff members. In her more than ten years of experience working with publicly funded health care programs, Emily has built expertise in project management, program

administration, policy analysis, and meeting facilitation, as well as professional document writing and editing. Emily has focused most of her career with the Texas Health and Human Services Commission (HHSC) developing policy as well as managing and overseeing various programs. Most recently as Deputy Associate Commissioner for Policy and Program for the Medicaid/CHIP Services Department, Emily directed a team of over 120 staff responsible for Medicaid and Children's Health Insurance Program (CHIP) policy, medical benefit design, program management, and Centers for Medicare and Medicaid Services (CMS) negotiations, among other responsibilities. Previously she served as Director for Program Management for the Medicaid/CHIP Division of HHSC overseeing nearly 30 staff responsible for program policy and quality associated with Medicaid and CHIP managed care programs. Emily also served as Director of Policy Development Support, and in an earlier phase of her career she was a Project Manager for a nonprofit focused on homelessness issues in Los Angeles. Emily earned a Master's in Public Affairs as well as dual Bachelor's degrees from The University of Texas in Austin.

Lindsay Littlefield, MPA – Senior Advisor

Engagement Role: Subject Matter Expert and Contributing Author

Classification: Senior Analyst

Lindsay brings 11 years of experience in the health and human services arena. Her Medicaid subject matter expertise includes Medicaid dental, acute, and long-term services and supports, including the full continuum of home health services, 1915(c) waiver programs, and institutional services for persons who are aging and have physical and intellectual disabilities, as delivered in fee-for-service and managed care. Lindsay has significant experience working with states on the operation and downsizing of large state-run intermediate care facilities for individuals with intellectual and developmental disabilities. Her legislative and consulting background enables her to analyze and synthesize information and effectively present it to decision-makers. She also brings experience working with state agency executive and program staff in implementation and change management. Of particular relevance to the scope of work, as part of an engagement Lindsay completed with Texas Child Protective Services, she conducted many focus groups over a three year period. Her work included designing the question tools, assigning participants, and facilitating the focus group sessions.

Lisa Carruth – Senior Advisor

Engagement Role: Subject Matter Expert and Contributing Author

Classification: Senior Analyst

As the former Chief Financial Officer for the Texas Health and Human Services Commission, Lisa led a financial services staff of more than 350 as the agency transformed from 20,000 employees and a biennial budget of \$60 billion to an agency of 40,000 and \$80 billion, providing all health care client services for Texans in need. Through the course of 29 years of state services, she sharpened focus on financial and budgetary analyses in the field of health care, particularly Medicaid, with an emphasis on research-based, data-informed policy decisions and implementations.

Gary Jessee – Managing Director

Engagement Role: Strategic Advisor

Classification: CMS and Policy Expert

Gary Jessee joined Sellers Dorsey as Managing Director in 2017 after working in public service in Texas for 20 years. Gary is the recent former Deputy Executive Commissioner for Medical and Social Services

in Texas, the largest division in the Health and Human Services System. In that position Gary oversaw four departments, bringing together client services, including eligibility services, Medicaid/CHIP services and functions, and community programs under one coordinated division. Prior to this, Gary served as the State Medicaid Director where he was responsible for overseeing services and supports for more than four million Texans across the state. He also previously served as the Chief Deputy Director for Program Operations in the Medicaid/CHIP Division. Before joining Texas Health and Human Services Commission, Gary served as Assistant Commissioner for the Access and Intake Division at the Department of Aging and Disability Services, where he was responsible for overseeing functions of the Area Agencies on Aging, Local Intellectual and Developmental Disability Authorities, Community Services and Program Operations, Community Living Assistance and Support Services, Contracts, Guardianship services and other specialized programs.

In coming to Sellers Dorsey Gary has joined the ranks of a growing number of former Medicaid officials who have also taken employment or senior advisory roles with Sellers Dorsey to assist states, payers, and providers to achieve strategic goals related to public healthcare. He leads the firm's efforts to build a sustainable and growing practice in the State of Texas by overseeing the firm's service delivery and outreach, particularly in managed long-term services and supports. Gary is also the immediate past president of the National Association of States United for Aging and Disabilities.

Proposed Staff Qualifications

Expert knowledge in MLTSS and the ALTCS population including persons with developmental disabilities, persons with physical disabilities and the elderly.

During her more than 26 year period in various senior level administrator positions in the Texas Medicaid Program, **Pam Coleman** developed many key qualifications for this scope of work, including:

- Pam led the design and implementation the Texas Medicaid MLTSS program known as STAR+PLUS for older adults and persons with disabilities. During the following 12 years, Pam Coleman headed up all the Medicaid managed care in Texas and implemented the expansion to new urban and rural areas of both the TANF/CHIP population and the integrated STAR+PLUS program.
- Deputy Medicaid Director and Director of Managed Care Operations; Oversaw the 19 MCOs serving 3.5 million Texas Medicaid beneficiaries
- In 1998, responsible for the design and implementation of the Texas integrated acute and long-term services and supports program (STAR+PLUS) for older adults and persons with disabilities
 - One of the first mandatory MLTSS programs
 - First combination 1915b/c waiver approved by CMS, became a model for other state MLTSS program.
- Led and managed all Medicaid managed care activities in Texas; implemented the expansion to new urban and rural areas of both the TANF/CHIP population and the integrated STAR+PLUS program
- Implemented new value-based purchasing contracts for MCOs to ensure contract compliance and performance improvement.
 - MCO quality incentive payment and withhold programs.
 - CMS cited the Texas MCO contracts as a model for other states.

For the last 18 months Pam has been providing consultation for the Commonwealth of Pennsylvania on the implementation of Pennsylvania's Community Health Choices (LTSS delivery system reform).

In the past Pam was engaged by Contra Costa County and San Diego County to assist them with activities in preparation for new MLTSS programs. In California the counties are responsible for administering the Medicaid programs and in particular providing LTSS services through county hired staff and community partnerships.

Brian Dees helped develop the RFP for and led program implementation for STAR Kids, a Medicaid managed care model integrating acute care and LTSS, which serves children and young adults with disabilities in Texas. Brian interacted with a wide array of stakeholders (including Medicaid beneficiaries, parents, providers, patient advocates, and MCO leadership) in a variety of public forums to provide education and answer questions about the new program. Brian worked with Texas A&M University researchers and key stakeholders to develop and implement a comprehensive person-centered assessment tool for children and young adults with disabilities. He has worked extensively with pediatric home care and LTSS providers in Texas to address policy questions and resolve complaints. He also helped lead the implementation of the Community First Choice (CFC) benefit in Texas. Brian is a subject matter expert in private duty nursing, home health services, attendant care services, and other home and community-based services.

