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TRANSCRIPT OF

OKLAHOMA HEALTH CARE AUTHORITY

AGED, BLIND AND DISABLED (ABD)

CARE COORDINATION STAKEHOLDER MEETING

741 N. PHILLIPS AVENUE

OKLAHOMA CITY, OKLAHOMA 73104

AUGUST 14, 2015

9:45 a.m. to 11:00 a.m.

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REPORTED BY: LORI L. ROBERTS, CSR No. 1588

MR. GOMEZ: Good morning. My name is Nico Gomez, I have the privilege to be the CEO of the Oklahoma Heath Care Authority.

And before I take it to the next presentation, I just want to kind of highlight a couple things that we have left. So after this presentation, which is the ABD stakeholder meeting update, which we are going to go down and get you some more information about what's going on and where we're at.

After that, we're going to have what we call last call or open forum, action plan review. So over the last day and a half, almost two days now we've been giving out a lot of information, we have been getting a lot of feedback from you. As I mentioned in one of my opening comments that we are only as good and strong as much as you participate and give us guidance on what's working well, what's not working well, where can we collaborate, where can we improve. And so we get to wrap that up right after this -- after this presentation, around 11:00 or so. So stick around for that. And we'll -- should wrap it up around noon.

And, again, appreciate all of your attendance. See many faces here since we started

yesterday afternoon and I can't thank you enough for being a part of this meeting.

I want to thank the board. We had a couple board members had to leave for other personal issues and we wanted to thank them for supporting us and giving us the opportunity to have this meeting at this time this year, appreciate their support.

The member advisory task force, you've heard from some of them in the room over the course of the couple days. If you're a member of the member advisory task force, would you stand, please. We want to recognize you and thank you for being here. Please give them a round of applause.

Thank you.

You know, when we first started, the thing is we're here because of the members in SoonerCare that we serve. We want to take the best care of all those Oklahomans and they represent the thousands of Oklahomans that we have the privilege of serving each day. So thank you for their participation, they make our program a lot stronger.

I want to take a quick moment and recognize the division of strategic planning and reform. It takes the agency, but it takes that division of the agency that really puts -- behind the scenes puts

this meeting together. So Buffy Heater and your division of strategic planning reform, if you're one of those staff members, would you please stand or raise your hand if you're already standing, I see a couple in the back. So if you are a member of that group, come on, stand up. Thank you very much for all your hard work behind the scenes.

If you see one of those folks or one of those folks at the table out front, you know, make sure you give them a pat on the back or a handshake and tell them thanks because the success of this meeting is because of what they do behind the scenes months and months and months up to get to this date.

I also want to recognize our communications division, Ed Long, and your communications staff. If you would stand real quick, I want to recognize you really taking care of our social media, photography.

We've been all over social media the last couple days. We had a nice little twitter chat on, you know, prescription drug abuse and had a lot -- Channel 5 came out and featured that, and that was awesome.

We had a wellness break yesterday, if you have those wellness cards and you were doing chair squats and stuff like that, that's from that group

over there. So a lot of great stuff going on in our communications folks, and we want to thank them.

One last acknowledgment I want to thank is HPHP. I saw Charlie earlier, I don't know if he's still here. Okay. Stand up. We want to thank HP for providing our refreshments in the breaks and appreciate all your support over the years. So thank you.

All right. Now, I got that all out of the way, I want to hand this over to Buffy Heater, who is going to talk -- going to lead this conversation or presentation on the ABD stakeholder meeting. So thank you.

MS. HEATER: Thank you, Nico.

And thank you everyone for coming to this, our second ABD Care Coordination Stakeholder Meeting. Boy, I think all of us were very pleased at our last meeting in July, how well attended it was over at our offices at the Health Care Authority. The board room was overflowing, so we had to bring in additional chairs. So I'm glad that this venue now accommodates all of us here, you know, with tables and chairs and nice air conditioning to be able to keep up with all of us. So thank you all very much for your time this morning to be able to come and hear updates.

And remember that these meetings are designed for us to be able to provide you, the stakeholders, updates on the progress as the State moves forward with this -- with this new project. As well as we want to make sure that we reserve time at the end of this meeting to provide an open forum for comments, for questions. Remember that this meeting belongs as much to you as it does to us.

So without further adieu, I want to go ahead and introduce once again our internal OHCA steering committee team, as you will. It's not just me, it takes a whole team of us to be able to set agendas and be able to receive the feedback from all of you. So before we get started, I want to make sure everyone is connecting faces with names on really the core team that's working on getting this up and going.

So again, Buffy Heater, chief strategy officer for the Health Care Authority and project lead. And I believe I will pass the microphone down, if that sounds great. So let's start over here.