Emily Zalkovsky has supervised staff responsible for Texas Medicaid managed care carve-ins for services for individuals with IDD, older adults, nursing facility residents, dual eligibles, adults with physical disabilities, and children with disabilities. Emily has also managed teams responsible for ongoing program management of Texas' MLTSS programs, STAR+PLUS and STAR Kids, and all 1915(c) home and community based services waivers. She has overseen approval of managed care contract requirements, maintenance of policy handbooks for participating managed care organizations, negotiation of federal waivers with CMS, and implementation of initiatives and new federal requirements such as person centered planning and the Home and Community Based Services Settings rules. She has participated in and supervised staff responsible for implementation of the Community First Choice attendant/habilitation benefit. Emily is familiar with policies and federal regulations governing the following services: attendant care, nursing facility services, durable medical equipment, habilitation, respite, supported employment, employment assistance, day activity and health services, home health, specialized therapies, consumer directed services, and other long term services and supports. She has guided staff in designing and implementing effective service coordination models tailored to various populations based on specific needs, including adults and children with disabilities, individuals in nursing facilities, individuals with IDD receiving acute care services in managed care, and dual eligibles. Emily has also led numerous stakeholder meetings to educate beneficiaries and providers about upcoming changes to Medicaid managed care programs for individuals with disabilities and seek input on topics such as service coordination, network adequacy, day activity and health services, LTSS provider credentialing requirements, and attendant services.

Between 2012 and 2014, **Lindsay Littlefield** was the Texas Legislative Budget Board's (LBB) primary analyst for the Department of Aging and Disability Services and developed budget recommendations for the state's Medicaid LTSS programs. Lindsay has authored numerous legislative policy reports on Medicaid acute care and LTSS services, including reports related to assessment processes in the Texas STAR+PLUS program for HCBS clients, opportunities for downsizing of state institutions for persons with IDD, improving transparency for the Texas' 1915(c) waivers, and options for restructuring Texas' IDD

waivers to help the state fund expansion of services. She has also provided expert testimony to legislative committees and legislative leadership in Texas and to the Arkansas Health Care Reform Task Force. Since 2016, Lindsay has contracted with the Texas Association of Home Care and Hospice, and has developed subject matter expertise in pediatric therapy services and private duty nursing and community-based attendant care and State of Texas access to care issues.

Lisa Carruth led and conducted financial and policy impact analyses for the statewide expansion of the Texas STAR+PLUS program as the Director of System Forecasting for Texas Health and Human Services. STAR+PLUS is a Medicaid managed care model integrating acute care and long-term services and supports (LTSS), which serves Aged and Medicare-Related clients, as well as clients with disabilities in Texas. Until November of 2016, STAR+PLUS served children in these groups on a voluntary basis (prior to implementation of the children-specific STAR Kids program). She oversaw the financial analyses (including caseload and geographic distributions of clients) for the implementation of nursing facilities into STAR+PLUS in March 2015 and the addition of acute care services for clients with intellectual and developmental disabilities (IDD) in September 2015. Lisa oversaw the financial impact analyses for implementation of STAR Kids. She also provided cost analyses for implementation of the CFC benefit in Texas and has subject matter expertise in cost and policy impact analyses.

In his role as Assistant Commissioner of the Access and Intake Division at the Texas Department of Aging and Disability Services, **Gary Jessee's** responsibilities included oversight of the Area Agencies on Aging; Local Intellectual and Developmental Disability Authorities; regional and local services staff responsible for determining functional eligibility for Title XIX and functional and financial eligibility for Title XX and state funded long-term services and supports (LTSS) programs; and guardianship services. Specifically, Gary oversaw the state's entitlement programs which included personal attendant services and day activity health services. In addition, Gary oversaw the state's 1915(c) waiver programs providing home and community-based services to children, young adults and older adults with disabilities, those with physical disabilities, intellectual and developmental disabilities and individuals who are deaf, blind with multiple disabilities. Also under his authority were Title III and Title XX funded programs.

In his roles as Chief Deputy Medicaid Director of Operations and State Medicaid Director, Gary had direct responsibility for the state's Medicaid managed care programs, including STAR+PLUS, the state's integrated managed care program providing coordinated acute care and long-term services and supports (LTSS) for older individuals and individuals with disabilities. While the STAR+PLUS program historically served individuals with physical disabilities, in recent years the state carved acute care services for non-dual eligible individuals with intellectual and developmental disabilities (IDD) into the STAR+PLUS program. Through the implementation of the Community First Choice (CFC) program, the state also began providing basic attendant and habilitation services to individuals with IDD through the STAR+PLUS program. Gary oversaw both of these managed care transitions during his tenure in the Texas Medicaid program, as well as the statewide expansion of the STAR+PLUS program to include rural areas of the state and the carve-in of nursing facility services into STAR+PLUS. Through these transitions, Gary worked closely with impacted members, families, providers, provider associations and other stakeholder organizations.

In his most recent role as Deputy Executive Commissioner for Medical and Social Services, Gary oversaw the development and implementation of the STAR Kids program, a new Medicaid managed care model integrating acute care and LTSS for children and young adults with disabilities. In this role, Gary also had oversight of the state's 1915(c) waiver programs for individuals with IDD (administered outside of the

managed care system through fee-for-service), as well as state and federally funded community services for the elderly and individuals with disabilities (e.g., home delivered meals, emergency response services, family care, in-home family support).

Expert knowledge in provider network adequacy and workforce development analytics

As Director of Managed Care for Texas Medicaid, **Pam Coleman** established provider network adequacy for LTSS services based on utilization data and choice requirements. Pam has assisted the Commonwealth of Pennsylvania in developing LTSS provider adequacy measurement metrics for their new MLTSS program Community HealthChoices. She has also participated in reviews of workforce development initiatives for direct care workers for several states.

Brian Dees has experience tracking provider network adequacy prior to and following program implementation for Texas STAR Kids and working with MCOs to address any deficiencies.

Emily Zalkovsky advised staff charged with redesigning Texas' Medicaid managed care network adequacy standards and reporting/measurement tools, including gathering stakeholder input related to MLTSS network adequacy standards. She worked with a team and the external quality review organization to complete a managed care appointment availability study for certain provider types. Emily also reviewed and approved quarterly and annual 1115 waiver reports to CMS, including analysis of MCO network adequacy. She has participated in numerous discussions with stakeholders about ensuring adequate provider choice for those with disabilities, including discussion about physicians serving children with disabilities transitioning to adult Medicaid and specialists serving individuals with IDD.

Lindsay Littlefield has supported several managed care organizations with proposal development for multiple state Medicaid, CHIP, and dental procurements over the past three years. Lindsay's focus has been on network development access. She provides market-specific strategic insight and identifies opportunities for innovation and partnership.

Lisa Carruth has significant analytical experience, particularly in forecasting workload/workforce for eligibility, caseworker, and provider coverage. She developed and oversaw analysis of the impact of high-needs foster care children on workloads and costs (including capitated costs) for both foster care supervision and medical needs of children in care. Analysis included workforce models for placement and supervision needs.

As Chief Deputy Medicaid Director of Operations, **Gary Jessee** was responsible for overseeing Health Plan Management, the team responsible for monitoring health plan compliance with contractual standards, including network adequacy standards. During Gary's tenure in this role and later in his role as state Medicaid Director, the state implemented several major managed care expansions, and Gary and his staff were also responsible for ensuring health plans met readiness requirements for these expansions, including adequate provider networks to serve new populations.

As Medicaid Director, Health Plan Management remained under Gary's oversight. In this role, Gary oversaw implementation of several legislative initiatives related to network adequacy. In 2015, state legislation was passed requiring the state to modify its managed care network adequacy requirements, including the addition of LTSS-specific network adequacy measures, and report publicly on health plan

compliance with these standards. As Texas was implementing these changes, CMS also published its final managed care rule, which included network adequacy requirement changes. As Medicaid Director, Gary served as the executive sponsor on the project, providing guidance and direction to the project team responsible for coordinating and implementing both the state and federal changes to network adequacy requirements.

In 2015, the state legislature also passed a budget rider requiring HHSC to develop recruitment and retention strategies for community attendants. In order to comply with this requirement and develop strategies to recruit and retain attendants, under Gary's leadership, HHSC developed and implemented a plan to gather attendant data through provider cost reports. Data collected through the cost reports included: average hourly attendant wage, whether employee benefits are offered to attendants, and amount of turnover for specific attendant types. HHSC also developed an online survey to capture data not captured through the cost reports (e.g., initial hourly wage; whether the employer offers wage increases for attendants; whether the employer offers additional pay to attendants to account for factors such as consumer need, geography, cost of living, varying skill requirements, etc.; how long it takes the employer to fill vacancies, and average length of employment for attendants). This information is used to identify potential gaps and challenges and as a mechanism for the state, in partnership with managed care organizations, to identify opportunities to further support the recruitment and retention of attendants.

In 2015, the state legislature also directed HHSC to implement rate reductions for therapy providers. In light of concerns from providers, advocates, and some legislators that these cuts would lead to reduced access to care, the Medicaid program, under Gary's leadership, developed a therapy monitoring dashboard to track and report on the impact of the rate reductions on access to care. The dashboard included data related to access to care complaints, provider terminations (initiated by the provider and related specifically to the rate reductions), and any waiting list information maintained by managed care organizations for therapy services.

Ability to provide analytical support

Pam Coleman has, as part of her background, work as a research scientist involved in a number of social and healthcare studies. In addition, Pam led the development of the case mix reimbursement system for Texas nursing homes.

Brian Dees has experience analyzing utilization data to highlight trends and report findings by MCO, geographical area, and provider type.

Emily Zalkovsky has experience analyzing qualitative and quantitative information to identify trends in provider availability and service utilization, including attendant services for beneficiaries using the agency or consumer directed services option. Emily has the ability to synthesize data, qualitative information on programs and services, and stakeholder input to draw conclusions and suggest potential solutions to issues. She has worked closely with the Texas external quality review organization to bring program knowledge and data together to evaluate MCO performance on quality measures.

Lindsay Littlefield brings advanced analytical skills developed during her education and honed while a budget and policy analyst at the Texas Legislative Budget Board. This includes accounting functionality, calculation of the fiscal impact of policy proposals, and construction of quantitative and qualitative

methods to support policy research. She leverages her data background to support client and team data needs. Lindsay has advised clients on how to use data effectively for operational and reporting purposes and on creation of executive dashboards. On many recent engagements, Lindsay has supported project team members in identifying project data needs, constructing data requests, analyzing data, and interpreting data.

Brian Dees offers experience with stakeholder and provider surveys, including survey design and response analysis. Brian also has experience facilitating stakeholder workgroups, focus groups, and listening sessions and summarizing key themes and responses.

Lisa Carruth has expertise in Experimental Statistics, with significant career experience conducting surveys and data analysis in healthcare and other social science fields. She also brings to the team significant experience conducting fiscal impact analyses on legislative and policy changes, including changes to eligibility, services, workforce, and service-delivery.

Throughout his career, **Gary Jessee** has held positions in which he provided analytical support directly, and also oversaw teams providing analytical support. With experience in quantitative and qualitative research and statistical analysis, Gary has led questionnaire construction, implementation, and analysis of results; focus groups; and interviews. During his time as Medicaid Director and Deputy Executive Commissioner for Medical and Social Services, Gary was instrumental in the establishment of a data analytics team which was responsible for the creation of tools, dashboards and reports to track MCO and fee-for-service performance. This data analytics team was also responsible for providing Gary and his Medicaid leadership team with data and analysis related to MCO provider networks to inform the state's changes to MCO network adequacy requirements in response to state legislation and federal regulations. In addition, Gary had oversight for Medicaid quality functions, including MCO performance improvement plans, the Pay-for-Quality program (which placed a percentage of MCO capitation payments at-risk for meeting certain performance measures), and the National Core Indicators for Aging and Disabilities.

Ability to perform projections by HCPCS, Managed Care Organization, and geographic areas of the state

Emily Zalkovsky has relevant experience interpreting Medicaid data broken down by population served, service delivery area, MCO, service, and delivery model. Examples of data that she has reviewed and analyzed include Community First Choice attendant/habilitation utilization, behavioral health services utilization, and inpatient hospital stay data.

Lisa Carruth, as Director of System Forecasting for Texas HHSC, oversaw all forecasting of caseloads, costs, and workforce for 12+ years. Upon assuming CFO role, restructured office to integrate budget and forecasting, resulting in a dynamic, quick-response team. She has extensive experience in forecasting using variable geographic areas, service delivery types, and risk groupings. Her experience prior to HHSC includes 15 years in Texas criminal justice research and forecasting for prison and juvenile populations.

c) Capacity/Availability of the firm to initiate services within specified project timelines

Sellers Dorsey affirms that we have the capability, capacity, and availability to initiate this engagement at the specified time and to complete the necessary deliverables within the period identified in the task order.

5. Methodology and Approach

Our technical approach, described below, is organized to reflect the nine focus areas articulated in the task order. Sellers Dorsey's approach to this project will be grounded in a thorough and objective review of extant claims and encounter data, reporting, and other documentation, which we will request from AHCCCS upon contract award. Our review will be supplemented and informed by thoughtful, meaningful engagement with a variety of key stakeholders through surveys, interviews, and focus groups. We propose methods of analysis that will produce as clear and complete a picture of the adequacy of the AHCCCS long-term care system provider network in as efficient a way as is possible.

1. Conduct a provider survey and/or interviews and analysis of results designed to provide information on the capacity of the workforce through a statistically significant sample of each provider type.

Methodology

- Sellers Dorsey will compose survey questions and assemble a survey for AHCCCS review and approval. The survey will address the following topics:
 - recruitment and retention rates, including turnover and current vacancies;
 - recruitment and retention strategies;
 - financial implications of Proposition 206, such as benefits, overtime, and staffing capacity;
 - other challenges to recruitment, hiring, and retention;
 - quality and value of the services providers; and
 - other notable trends or observations resulting from Proposition 206, such as
 - client, state, and MCO complaints;
 - client retention; and
 - regulatory compliance.
- After receiving AHCCCS approval of the content, Sellers Dorsey will work with AHCCCS, provider associations, and other key stakeholders as identified by Sellers Dorsey and AHCCCS project staff to distribute the survey. At a minimum, the survey will be distributed to a statistically significant sample of providers representing each provider type considered in scope for this task order in each of the three service areas. The survey will be in the field for 30 days.
- Concurrently, Sellers Dorsey will work with AHCCCS to identify key stakeholders for targeted interviews to supplement the provider survey. Sellers Dorsey staff will conduct these interviews either telephonically or on site, as appropriate, while the survey is in the field.
- Following completion of the survey and interviews, Sellers Dorsey will compile and deliver summarized survey results, highlighting key and recurring themes.