MS. PASTERNIK-IKARD: Good morning, I'm Becky Pasternik-Ikard and I'm the deputy Medicaid director.

MS. NORTHRUP: I'm Dana Northrup, I'm a planning coordinator for the division of strategic

planning and reform.

MS. BRADT: Good morning, I'm Amy Bradt and I'm the one that's handling the contracts for procurement.

MS. THOMASON: Hi, I'm Melinda Thomason and I'm the assistant chief of federal and state policy.

MS. COX: Good morning, I'm Tywanda Cox. I'm chief of federal and state policy.

MS. HEATER: And I know we have a couple more in the audience that I'm going to surprise because they didn't realize they were going to be introduced.

So for a member of our core teams, I think I see Jennifer King, in our behavioral health unit at the Health Care Authority.

Do I see Dr. Sylvia Lopez as well, our chief medical officer? She's a member of that team. Thank you.

How about Lynn Rambo-Jones? I think I saw her, from our legal counsel.

And Carter Kimball, our legislative director.

Okay. Anyone that I left off?

Ivy, thank you very much. And you're sitting right there in front of me, that's why I missed you. Ivy Holt, also with our health policy division.

So without further adieu, I'm going to pass

it off to Ms. Tywanda Tox and she's going to take us through some of our website reminders.

MS. COX: And pardon me for sitting down. If you were in our first session that Becky facilitated, she asked if we had any type of superman powers -- if we could get any type of superman powers, what would those be. And I said I wanted x-ray vision because I'm visually impaired. So I have to sit down here in front of the computer, so please pardon me for sitting down.

So what we wanted to do just briefly, we've had an overwhelming response on people signing up to be informed about this process and we want to make sure that you are always up with the latest news, anything that we have done as we go through this project. So the best way to do that is to go to our website. So I'm going to take you to our website.

There are a couple of ways that you can access our care coordination page. The first one is to go directly to our website, which is www.okhca.org.

Okay. Once you get onto our website, the only way that you can get to it from here is to go through our banners. Now, these banners are on a timer and you can either fast forward them or take

them back. The easiest way really would be to just pull them all up and go directly to the ABD care coordination model. And that will take you directly to the page.

The other way that you can access it without going through that process is to type the website address in directly. It starts the same way, www.okhca.org, and it's backslash abdcarecoordination, one word across.

First thing that I want to bring to your attention, a lot of you have signed up to be stakeholders and we contact you with e-mail, via e-mail to let you know when our meetings are going to be and that sort of thing. But in order to get the most up-to-date news and progress is please, please, please sign up for the web alerts. It just takes a couple of minutes to sign up.

I went into it this morning just to see, you know, how long it would take. We are simply asking for your e-mail address. What that does is anytime we go in and we update anything on this page, you'll automatically be notified via e-mail, and so you'll always be up to the most up-to-date information.

On here, as we said before, we kind of took you through this on last month, but we have

frequently asked questions, we do update those as we get questions in that we may not have addressed. We want to make sure that, you know, if you've got a question or maybe it's something that you hadn't thought about, someone else has asked. If we go in and update that list, then you'll automatically be notified once -- if you're signed up for the web alerts.

Briefly wanted to go over our timeline. As you can see, we were scheduled to release our RFI in June. We did that. July, our RFI-responded questions and answers were due, we had our first kickoff meeting.

If you will notice here, we have already uploaded the meeting transcript. We do have a court reporter that comes and transcribes the entire meeting. So if for some reason you were not able to attend, you will be able to go online and get the transcript.

If we have any type of PowerPoints that were presented during that time, we also upload those as well.

We are into August. As you know the responses were due. Amy is going to speak to that a little later on in this presentation. She'll go over

the responses.

Moving forward to September. Of course, we are in our -- we have on here the strategic planning conference, we are in there now.

So the next thing that we have coming up will be our next stakeholder meeting, which would be held Tuesday, September 8th, at our agency in the board room.

Briefly, this timeline is pretty -- it's not very detailed because as we move through the process we'll be able to kind of narrow down those dates, but we've got stakeholder meetings planned out all the way until next year this time. So as you go down, you can kind of get an idea of where we are.

December, you know, we'll have a couple of meetings September, October as it relates to the responses of the RFI, the development of the RFP. We are getting information from our stakeholders, from our providers, from our members, we're getting all of that between September and October.

November, it looks like we are scheduled to have models selection kind of finalized.

December, we're looking to start RFP development.

The schedule goes on. As you guys know, if

you have been here throughout this conference, you know that we go through tribal consultation and so right now we are scheduled to do that January of 2016.

February, we're continuing the RFP development.