Timeline

Distribution of the provider survey and commencement of provider interviews will be complete by October 31, 2017, contingent on approval from AHCCCS. A report including summarized results will be complete by December 1, 2017.

Deliverables

Sellers Dorsey will deliver a report summarizing the survey and interview results. The report will include an overview of the survey and interview respondents and will highlight key trends and takeaways. Survey results will be summarized by both provider type and Geographical Service Area (GSA). The report will also include an addendum with full unredacted survey responses and interview notes.

- 2. Review of AHCCCS Non Provision of Service Report trending for HCB services provided in the home of the member and any other available metrics related to whether services are being delivered timely.**

Methodology

- Sellers Dorsey will review AHCCCS Non-Provision of Service (NPS) Reports from 2008 (or earliest reporting period available) through present, as well as any analyses or summaries of these reports previously produced by AHCCCS. We will analyze the reports to determine historical trends and highlight key problem areas, if present.
- Sellers Dorsey will also request and review complaint data from MCOs, AHCCCS, and the Arizona Ombudsman to identify trends related to timeliness of service delivery.

Timeline

To be completed by December 1, 2017. Timing will be dependent on availability of data.

Deliverables

Sellers Dorsey will deliver written analysis, by provider type and GSA, summarizing trends and key issues in non-provision or delays in delivery of service. Analysis will be based on review of extant NPS reports and available complaint data.

- 3. Review and analysis of providers that have made a reduction in service provision or termination of contracts due to rates, capacity or sustainability factors.**

Methodology

- Sellers Dorsey will work with AHCCCS and MCOs to request and review
 - Utilization data for provider types identified as in scope for this study; and
 - Data related to provider contract terminations.
- Based on data analysis, Sellers Dorsey will identify providers that have seen a significant reduction in billed claims, a reduction in clients, or that have terminated contracts. Sellers Dorsey will then prioritize and outreach key providers identified in the analysis to determine the reason for the utilization reduction or contract termination. Sellers Dorsey will not include in this outreach effort providers identified by the state as having been terminated for reasons related to non-compliance with regulatory requirements, quality of service, or fraud, waste, and abuse.

Timeline

To be completed by December 15, 2017.

Deliverables

Sellers Dorsey will deliver an analysis of provider terminations, by provider type and GSA, highlighting the top rationale provided for termination. Sellers Dorsey will also deliver an analysis of providers that have demonstrated significant utilization reductions, by provider type and GSA, highlighting the top rationale provided for the reductions.

- 4. Focus groups with ALTCS Managed Care Organizations (MCOs), including DDD, to identify issues and/ or challenges with access and availability of services, member choice and member satisfaction including time between the identification of a service need and the member receiving the needed service.**

Methodology

Sellers Dorsey will conduct a series of focus groups with Arizona Long Term Care System (ALTCS) MCOs and Division of Developmental Disabilities (DDD), with one focus group session to be held in each of the three service areas to maximize participation. Sellers Dorsey will identify key MCO and DDD staff for participation including staff with knowledge of provider contracting, network practices, and member satisfaction.

Sellers Dorsey will develop a question guide for the focus group facilitator, which will be submitted to AHCCCS for review and approval. Key topic areas will include:

- How plans monitor for adequacy of access to care – data they have and data they would like to have
- Trend and observations since Proposition 206's implementation regarding:
 - Access and availability of services
 - By service – nursing facility and HCB services (attendant care, personal care, homemaker, respite, habilitation and assisted living, DDD group homes, day treatment and training, adult day health, center-based and group supportive employment programs).
 - By geographic service area
 - By risk group
 - Member choice
 - Member satisfaction, as measured through:
 - Survey data
 - Complaint data
 - Other
 - Member wait time and waiting lists – if applicable
 - Any other notable trends or observations resulting from implementation of Proposition 206.

Timeline

Sellers Dorsey will begin to conduct focus groups in November 2017, to be completed by December 15, 2017.

Deliverables

Sellers Dorsey will deliver summaries of each focus group and an analysis of important findings and themes across all focus groups.

5. Review and analysis of ALTCS MCOs' policies and practices related to provider contracting.

Methodology

Sellers Dorsey will develop an information request for each MCO, including a request for any written policies and procedures (P&Ps) and related documents on provider contracting.

Sellers Dorsey will review each P&P using objective criteria. Sellers Dorsey will develop a tool to use in review of each P&P that allows for capture of standard information to facilitate analysis and comparison.

Sellers Dorsey may conduct follow-up interviews with MCO staff as needed to provide clarity around P&Ps.

Timeline

To be completed by November 2017.

Deliverables

Sellers Dorsey will deliver a summary analysis of the MCO P&Ps related to provider contracting that identifies major themes and gaps.

This analysis will be completed prior to the MCO focus groups to allow Sellers Dorsey to conduct any follow-up interviews as needed and/or to influence any questions included in the MCO focus group question guide.

6. Review and analysis of ALTCS MCOs' Network Management and Development Plan.

Methodology

Included in the information request for provider network P&Ps, Sellers Dorsey will include a request for each MCO's Network Management and Development Plan. Sellers Dorsey will develop a standard tool for analysis and comparison of the Plans.

Sellers Dorsey will analyze the Plans as well as contractual requirements for provider network and access to care.

Timeline

To be completed by December 1, 2017.

Deliverables

Sellers Dorsey will complete an analysis of the Plans relative to contractual requirements. Sellers Dorsey will identify potential gaps or risks that may warrant further monitoring and make other recommendations as appropriate.

7. Review and analysis of AHCCCS policy regarding network standards

Methodology

- Sellers Dorsey will review the current network standards for AHCCCS with a focus on standards for DD Group Homes, ALTCS/Elderly and Physically Disabled (EPD) and ALTCS/DDD contractors, nursing facilities, assisted living centers (ALCs), and a combination of assisted living home (ALH) or adult foster care (AFC) providers in each district. For these providers, AHCCCS has established minimum numbers need for each provider type.
 - For these providers, Sellers Dorsey will assess the current networks for compliance and to determine capacity to meet additional members up to a 30% increase over current utilization.
- Sellers Dorsey will also review the standards for home care services. The network standards for these services are less precise than for other long-term service and supports. For attendant care, personal care, homemaking, and respite care, contractors must ensure that the total gap hours represent no more than 0.05% of critical services scheduled in each month as reported in its monthly Gap in Services Log. The Gap in Critical Services Report provides the difference between the number of hours of home care worker critical services scheduled in each member's HCBS care plan and the hours of the scheduled type of critical services actually delivered to the member.
 - For these in-home providers, Sellers Dorsey will review the results of the Gap in Critical Services Report to determine the frequency of gaps and results of interventions. Sellers Dorsey will analyze results over the most recent fiscal years to determine any trends in the level of gaps by GSA. Sellers Dorsey will also review and consider available member complaint data, as noted above.

Timeline

To be completed by December 1, 2017.

Deliverables

- Sellers Dorsey will deliver a written analysis of network standards as they relate to services provided in nursing facilities, as well as attendant care, personal care, homemaker, respite, habilitation and assisted living and DDD group homes, day treatment and training and adult day health, and center-based and group supportive employment programs
- Sellers Dorsey will also review and deliver a written analysis of the results of extant network adequacy reviews, including the Gap In Critical Services Report, to assess responsiveness of network standards to meeting members' service needs.

- Sellers Dorsey will recommend strategies and methodologies for establishing new or additional network standards – particularly for in-home care. These strategies will consider best practices from other state programs as well improvements to the current methodologies.

8. Review and consider the Annual Title XIX Rate Reimbursement Study conducted by DDD to provide additional context for the reported impacts.

Methodology

- Since 2010, an annual study has been conducted for the Division of Developmental Disabilities on Title XIX Rate Reimbursement for home and community based service providers. The study assesses the adequacy and appropriateness of the reimbursement rates to help inform decisions on rates for the following year.
- The results of previous annual reviews show a significant decline in the number of providers with the actual utilization of services growing steadily. This is a trend also evident in other states where the number of agencies decreases while the remaining agencies grow in capacity. Understanding this trend is critical to analyzing rate adequacy, as larger agencies can spread their overhead over higher revenues thereby being able to offer higher wages and/or benefits to direct care workers.
- Sellers Dorsey will review the SFY 2016 and SFY 2017 reports to assess their findings in relation to potential impact of Proposition 206 on the competitiveness of rates going forward. The SFY 2016 study found that “the rates for SFY 2017 are generally adequate and appropriate.”

Timeline

To be complete by October 15, 2017.

Deliverables

Sellers Dorsey will review the Annual Title XIX Rate Reimbursement Study and any available supporting or background documentation related to the study to provide context for its overall analysis

9. As appropriate, review of AHCCCS (including DDD) claims and encounters data to provide additional context for the reported impacts.

Methodology

- Sellers Dorsey will request from AHCCCS and analyze available claims and encounter data for the in-scope services for the last two fiscal years. Sellers Dorsey will also compare the claims and encounter data with the Gaps in Critical Services to determine areas where there may be workforce issues.
- If feasible, Sellers Dorsey will use the data collected for the 2017 DDD Title XIX Rate Reimbursement study, which is to be delivered in September 2017.
- The claim and encounter data analysis will be used to support other findings from review of the other data collected for the analysis of AHCCCS provider network and adequacy and capacity of service delivery.

Timeline

To be completed by November 15, 2017. Timing will be dependent on availability of data.

Deliverables

Sellers Dorsey will deliver written analysis of claims and encounter data, noting trends and other highlights relevant to this study. The encounter and claims data will provide critical information into the current capacity of the LTSS networks.

Attachment: Proposed Staff Resumes

Gary Jessee
Managing Director

Qualifications

Gary is the recent former Deputy Executive Commissioner for Medical and Social Services in Texas, the largest division in the Health and Human Services System. In that position Gary oversaw four departments comprised of over 13,000 staff and an operating budget of over \$50 billion, bringing together client services, including eligibility services, Medicaid/CHIP services and functions (fee-for-service and managed care), and community programs under one coordinated division. Prior to this, Gary served as the State Medicaid Director where he was responsible for overseeing services and supports for more than four million Texans across the state. He also previously served as the Chief Deputy Director for Program Operations in the Medicaid/CHIP Division. Before joining the Texas Health and Human Services Commission, Gary served as the Assistant Commissioner for the Access and Intake Division at the Department of Aging and Disability Services.

Relevant Experience

Sellers Dorsey

Managing Director

Gary joined the firm in August 2017. Gary leads the firm's efforts to build a sustainable and growing practice in managed care and long-term services and supports (LTSS). Working with states, providers and administrative support organizations both in Texas and across the nation, Gary provides strategic advice and technical assistance and relationship management to forward goals both within the fee-for-service and managed care service delivery systems.

Texas Health and Human Services Commission

Deputy Executive Commissioner, Medical and Social Services

Following consolidation of health and human service agencies in Texas, a division was established to oversee the functions of four departments which brought together client services, including eligibility services, Medicaid/CHIP services and functions, and community programs under one coordinated division. Gary was appointed in 2016 and oversaw the division of over 13,000 staff and an operating budget of over \$50 billion. In addition to extensive legislative activity, public speaking and work with diverse stakeholders and advocates, specific functions of the division included:

- Eligibility services including SNAP, TANF, Disability Determination and Medicaid
- Community services funded with general revenue, Title XX and Title III (e.g., home delivered meals, emergency response services, family care, in-home family support)

- State and federal funded programs for individuals with behavioral health needs and individuals with intellectual and developmental disabilities
- Services for individuals with autism
- Services for individuals with traumatic brain injuries
- Early childhood intervention services
- Women's health services
- Medicaid funded services and supports within the fee-for-service and managed care programs, including all programs and administrative support services (e.g., Medicaid Management Information System (MMIS), enrollment broker, external quality review organization)

Medicaid Director

As the Medicaid Director for one of the nation's largest programs, Gary, appointed in 2015, oversaw a division of over 500 staff who operate the State Medicaid Program, the Children's Health Insurance Program and other Medicaid/CHIP Division operations within the Health and Human Services Commission. In addition to extensive legislative activity, public speaking and work with diverse stakeholders and advocates, responsibilities included:

- Contracting and complete oversight of the state's Medicaid/CHIP managed care system, comprised of 19 MCOs (MCOs) who deliver acute and long-term services and supports and 2 dental maintenance organizations
- Oversight of the Medicaid fee-for-service program and the MMIS that supported it
- Overall planning, implementation, coordination, and evaluation of programs and policies to promote effective program administration and service delivery
- Management of functional areas including communications, contracts (e.g., MCOs, MMIS, etc.), vendor drug program, health plan management, health information technology, medical services, program policy development and support, data analytics, program support and utilization management, quality oversight and reporting, medical benefits design, finance, audit coordination, management and oversight of the Transformation Waiver (1115 waiver and DSRIP) and supplemental payment programs

Chief Deputy Director for Program Operations

Beginning in 2012, Gary was appointed to oversee Medicaid program operations. In this role, he was responsible for the management and oversight of over 250 staff. In addition to extensive legislative activity, public speaking and work with diverse stakeholders and advocates, responsibilities included:

- Managing the program and operational policy aspects of the Medicaid and CHIP managed care programs
- Managed care quality initiatives, managed care Frew monitoring and reporting, and the Texas Medicaid Wellness Program
- Financial oversight of all contracts with the Medicaid and CHIP MCOs including monitoring financial performance of MCOs, reviewing and validating MCO self-reported financial deliverables, and administering the recovery of excess profits through the experience rebate process
- Development and management of contracts including the managed care contract and related policies adopted by reference in the contract

- Regular review of managed care contract reporting deliverables, network adequacy, marketing and outreach materials, and MCO metrics including hotlines, complaints, out-of-network utilization, encounters and other reporting elements
- Conducting MCO on-site reviews and readiness activities
- Imposing penalties and sanctions on MCOs for failure to meet contractual obligations