March of 2016, once we get our RFP drafted, that contract -- because it will eventually turn into a contract, it must be approved by our federal partners. They do -- they're allotted 90 days for approval, so we have to send that to them prior to releasing RFP. We are looking to do that around March of 2016. We give them their time to review it and we are looking to release the final RFP on the street June of 2016.

And the schedule goes on.

So this information is out there for you. As anything changes, as I said earlier, we will update this page. If you're signed up for web alerts, you'll immediately be aware of the changes.

That's it. Thank you.

MS. HEATER: Okay. Thank you very much, Ty.

So for those of you who were not able to join us for the 8:30 session this morning, there was a wonderful panel on current delivery systems for the

ABDs in our state. And so we've asked Melinda Thomason to give us a brief recap or overview of the data. That was very helpful to that first session. So for those of you that were here for 8:30, you're going to get, as all of us being adult learners, you're going to get a second dose of that information. But for those of you that are joining us just for this meeting, this is just for you.

MS. THOMASON: Thank you, Buffy.

And I'm going to ask Astou to move to our first slide which just sets the stage.

We can qualify people for SoonerCare coverage based on their qualifications as aged, blind or disabled. And just to get everybody on the same page, that means older than 65, blind, or with a physical or intellectual disability.

As we move to the next slide, we're going to tell you -- from our state fiscal year 2014 annual report, we're going to go through the numbers.

Now, everybody is not a numbers person, but some of you are, so admit it if you're geeky like me and you want to see this part. There has got to be three in the room.

Bless you. Okay.

We'll try to make this painless and we'll try

to provide some point of reference about what we are covering.

One of the things that we want to identify is from this hole, how are people classified. So if we go to the next slide, we can tell you that we have about 51,000 who are aged. And you see the numbers for the blind and disabled category. And below or beneath, either of those two words would work, we have our number of TEFRA children at around 500. TEFRA children are a subgroup of the disabled category.

So if we move ahead, one of the things that we want to stress is this is not all about us. So I've identified here our ABD population, they have Medicare and we say 102,000 of them in that total group have Medicare. How do I know that? That's because our partners at the Department of Human Services certify people for eligibility. And they record the information about Medicare, they and we have some systems to stay current on that because that information can change.

But I want to stress as we go through these numbers that even the presentation of the numbers is very collaborative and we thank them for that.

So the next slide that you'll see is our

program for SoonerCare Choice, which is a managed care delivery system. The SoonerCare Choice program is a patient centered medical home model and within the SoonerCare program for Choice we have about 56,000 people who are classified as disabled. They won't be aged because that doesn't qualify for the Choice program.

Will they be on Medicare? No, but people change categories, so this slide demonstrates that within our Choice program there's always some movement of people who eventually qualify for Medicare and aren't in the Choice count anymore. Some pretty impressive information. About 32 percent of our total group of aged, blind and disabled are served in the SoonerCare Choice program.

So we flash forward to long-term care nursing facilities. Many of you are familiar with House Bill 1566 and the directive that this population would not be brought into the care coordination models until two years after operations begin, but this gives you that group to know how they fit in the total puzzle, and they are about 12 percent of the total.

We move ahead to another managed care program, the program of all-inclusive care for the elderly, PACE. When these figures were done, we had

one PACE provider, today we have three. And in that state fiscal year, there were 147 people served in PACE. And you see there's a very high proportion of those who also had Medicare Primary.

As we move ahead, we have a waivers slide. And this slide tells you that there are 27,000 people in home and community based services waivers. All of them get some level of care coordination in that program. There are 21,000, so not all, but about 80 percent of the people in these waivers have Medicare.

As we looked at the number in waivers compared to the total, they're about 15 percent of that 176,000 that we talked about earlier.

So our next slide is the all others. We have gone through the main categories and there is about 76,000 people that aren't in any of these systems. Now, they may be receiving some form of care coordination, we just don't know about it based on the definitions and the programs that we're talking about this morning. That's about 43 percent of that total number of aged, blind and disabled.

So our next slide takes us to information specifically about some of the home and community based services waivers. It gives you the numbers

served in Advantage this state fiscal year, which was 21,000.

And we go ahead and tell you that the developmental disability services division in the next slide operates four waiver programs that serve people with intellectual disabilities, and that's around 5,000 people served in state fiscal year '14.

And we go forward and tell you that OHCA operates three waivers and the Living Choice/Money Follows the Person demonstration. And so OHCA is responsible for operations of those four programs and was serving 472 people in the last state fiscal year.

Our next slide gives you a breakdown of the actual waivers and demonstration. The top five programs are operated by DHS and the bottom four by OHCA. And as you heard in our first panel, OHCA has administrative responsibility for those waiver programs.