Texas Department of Aging and Disability Services

Assistant Commissioner, Access and Intake Division

Beginning in 2006, Gary was appointed to oversee a division of over 1600 staff with a \$5 billion-dollar operating budget. Areas of oversight within the division included the Area Agencies on Aging; Local Intellectual and Developmental Disability Authorities; regional and local services staff responsible for determining functional eligibility for Title XIX and functional and financial eligibility for Title XX and state funded Long-Term Services and Supports (LTSS) programs; and Guardianship services. Oversight activities included:

- Development and execution of performance contracts; training and technical assistance; programmatic, fiscal, performance, and contract accountability and oversight; policy development; and state and federal reporting
- Ensuring all individuals who receive community services receive quality services appropriate to their needs and preferences
- Management of statewide interest lists

Education

- BS, Applied Sociology, Southwest Texas State University, San Marcos, TX
- MS, Interdisciplinary Studies, Texas State University, San Marcos, TX

Pamela Coleman
Senior Consultant

Qualifications

Pamela Coleman is a health and human services executive with extensive experience creating solutions for funding, managing and improving Medicare and Medicaid services. For 26 years Pam held various senior level administrator positions in the Texas Medicaid Program, including Deputy Medicaid Director.

The full scope of her experience also includes:

- Development of state integrated acute and managed long-term services and support program (MLTSS) programs
- Complex care populations and integrated delivery systems
- Medicaid program evaluation, policy development and program integrity
- State managed care contract development
- RFP design and procurement
- APMs

Relevant Experience

Sellers Dorsey

Project: Pennsylvania MLTSS

Role: Program Advisor

Pam has been working with the Commonwealth of Pennsylvania for the last 18 months on the implementation of their MLTSS program, Community Health Choices. She supported development of the program design, implementation plan, RFP, quality performance measures, and readiness review protocols. She has brought in experts and materials from other MLTSS states including Tennessee and Texas to assist the Commonwealth with essential contract requirements and compliance monitoring tools and strategy. She is currently assisting with the internal organizational structure and critical positions for ongoing program management and improvement.

Project: Texas Medicaid/CHIP Managed Care Report

Role: Project Director

Pam led the preparation a comprehensive report of the status of Medicaid/CHIP managed care in Texas for the Texas Association of Health Plans (TAHP). Utilizing her relationships in the state, Pam coordinated efforts with local actuaries and assistance from the Texas Health and Human Services Commission. The report included history of the expansion of managed care in Texas, explaining the key differences between fee-for-service, primary care case management and managed care, as well as the four Medicaid managed care programs Texas currently operates. As health care reform is continuous, the report also reviewed anticipated federal and state changes and areas for innovation.

Project: Development of Program Design and Pilot Implementation Planning for Texas Intellectual and Developmental Disabilities Managed Care Pilot Program

Role: Project Director

As Project Director, Pam led the effort to assist the state with the design and procurement of a managed care pilot program to serve persons with intellectual and developmental disabilities

Project: Gap Analysis and Proposal Development for Texas Based Community Health Plan

Role: Project Director

Pam led the Sellers Dorsey team in assisting a Texas based community health plan prepare to serve long-term services and supports to children receiving SSI. The team performed a comprehensive gap analysis and drafted the RFP response to the state.

Optum Health

Project: Complex care services for Super-utilizers and Dual Eligibles

Role: SVP Government Programs

Pam provided expert consultation on the design and implementation of service delivery models for Medicaid recipients with chronic and complex conditions. This included discussions with CMS and states regarding designs for dual eligible integrated programs.

Project: Washington Health Home

Role: Advisor

Pam assisted with the implementation of Optum's health home model for Washington as part of their Medicare/Medicaid Integration Program.

Texas Health and Human Service Commission

Project: STAR+PLUS Managed Care Implementation

Role: Division Administrator

Pam led the implementation of integrated acute and long-term services and supports (LTSS) managed care services for seniors and persons with disabilities. The program began as pilot in Harris County and is now statewide serving close to half a million persons. Pam established statewide and local advisory and stakeholder groups to provide program input and design. She negotiated with CMS the first combination 1915 (b)(c) waiver and later worked on the Texas 1115 Transformation Waiver. She implemented some of the first Medicaid managed care value-based contracts in the country and assisted numerous other states with their managed care contracts. She led the development of dual eligible initiatives in Texas and was a member of the national Technical Advisory Group (TAG) on Dual Eligibles.

Project: Nursing Facility Case Mix Reimbursement Implementation

Role: Executive Director

Pam directed the implementation of the case mix payment model for Medicaid reimbursement to Texas nursing homes as well as research methods to investigate the cost of nursing services. She designed

patient assessment instruments and executed time studies. Ms. Coleman also convened stakeholder groups to review model design and recommendation for payment options.

Professional History

- Senior Consultant, Sellers Dorsey, Austin, TX, March 2014 - Present
- Senior Vice President of Government Programs, Optum, Minneapolis, MN, 2010 – 2014
- Texas Health and Human Services Commission, Austin, TX
 - Deputy Medicaid Director, 2006 - 2010
 - Director, Health Plans Operations, 2003 – 2006
- Texas Department of Human Services, Austin, TX
 - Director of Integrated Care Programs, 1997 – 2003
 - Division Administrator, Utilization & Assessment Review, 1988 – 1996
 - Project Director, Economic Analysis Division, 1985 – 1988
 - Research Specialist, Policy & Program Division, 1983 – 1985
- Management Consultant, Federal Reserve Bank of Chicago, Chicago, IL, 1983
- Area Project Manager, H.R. Research Center, Amherst, MA, 1982 – 1983
- Research Analyst, Massachusetts General Hospital, Boston, MA, 1979 – 1981

Education

- MBA, University of Massachusetts, Amherst, MA,
- BA, Psychology, University of Massachusetts, Amherst, MA

Brian Dees
Consultant

Qualifications

As a Consultant and Project Manager at Sellers Dorsey, Brian Dees manages client implementations and operational delivery in Texas and other states in the areas of Medicaid managed care, long-term services and supports, business development, provider policy, and reimbursement. With a background in Texas Health and Human Services and its large Medicaid program, Brian has extensive experience in stakeholder relations, healthcare management, public policy, and legislative analysis.

As a former Senior Advisor to the Deputy Associate Commissioner for Medicaid and CHIP Policy and Program for the Texas Health and Human Services Commission, Brian led high profile MLTSS program implementations, interacted with a variety of stakeholders, developed Medicaid policy, and provided legislative analysis and ongoing management of provider and client-related issues to the Medicaid program in Texas. Prior to becoming a Senior Advisor, Brian worked as a Senior Policy Analyst conducting policy analysis related to acute care and long-term services and supports in the Medicaid and CHIP programs.

Relevant Experience

Sellers Dorsey

Consultant/Project Manager

Brian utilizes his deep knowledge of public healthcare programs in Texas and elsewhere to ensure the success of Sellers Dorsey client engagements, particularly in the areas of long-term services and supports and managed care with Medicaid and CHIP. He leverages his experience working with stakeholders, managing large scale projects, and implementing procurements to assist Sellers Dorsey subject matter experts and clients in the public and private arenas to achieve operational goals.