Our next slide tells you about a group that was not around in state fiscal year 2014. Again, in the spirit of collaboration, our partners in the Department of Mental Health and Substance Abuse Services and we created Health Homes in our state plan. They're serving individuals with serious mental illness and serious emotional disturbance.

And current numbers, not state fiscal year 2014, but current numbers for enrollment in these programs are about 4,000 adults and 3,000 children. And your slide will give you the information of how that breaks down for people with dual eligible coverage.

And so our next slide, the last of the numbers, gives you the pie chart breakdown. So whether you think of this as an illustration of where people are served or you see our map on the wall that puts the pieces of the puzzle together, we hope this gives you a good overview of the numbers of ABD members we are serving and how we are serving them today.

MS. HEATER: Thank you, Melinda.

Okay. So moving right along. Item No. 4 on the agenda is a quality measures discussion. And this is something that in our internal working group we've had considerable conversation about this. So we recognize that for the aged, blind and disabled population of Oklahoma, there are numerous sources and numerous ways that we can both monitor and receive the information on the appropriateness of services, the quality of services, the utilization of services, how well the system is responding to needs, how well and adequate a provider network is, how

successful those providers are in connecting with members, the members and the provider satisfaction with the program. The list goes on and on and on.

So with this agenda item, I really have a plea to all of you as stakeholders. What I would like to do is have Astou pull up some very draft bullet lists of quality measures that are in a range of different topic areas that we as an internal group have looked over but were really -- we are trying to identify what is most important because we recognize that there are a multitude of sources of information.

So we know from a national perspective other states have a wealth of knowledge and experience on measures that have been important to them. We recognize that the centers for Medicare and Medicaid services, they have a plethora of data that are available publicly specific to Oklahoma.

We recognize at the Health Care Authority we have annual reports and Fast Facts as well as Oklahoma specific measures on HEDIS and CAPS data. And so we, you know -- I was going to say are we to the slide? We're working on it. Yes, it's in the -- Astou, it's in the PowerPoint deck.

So we recognize that there are a variety of sources. So in Oklahoma we recognize that there's

many different sources of data, many different measures that are currently being tracked.

We also have recognized that through many of your organizations and many of you personally, we have received letters of comment. And in some of those letters of comment you have already specifically mentioned certain measures that are important to you.

So as we put these slides up on the screen, please take a look at these measures as being some that we've identified as having baseline data for. There's data that are readily available in many of these areas. So just for example, on the slide that's on the screen now, you look about halfway down, we have things such as pneumonia rates or hospital-acquired infection rates. Prevalence of diabetes and asthma. The medication adherence rates for things like cholesterol management.

If you'll go to the next slide, Astou.

We also recognize that things like chronic wound care, behavioral health screening, social supports and services, these are things that we have quite a bit of existing data for today.

Let's go to the next slide.

I believe these were some suggestions that

have come through various letters of comment, that as we've received those and processed those, we recognize that many of you have ideas and have opinions on what is most important to you as we think about monitoring the change amongst the population, both developing a baseline for today as well as moving into the future. We want to make sure that we are paying attention to the right metrics and the things that are important to all of our agencies, as well as you as stakeholders.

So my request to you is this. In this slide deck you have a very wide, very broad suggestion -- suggested list of measures that we recognize we have data for. I in no way represent that this is an exhaustive or an exclusive list. So I would like to give you all a little bit of homework.

Please think about what measures are most important to you. We, from our internal team, we're hungry for that information and that feedback from you all on what is most important. And more importantly, what the current data sources are. If they're either in existence or if it would require a new data set to be identified.

This is something that we need to work on early because we can't afford to get this wrong. We

want to make sure that we have the right metrics in place as we move forward with any of this process.

So you can be thinking about that today. When we get to public comment, if there are ideas that come to mind immediately that you would like to share with us, we would be happy to take those. As well, remember at any time we're happy to receive letters or public comment through the venues that are available on our public website. So special request for that, please be considering the quality measures that are most important to you.

With that, I believe I will turn it over to Becky for some important developments on our consultant.

MS. PASTERNIK-IKARD: Good morning again.

I just wonder by a show of hands how many of you were at our first stakeholder meeting?

Okay. Thanks.

At that first stakeholder meeting, we did inform the audience that we had released an RFP for a development consultant firm to actually help guide us through this process and to be an expert advising us and providing information back to stakeholders and gathering information too from stakeholders.

This was a competitive process and I wanted

to let you know that the firm Pacific Health Policy Group was selected to serve as the development consultant for this ABD care coordination initiative. And joining us today is Andrew Cohen, who is the founder and principal of that organization, which has over 20 years of experience in the design and development of innovative programs in both the Medicaid and Medicare arena.

So I was going to ask Andy just to stand up and be recognized.

At the same time that we were issuing the RFP for the development consultant, we also issued an RFP to have an evaluation consultant evaluate the process as we go through choosing the model, issuing the RFP and implementing a new program.

Westat, an employee-owned research firm with extensive experience in areas such as statistical design, survey research and program evaluation, was chosen to be our evaluation consultant. Dr. David Bernstein, who will serve as lead evaluator, is here with us today. If you would stand up, please.

Additionally, Westat has subcontracted with Peridox Consulting, a Fairfax, Oklahoma, based small business, to serve -- to assist them in the evaluation process.

Dr. Carol Connor and George Raymond from Peridox are also with us. Would you stand up and be recognized, please.

I'm very excited and looking forward to working with them.

MS. BRADT: Okay. Good morning again, everybody.

Now for the exciting part of figuring out about all of the responses we received.

You know that responses were due early August. We received 22. So that was amazing, we are really satisfied with that result. And, Astou, if you wouldn't mind just going to the one that looks like the one you were on earlier, I will briefly go over some of the entities and the models that they're proposing for us.

Okay. We received 22 companies or respondents sent in their proposals to us. Of those 22, there was basically broken into ten different model types. As you can see, there's everything from fee for services and administrative services organizations, health plan community collaborative models, four different respondents proposed a hybrid model. So that was kind of several models that they were going to create into one. You have four

different options there.

Matching models, PACE, partially capitated. Majority going with the fully capitated, as you can see.

We should have these responses out on the public website, on our website for you by next week. I apologize, but with 22 responses at roughly 50 to 60 pages apiece, there's some time involved in that. So we should have those up for you to review.

But for those of you that might not want to necessarily sit and have a lot of heavy reading, we also are going to have demonstrations where these respondents will be coming the week of August 17th and the week of August 24th and presenting a high-level overview, a cliff notes, if you will, of their suggested models.

This is officially the schedule or the calendar for the entities and when they're going to be presenting.

All presentations or demonstrations will be held at our board room. There will be a 30-minute break in between respondents for time to set up and excuse the previous respondent out of the board room.

Some days you can see are very heavy, some days we have light schedules. We invite you guys to

come to all, just the ones you are interested in, whatever, completely open to the public.

There will be some time at the end of the proposals, that's included within this hour and a half, that is for question and answer. So if you have questions, start thinking of them now or if they come up at the meeting, feel free to please stay around for questions and answers.

I really think that's about it. I see several of you grabbing your smart phones and trying to capture these images. This will also be on the website. Both of these documents have been sent over to our communication staff, who has been extremely busy here. So if not this afternoon, Monday morning, both of these will be out for you so you guys will be able to review it on our site. Thank you.

MS. HEATER: So I think what might be most helpful to folks, Amy, because we do want everyone to recognize the demonstrations, those face-to-face opportunities with the respondents to come and present their proposals to an open meeting, those will begin Monday morning.

And so if the schedule is up, I think since we're talking about today being Friday, what everyone needs to understand is that beginning at 8:30 on

Monday morning, August 17th, that is when the very first demonstration will occur, and that will be provided by Patient Care Network of Oklahoma.

And then following that at 10:30 on Monday, we have the presentation by DentaQuest. And then at 1:30 on Monday we have the MCNA insurance company. Those will be the first three demonstrations that will be happening back to back on Monday, August 17th. Most -- you know, most recent day after the weekend.

And so as you have -- as Amy has pointed out, demonstrations will be taking place next week and the week after, so it will be a two-week period that Amy and -- has done quite a bit of work getting all of these scheduled and confirmed so that we can make that information available to you. I believe it was even just this morning that we had the final confirmation come through. So we are trying to put this information in your hands just as soon as we have it solidified.

So do trust us that we're going to get this information available on the web. And, you know, understand that we're going to have these slides available throughout the morning this morning for anyone who would like for us to scroll through so

that you can make sure that you can capture those dates and times.

I'll remind everyone too that those demonstrations are open to the public, so anyone and everyone is welcome to come and be able to listen to those, listen to those demos.

With that, I'll ask my team if there's any other comments or any other information we would like to share with the group at this time?

Okay. Great. So Becky was -- thank you very much, Becky. She was sharing that there has been some questions that have come up on if the demos will be in person or if they will be televised or if there will be remote connection capability. And at this time, we are going to have those in person at the Health Care Authority. So, unfortunately, with the connections, the connections are going to be used to be able to ensure that those that need to participate remotely from the presenters, they're going to have to be able to use that technology. And, unfortunately, we have one avenue of technology for that at the Health Care Authority. So, there we go.

Okay. So at this time, I'm going to ask a couple of my staff to come get the microphones to be able to share amongst the audience. And we would

really like to take this time, the next 30 minutes or so, to be able to open it up for question and for comment.