Texas Health and Human Service Commission (HHSC)

Senior Advisor to Deputy Associate Commissioner for Medicaid and CHIP

As a senior advisor to the Deputy Associate Commissioner for Medicaid and CHIP policy and program, Brian's role encompassed leading high profile program implementations, interacting with a variety of stakeholders, developing Medicaid policy, legislative analysis, and ongoing management of provider and client issues related to the Medicaid program in Texas. Major projects included: developing the request for proposals for a major MLTSS procurement; leading implementation of the STAR Kids managed care program for children and young adults with disabilities; managing a project to develop a pediatric assessment tool; developing administrative rules, contract requirements, and sub-regulatory policy guidance; and serving as a subject matter expert on services and supports for children and young adults with disabilities, including home and community-based services and other LTSS. He worked extensively with external stakeholder groups, facilitating educational events, roundtable discussions, and listening sessions involving Medicaid beneficiaries, parents, providers, and patient advocates. Additionally, Brian represented HHSC as delegate to the Policy Council for Children and Families, coordinated the legislatively mandated STAR Kids Managed Care Advisory Committee, and served as legislative

coordinator for the Medicaid and CHIP Services Department for the special session of the 85th Texas Legislature.

Policy Analyst / Senior Policy Analyst / Policy Advisor

Through three positions with increasing scope and responsibility, Brian conducted policy analysis related to acute care and long term services and supports in the Medicaid and CHIP programs. Major projects included: implementing the Community First Choice (CFC) benefit for children in traditional Medicaid; designing a pediatric assessment tool for CFC; writing the grant proposal for and serving as project manager for a State Innovation Models (SIM) initiative through the Center for Medicare and Medicaid Innovation (CMMI); implementing program reforms improving the delivery of personal care services to comply with state audit findings; serving as an internal resource for numerous state and federal audits; serving as subject matter expert on home and community-based services, LTSS, and home health services; and implementing administrative rules for private duty nursing to fulfill the settlement agreement of a major lawsuit.

Medicaid/CHIP State Plan Coordinator

As state plan coordinator, Brian coordinated with internal policy and financial subject matter experts to develop and submit amendments to Texas' state Medicaid and CHIP plans, which serve as the state's contracts with the federal government to secure federal matching dollars to operate those programs. In this capacity, Brian also served as a primary liaison between HHSC and the Centers for Medicare and Medicaid Services (CMS) to help facilitate the state plan amendment process and resolution of various federal policy inquiries.

Professional History

- Sellers Dorsey, Austin, Texas
 - Consultant/Project Manager, Sept 2017 – present
- Texas Health and Human Service Commission, Austin, Texas
 - Senior Advisor to Deputy Associate Commissioner for Medicaid and CHIP, Feb 2016-Aug 2017
 - Policy Analyst / Senior Policy Analyst / Policy Advisor, Feb 2013-Jan 2016
 - Medicaid/CHIP State Plan Coordinator, Oct 2011-Feb 2013
 - Legal Assistant, Nov 2009-Oct 2011

Education

- University of Edinburgh, Scotland – Master of Theology, 2009
- Austin College, Sherman, Texas, Bachelor of Arts in Philosophy and Sociology, 2005

Emily Zalkovsky, M.P.Aff.
Senior Consultant

Qualifications

Emily Zalkovsky joined Sellers Dorsey as one of the firm’s growing number of Texas-based former state Medicaid officials and senior staff members. She contributes or leads client engagements in the areas of long-term services and supports, Medicaid managed care, business development, and health care policy.

Relevant Experience

Sellers Dorsey

Senior Consultant

In her more than ten years of experience working with publicly funded health care programs, Emily has built expertise in project management, program administration, policy analysis, and meeting facilitation, as well as professional document writing and editing. She helps various clients achieve goals related to Medicaid managed care, long-term services and supports, and general project and program implementation. She draws from her deep experiences with major large-scale initiatives impacting Medicaid and CHIP.

Texas Health and Human Service Commission (HHSC)

Deputy Associate Commissioner for Policy and Program, Medicaid/CHIP

Emily directed a team of over 120 staff responsible for Medicaid and Children’s Health Insurance Program (CHIP) acute and long term services and supports policy, medical benefit design, managed care programs, pediatric provider training, legislative analysis, LTSS-focused advisory committees, and Centers for Medicare and Medicaid Services (CMS) negotiations. Emily collaborated with the senior leadership team to create data-driven objectives for the Medicaid program. She supervised the successful planning and implementation of federal and state directives, such as the STAR Kids managed care program for medically fragile children and the federal Medicaid and CHIP managed care final rule. Emily also presented on agency initiatives and programs at public meetings, conferences, and legislative hearings and worked with providers, managed care organizations, advocates, and legislative staff to address concerns and develop solutions.

Director for Program Management, Medicaid/CHIP

Emily supervised a staff of 29 responsible for the program policy and quality assurance aspects of the seven Medicaid and CHIP managed care programs. In this role, she guided staff responsible for simultaneously implementing five Medicaid managed care expansion initiatives, including programs for adults with physical disabilities, individuals with intellectual and developmental disabilities, Medicare/Medicaid dual eligibles, adults in nursing facilities, and beneficiaries with behavioral health needs. Emily provided strategic direction to a team overseeing managed care organizations’ performance related to quality metrics, with a focus on potentially preventable events and HEDIS measures. She communicated regulatory guidance and provided technical assistance to 22 managed care entities via contracts, policy memoranda, and regular meetings.

Director of Policy Development Support, Medicaid/CHIP

Emily hired, developed, and managed a unit of nine staff and guided staff managing the Medicaid and CHIP state plans, the Medicaid and CHIP rules process, and five advisory committees comprised of outside stakeholders. She led the unit responsible for negotiating with CMS for federal approval of major Texas Medicaid initiatives. Emily also served as a liaison to the federally recognized Native American tribal entities in Texas.

Program Specialist, Office of Health Services and Medicaid/CHIP

As a Level V Program Specialist for the Office of Health Services, Emily evaluated Medicaid and CHIP policy, program, and reimbursement rules before publication and advised the Medicaid/CHIP and Rate Analysis divisions on rulemaking. She advised staff on memoranda for the Deputy Executive Commissioner and the Executive Commissioner. Emily led interagency workgroups and provided guidance related to a variety of policy topics including Medicare eligibility data and research on the Comprehensive Rehabilitation Services program for individuals with traumatic brain and spinal cord injuries. She also participated in cross-agency workgroups for programs such as Texas Health Steps and STAR Health, a Medicaid program for children in foster care.

Previously as a Program Specialist III and IV for the Medicaid/CHIP Division, Emily managed the beginning stages of a grant program for regional and local health care premium assistance initiatives. She collaborated with the Department of State Health Services to expand the Medicaid for Breast and Cervical Cancer Program and analyzed state and federal policy and legislation impacting Medicaid and CHIP. Emily worked with other agency staff to prepare and submit Medicaid state plan amendments to CMS.