FEMALE SPEAKER: Hi. I apologize. Will there be a transcript or archive video of the demonstrations available? I know you said that you couldn't live stream, but --

MS. HEATER: So all of the responses that have been submitted to us will be made available on the web. So the responses that were provided by the respondents in paper format, those are going to be available, you know, as soon as we can get those uploaded to the website.

At this time, we do not have a plan to, you know, to record and memorialize those demos. However, that's certainly something that we would be open to looking into if there was a collection of folks that would be interested in being able to view those after the fact.

FEMALE SPEAKER: Thank you.

FEMALE SPEAKER: Good morning and thank you for holding the stakeholders meeting, it's an important venue.

My question is related to the RFI process. I know it's not an RFP yet, but I'm curious if you'll

be open to selecting more than one model or contractor for work?

MS. HEATER: Yes, that was actually a question that was presented multiple times in the Q and A before the RFI closed. So we actually have the listing of all the answers to those questions that are available on our website alongside the RFI document itself. But to answer your question very briefly, yes. So it is model or models in multiple, you know, different systems.

And just to clarify, expand a little bit more, we provided flexibility in the RFI for respondents to be able to come back and propose statewide model, a model that was specific to a certain geographic region or city or county or -- we really left it wide open for any and all model or models, no matter the range or the scope.

All right. So this may be a short meeting this morning. This is -- you know, I would ask again, on the kind of the quality measures, remember that's one of the apps that we have for you as stakeholders to give us your feedback on quality measures.

And I think it's important to also point out that the responses, you know, in totality will be

available on the website. We're going to try to get those up just as soon as possible, recognizing that many of you may be interested in reviewing the written responses prior to the demos. So we're going to try to make that happen before Monday, if at all possible. Depending on who is going to come back to the office. Right? So --

Any other questions or comments from the crowd?

FEMALE SPEAKER: Yes. I'm from one of the area agencies on aging. And Carter came to our meeting and told us about that stakeholders meetings would possibly be held throughout the state. On your agendas it's always scheduled for here in Oklahoma City. Is that going to be changed or anything? Because we have a lot of rural individuals that cannot make it in.

MS. HEATER: Appreciate that comment. And, absolutely, we recognize that it will not always be in Oklahoma City. We knew to be able to get out information quickly and timely to everyone, to have that assurance that there will be monthly opportunity, we wanted to get the location that we had control over, which was, of course, at our office. We wanted to get that booked. So that's

what you see on the schedule. That will not be the only avenue to provide input.

So one of the exciting things with having our development consultant come on is that one of their responsibilities will be to go out and conduct those regional, those local area stakeholder meetings, perhaps in smaller venues and things that are -- that make the folks in those communities comfortable with. So there will certainly be those opportunities, you know, at multiple different points in time as the project rolls along.

Another thing, so I appreciated the comment about the recording making available of the demos. For future stakeholder meetings, we will have the capability to be able to do GoToMeeting. So for those folks that have access to, you know, Internet connection and would be able to utilize that software, we do plan on making that available for future stakeholder meetings.

It's unfortunate with the demos, that technology won't satisfy us in that type of an arrangement, however, for future stakeholder meetings, we will have GoTo available.

Okay. I'll ask again, questions or comments? Okay.

FEMALE SPEAKER: I'm always the question lady. I do have one question. And that is, will the RFP or do you plan to have in the RFP that there is a requirement that those who are putting in a response would have a history of working with people in these populations?

MS. BRADT: Let me make sure I'm understanding what you're asking.

FEMALE SPEAKER: Okay.

MS. BRADT: You're saying when we develop this RFP, is there a requirement that these -- the company or the respondents that turn in proposals have prior experience working with the ABD population?

FEMALE SPEAKER: Yes.

MS. BRADT: That -- I mean, I don't see why not. I feel like, yeah, I think that's something, a recommendation, sure, that we can talk about. And we -- when we further get into developing and pass on to PHPG to make a requirement, sure, we're open to anything. That's a great suggestion.

FEMALE SPEAKER: Well, my -- my thought is these aren't -- my thought is these are not just your run-of-the-mill patients and there's a lot to the coordinating of care. And the groups that have been

coordinating the care up until now, you know, they develop the process over a period of time and so they have a lot of wisdom and so that's just my concern.

MS. BRADT: Yeah, it's valid. Very valid.

MS. HEATER: If one of my staff will go find the hotel AV, we've lost microphone. It seems to be intermittent, so, it keeps going on and off.

Thank you, Melanie.

So, Joanie, to restate your question, let's try this again because I was frazzled with the microphones. I want to make sure everyone in the audience can clearly hear what the question is so that we can make sure everybody's aware.

FEMALE SPEAKER: Yes. It's okay, its working now.

Okay. My question is once the RFP is developed or as you're in the process of developing the RFP, would it be required that those that will write the responses would have a history of working with the population of people who have disabilities or aging or blind?

MS. HEATER: And so I think as Amy said, don't have a definitive answer for you yes or no, however, if that would be your recommendation that you're presenting to us, that's exactly the kind of

feedback that we want to receive in this forum. So what I would hear is that, you know, you as making a comment is saying you are --

FEMALE SPEAKER: That would be my recommendation and I think it should be documented in the RFP what their history has been.

MS. PASTERNIK-IKARD: I think we would agree with that, Joanie. The other thing as we do have organizations and historically we do require them to list not only their experience, but where that experience is, what that experience was, how long they had that experience, and for any reason do they no longer have that experience where they did have it.

And so there would be a series of questions, really, to get at that kind of detail, I think that would meet the concerns of advocacy groups and our consumers in this very important initiative. So I think we clearly understand what you're saying and would require that kind of detail.

FEMALE SPEAKER: Thank you.

MS. HEATER: So I'd just like to point out that's exactly the kind of feedback that we would love to hear through this venue. If there are ideas that you all have that says, you know, think about

including this or, you know, steer away from this, you know, do more of this, do less of this. That's exactly what this forum and this venue is for, to be able to hear those great suggestions and those good ideas.

Understand that we're receiving all of those at the Health Care Authority. Once we receive the comments from these meetings, they're being recorded so that we can go back and make sure that those are shared with our development consultant and they're taking advisement and incorporating it into the plan moving forward.

FEMALE SPEAKER: We've been warned about the budget situation for next year, so I'm wondering if you could include a question in the RFP about how will you proceed and guarantee services in the event that budgets are cut?

MS. HEATER: Very good comment, thank you.

MS. GOWER: Morning, I'm Melissa Gower, Chickasaw Nation. And I just wanted to make a recommendation that the plans really need to consider the complexities of Indian health.

MS. HEATER: Thank you, Melissa. And will there be any specific mention -- you know, when you say complexities, any examples or specific things

that perhaps should be considered?

FEMALE SPEAKER: Well, I'm not exactly what -- I'm not exactly sure what those are right at this moment. I can think about that. But, you know, we -- there are many complexities with Indian health that's different than the -- that were the mainstream population groups. And so those complexities, you know, should definitely be considered and probably, you know, just ensuring that the foundation of recognizing tribal sovereignty and, you know, that we are providers of care. We also care for our citizens. You know, just all the different -- I guess I will shut up.

That we as tribal governments, you know, we play many different roles and with the foundation of that being our sovereignty and our government-to-government relationships and those kind of things.

MS. HEATER: Right.

MS. PASTERNIK-IKARD: I think we -- I certainly -- those of us who have been working closely with tribes on some recent initiatives have really been somewhat overwhelmed with the complexity of the Indian healthcare systems, and so I think it gives us a really good direction for maybe to include

within a focus group setting or within the tribal consultation setting that is organized through Tywanda's area. So certainly we will address that.

FEMALE SPEAKER: Thank you.

FEMALE SPEAKER: This is actually a Wanda Felty question. She's with family right now, so she couldn't be here. But she wants to know how would they assure that not only the quality but access would be available in rural areas because we have such a frontier in rural state.

And then also measuring quality and services is important as they're being received, so she's wondering how would they monitor access when the numbers can be low in rural areas like Idabel or Hollis?

MS. HEATER: It's a terrific comment and something that certainly we'll take in and, yeah, incorporate it into the plan.

MS. PASTERNIK-IKARD: And I think, Joanie, what that may be kind of driving towards is not only quality measures that are, you know, data driven, but also what are the performance standards for this initiative. And so certainly we agree there needs to be a heavy focus on the performance element, too, of whatever form the design takes. And we will, I

think, solicit heavily from our stakeholders and our consumers for what is important to them.

Any another question? Back here at the back of the room.

MS. RAMBO-JONES: I'm not sure I'm really the kind of person that should be talking at a public comment section since I go to all these meetings, but, you know, one of the things that I thought was an exciting opportunity that no one else has addressed in the room thus far is the idea that, you know, as we learn when we were looking at the statistics earlier this morning that we have a population of primarily children that are on waiting lists to get services through DDS. And I thought one of the exciting possibilities was that we might be able to have someone that was going to submit a proposal that would talk about a way in which we could provide if not every service that the people that are on the waiting list need, then was there some way that they could provide something for these families.

As we all know, because the waiting list is substantial and the time period that it takes to work your way up on the list is also substantial, it's children that are younger, that by the time they

worked their way up to the list they're teenagers.