Shelter Partnership, Los Angeles**Project Manager**

Emily provided technical assistance to community and government agencies regarding homelessness funding and policy issues. She conducted research, analyzed data, and prepared reports on homelessness and housing programs throughout Los Angeles County. Emily also participated in workgroups such as the Domestic Violence Task Force and LA's HOPE, a supportive housing/employment program, and she reviewed and analyzed housing and homelessness legislation, notices of funding availability, and federal program regulations.

Professional History

- Sellers Dorsey, Austin, Texas
 - Senior Consultant, 2017 – present
- Texas Health and Human Service Commission, Austin, Texas
 - Deputy Associate Commissioner for Policy and Program, Medicaid/CHIP, Jan 2016-Sept 2017
 - Director for Program Management, Medicaid/CHIP, Feb 2013-Jan 2016
 - Director of Policy Development Support, Medicaid/CHIP, Jan 2010-Jan 2013
 - Program Specialist V, Office of Health Services, Feb 2008-Dec 2009

- Program Specialist III, Program Specialist IV, Medicaid/CHIP, Jan 2007-Jan 2008
- Shelter Partnership, Los Angeles, California
 - Project Manager, Aug 2005-Dec 2006

Education

- The University of Texas, LBJ School of Public Affairs, Austin, Texas, Master of Public Affairs
- The University of Texas, Austin, Texas, Bachelor of Arts in Government and English

Lindsay Littlefield, MPA
Senior Advisor

Qualifications

Lindsay Littlefield offers 11 years of experience in the health and human services arena. Her Medicaid subject matter expertise includes dental, acute care, and long-term services and supports (LTSS). Her LTSS expertise includes the full continuum of home health, 1915(c) waiver programs, and institutional services (nursing facilities and institutions for persons with intellectual and developmental disabilities), as delivered in both fee-for-service and managed care models. Lindsay’s legislative and consulting background enables her to analyze and synthesize information and effectively present it to decision-makers. She also brings experience working with state agency executive and program staff in implementation and change management.

Relevant Experience

Independent Consulting

Lindsay utilizes her expertise gained from years of public and private sector experience to assist a variety of clients with proposal development, business development & innovation strategy, fiscal impact analysis, budget development, business process improvement / mapping, expert legislative testimony, strategic planning, project management & change control, and survey design and analysis.

Since 2016, Lindsay has contracted with the Texas Association of Home Care and Hospice to perform fiscal analysis on provider cost reports and provider rates and analyze the fiscal impact of legislative and state agency initiatives on the industry and member access to care.

As examples of other recent project achievements, Lindsay served as project manager for the implementation and change management of a large-scale, multi-year project for a large state agency, working directly with executives and program staff. Lindsay has supported several managed care organizations with proposal development for multiple state Medicaid, CHIP, and dental procurements over the past three years. Lindsay provides market-specific strategic insight and identifies opportunities for innovation and partnership in several areas, with a focus on network development and access.

Texas Legislative Budget Board

Analyst, Department of Aging and Disability Services

In her almost seven years with the Texas Legislative Budget Board, Lindsay directed research and authored numerous legislative policy reports on Medicaid acute care and LTSS services. She developed budget recommendations for the Department of Aging and Disability Services (DADS) based on analysis of agency requests and original research. Lindsay also testified before budget and policy committees and briefed legislative leadership, and she estimated fiscal implications of legislation and policy options considered by the legislature. She directed management reviews and fiscal analysis studies across state government operations.

MAXIMUS, Inc.

Senior Consultant

Lindsay received intensive training and mentoring in the Management Development Program, with regular rotations throughout the firm. She served in multiple PMO functions including communication, reporting, and change management.

Professional History

- Independent Consulting, based in Austin, Texas, 2014-present
- Analyst, Texas Legislative Budget Board, Department of Aging and Disability Services, 2007-2014
- MAXIMUS, Inc., Senior Consultant, 2006-2007

Education

- The University of Texas, LBJ School of Public Affairs, Austin, Texas, Master of Public Affairs
- Wake Forrest University, Bachelor of Arts, Summa Cum Laude
- Harry S. Truman Scholar

Lisa Carruth, MSCJ
Senior Advisor

Qualifications

Lisa Carruth offers highly skilled and specialized capability in financial and budgetary analyses in the field of health care, particularly Medicaid, with an emphasis on research-based, data-informed policy decisions and implementations. She is the former Chief Financial Officer for the Texas Health and Human Services Commission and has accumulated 29 years of experience in state services. Lisa has significant analytical experience, particularly in forecasting workload/workforce for eligibility, caseworker, and provider coverage. She also has expertise in experimental statistics, with notable career experience conducting surveys and data analysis in healthcare and other social science fields. Lisa possesses extensive experience conducting fiscal impact analyses on legislative and policy changes, including changes to eligibility, services, workforce, and service-delivery.

Carruth & Associates, LLC

Consultant, Health Care Finance

Lisa is leveraging her extensive experience in financial, research, and data analyses to provide informed guidance for policy decisions in health care and social services. Based on nearly 30 years of experience in state services as the foundation of her expertise, Lisa provides financial and budgetary analyses in the field of health care, particularly Medicaid, with an emphasis on research-based, data-informed policy decisions and implementations.

Texas Health and Human Service Commission (HHSC)

Chief Financial Officer
Director, HHS System Forecasting

Lisa led HHSC's financial team through an agency transformation involving the merger of three agencies and 200+ programs into HHSC, growing from 20,000 to 40,000 employees, and biennial budget growth of over \$15 billion. Lisa oversaw all forecasting of caseloads, costs, and workforce for 12+ years. Upon assuming CFO role, she restructured office to integrate budget and forecasting, resulting in a dynamic, quick-response team. She was responsible for legislative appropriations requests totaling over \$80 billion, including all forecasts of future caseloads and costs for client-service programs. Lisa oversaw 350 staff members in the Budget, Accounting, and Forecasting teams. Lisa also led and conducted financial and policy impact analyses for the statewide expansion of the Texas STAR+PLUS program.

Criminal Justice Policy Council

Director of Forecasting
Research Coordinator / Research Specialist

For this Texas state agency that provided policy impacts, research analyses, and forecasts for all criminal and juvenile justice agencies in the state, Lisa led the forecasting team providing prison and juvenile justice caseloads for all geographic regions of Texas. Lisa acquired 15 years of experience in Texas

criminal justice research and forecasting for prison and juvenile populations. As Research Coordinator Lisa led analysis for statewide Sentencing Dynamics Study, resulting in changes to Texas Penal Code and creation of State Jail system.

Professional History

- Carruth & Associates, LLC, Austin, Texas, 2017-present
- Texas Health and Human Services Commission
 - Chief Financial Officer, Feb 2016-July 2017
 - Director, HHS System Forecasting, Oct 2003-Jan 2016
- Criminal Justice Policy Council
 - Director of Forecasting, Feb 2002-Aug 2003
 - Research Coordinator/Research Specialist, Oct 1988-Jan 2002

Education

- The University of Texas, LBJ School of Public Affairs, Austin, Certificate – Governor’s Executive Development Program, 2007
- Louisiana State University, Master of Criminal Justice, 1988
- Texas A&M University, Bachelor of Science, 1985