So, now, there are other services that are provided to these kids through early intervention programs and that sort of thing, but I was hopeful and I thought maybe this would evoke some other questions from the group if I said this, that perhaps there would be something that would address the needs of that population.

MS. HEATER: While folks are thinking about that, I will offer that as we have a, you know, our team that is currently going through the RFI responses and we are certainly glad to also welcome our development consultant to help us cull through all of the responses, that is certainly something that we could add to the list of things that we are specifically looking for in seeing what the different proposals contain. So wait list considerations or mention of that is certainly something we could add to that list.

Just to let you all know, you know, things that as a first pass review of the RFI responses, we are -- you know, we're looking at things such as what services are covered. What are excluded? What's their proposal? Is it statewide? Is it regional based? Is it a small local area? You know, what is

their model? What are some of their funding mechanisms? What are important to their respondents?

So it's that type of information that we're trying to synthesize and be able to put forth in kind of an apples-to-apples comparison that hopefully we'll be able to bring that information back to you. At the same time, you all are welcome to come to the demos and be able to hear firsthand for yourselves as well as ask those kind of questions to the extent that time allows during those demos.

MS. COX: Just to kind of follow up to Lynn's question, it's not specific to the RFI, but it's certain -- I think we're starting to look at a fundamental change as it relates to those citizens that are on the waiting list.

I've been a part of the No Wrong Door collaborative with DHS and that was one of the things we were talking about. Other states are pondering the same thing that we're pondering with having, you know, people on the waiting list. And one of the things that we're starting to look at is if that person is lucky enough to get to the top, they get just a whole plethora of services. But what about looking at what -- they may not need the entire gamut of services. So what we've been talking about

throughout this collaborative is really starting to talk with those members that are on the waiting list and see if there are some things that can be addressed right now. So I think we're kind of having a, just like a fundamental change of how we are addressing that waiting list. And I was excited that this is something that's coming out of that collaborative that we have with DHS and how other states are actually trying to address some of those smaller needs that they may have that we can address without them getting all the way to the top of the list.

FEMALE SPEAKER: One more question.

Ty, is a Medicaid buy-in anything that our state has considered at all? Because sometimes people can afford to pay a premium to buy into Medicaid versus it being, you know, provided at a hundred percent. And I mean with regard to -- I mean, that would potentially address some of the kids that are on the waiting list or adults as well.

MS. COX: Not yet, but throughout this process, every option is on the table. We've said that there is no preconceived option that we have and so we did -- I thought we had one, did we not, on the responses was buy-in. Do you remember, Amy?

MS. BRADT: Yeah, I don't think so.

MS. COX: Okay. Share of savings. I'm sorry, it was a share of savings, not a buy-in.

MALE SPEAKER: I just want to let everybody know that the demonstration schedule that was referenced earlier is now on the website, so go and check it out.

MS. COX: Another shout out for web alerts. If you have web alerts, you've already received an e-mail. It's on the page. Just --

MR. SHIKE: Good morning, my name is Aaron Shike, I'm with Meridian Health Plan.

Just a question regarding the posting of the RFIs to the website. Will there be opportunity for the health plans or any of the respondents to redact any sensitive information from let's say the stability form before it goes online?

MS. BRADT: Let me clarify. The things that we are posting are your scope of work and we all are going through it very carefully to make sure there's not any information out there that you guys would not want. Your respondents ability form, any of your financials and actual company demographics will not be posted. Yeah.

MS. HEATER: Well, I think we're at, what, a

little after 10:45. And if I see no other questions, I'm trying to drag it out, make sure no one has any other comment or question, we'll go ahead and bring this meeting to a close.

And once again, thank you all very much for your participation. Please use the website as the tool that it's been designed to do. Sign up for the web alerts so that you'll receive those updates. And please be on the lookout for schedules as well as RFI responses be made available.

At this time I will go ahead and adjourn the ABD stakeholder meeting.

(Meeting concluded at 10:50 a.m.)

-- CERTIFICATE --

I, Lori L. Roberts, Certified Shorthand Reporter for the State of Oklahoma, certify that the above and foregoing meeting was by me taken in stenotype and thereafter transcribed and is a true and correct transcript of the meeting; that the meeting was had on August 14, 2015, at 9:45 a.m., in Oklahoma City, Oklahoma; that I am not an attorney for nor relative of any of said parties, or otherwise interested in the event of said action.

IN WITNESS WHEREOF, I have hereunto set my hand and seal of office this 28th day of August, 2015.

Lori Roberts

Lori L. Roberts
CSR No. 1588
Commission Expires: 12/31/15

Lori Lene Roberts
State of Oklahoma
Certified Shorthand Reporter
CSR # 1588
My Certificate Expires 12/31/15

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