

Governor's Commission
To Review and Advise on the Implementation of
New Hampshire's Medicaid Care Management Program

MINUTES

November 7, 2013
1:00 – 4:00pm
Legislative Office Building, Concord, NH

Welcome and Introductions

The meeting was called to order by Commissioner Vallier-Kaplan, Chair at 1:05pm. Present in addition to Commissioner Vallier-Kaplan were Commissioners Donald Shumway, Vice Chair, Gustavo Moral, Jo Porter, Tom Bunnell, Ken Norton, Doug McNutt, Yvonne Goldsberry, Wendy Gladstone, Susan Fox, and Nicholas Toumpas.

Commissioner Vallier-Kaplan welcomed Governor Hassan and the public guests. She thanked the Governor and her staff and the Department of Health and Human Services (DHHS) staff for their weekly meetings with members of the Commission. Commissioner Vallier-Kaplan reported that today's meeting would include reviewing the Governor's purpose in creating the Commission, sharing with the Governor and the public the Commission's work to date, and dialoging with the Governor about next steps.

The public was encouraged to stay for the entire meeting and participate in public comment and question time allotted at the end of the meeting.

Commissioner Vallier-Kaplan asked the Commissioners to introduce themselves.

Minutes of the October 3, 2013 Meeting

Commissioner Vallier-Kaplan presented the draft minutes of the October 3, 2013 meeting. The Minutes had been distributed to the Commissioners prior to the meeting for their review.

Upon a motion duly made and seconded, it was unanimously

VOTED to approve the minutes of the October 3, 2013 meeting of the Commission.

Review of Commission Role and Responsibility

Commissioner Vallier-Kaplan invited Governor Hassan to review the roles and responsibilities of the Commission.

Governor Hassan thanked everyone for attending and gave special appreciation to Commissioner Vallier-Kaplan and Commissioner Shumway for their leadership. She thanked all the

Commission members for their time and effort and thanked them in advance for continuing this work. She thanked the family members, advocates and providers for their participation.

Governor Hassan stated that the challenge and opportunity to improve the quality of care is real. We want to strengthen New Hampshire health care and bring the best coordination of care, efficiency, value and support to all people. New Hampshire is an all-hands-on-deck state, with everyone bringing their extraordinary perspective and experience to lend value to this challenge.

This Commission is forcing the level of quality and planning to make managed care the best it can be. We are not waiting to identify problems. Implementation correctly addresses the MCO's accountability, transparency and responsiveness. We want to know that patients and families are protected and providers are following best practices. Good intentions don't necessarily result in best practice. Our goals are high quality and cost effectiveness. We have and we will continue to listen. We are already seeing success from the Commission work and the process of enrollment. The MCO's have established a broad network of providers but we have a long way to go. The Governor stated that she will continue to work with the Commission to prepare and plan for Step 2.

The Governor stated that she is the mother of a son with severe physical disabilities who is 25 years old. Every citizen of New Hampshire is involved in these changes. We can't opt out of participating and being part of doing things better.

Report to Governor Hassan and the Citizens of New Hampshire

Commissioner Vallier-Kaplan introduced the Commission report to the Governor. She stated that we will share an overview of the process to date, several reviews of our findings, two recommendations to the Governor and the questions and issues still on the table.

The Commission has held eight meetings and has heard 24 hours of testimony from sixteen experts, hundreds of public comments, and has reviewed dozens of documents. To date, the Commission has submitted one formal recommendation to the Governor in favor of the implementation of Medicaid expansion. A second recommendation regarding public reporting will be reviewed at today's meeting.

The work of the Commission is to assure that the implementation of Medicaid Care Management (MCM) achieves the goals of improving access, improving quality and appropriateness of care and achieves cost effectiveness. To organize our work, we used a construct from the Technical Assistance Office of Medicaid and Medicare Services (CMS). We have prioritized the most immediate and urgent tasks such as reviewing network formation and enrollment processes and the use of best practices in respect to the acute care services of Step 1. We monitor three areas of impact in our review process; consumer protection, safety net provider stability and operating performance and efficiency.

Post Go-Live, our priorities will be to address areas such as: availability of Medical Homes, best practices in behavioral health; assurance of patient rights, evaluation of Step 1 in partnership with the Urban Institute and a review of Step 2 planning and implementation.

Commissioner Vallier-Kaplan concluded by saying that we will continue to encourage open communication with all stakeholders, non-partisan public engagement and dialogue, and build stakeholder knowledge and readiness through transparent public review. She commended the DHHS for its diligence and skill in preparing for MCM, especially their work in engaging the public, establishing policies and working to protect the vulnerable citizens of New Hampshire. The Commission believes that the network adequacy, enrollment process and care management quality strategy has been thoroughly and thoughtfully created and each reflect approaches that address the major areas in managed care models.

Commissioner Vallier-Kaplan introduced Commissioner Bunnell to review the first Recommendation to the Governor.

Commissioner Bunnell reported that after substantive dialogue by members of this diverse and thoughtful group, we unanimously recommended to the Governor that New Hampshire embrace Medicaid expansion.

There were several important reasons for this Recommendation. Among them were that Medicaid expansion:

- Will reduce uncompensated care and related costs for New Hampshire's health care providers, *and* so encourage health care provider participation in the managed care network, building statewide network adequacy;
- Will provide critical economies of scale to New Hampshire's three Medicaid managed care organizations, which have the Medicaid expansion population in their contracts with our state;
- Will provide effective, affordable health coverage to hard-working low-income New Hampshire residents that do not now have access to it;
- Will leverage private market efficiencies – like medical homes, care coordination, and care integration – in extending care to now-uninsured adults in our communities; and
- Will make our overall health care system, of which Medicaid is an important part, stronger and more stable.

Commissioner Bunnell thanked the Governor for her leadership and that of the Department in the still-unfolding Medicaid expansion policy arena and its relationship to the dynamic and emerging Medicaid care management program.

Commissioner Vallier-Kaplan introduced Commissioner Porter to speak on the second recommendation to the Governor.

Commissioner Porter stated that Recommendation # 2 brings forward a structure for reporting about the progress of Medicaid Care Management that aligns with the department's data collection processes and seeks to give an understanding of how implementation is working. The recommendation aligns with the Governor's opening remarks that a key activity of the commission is to assess performance and track the goals of Care Management. The recommendation, which will be discussed more later in the meeting includes review of enrollee satisfaction and provider satisfaction. It reflects the major issues that the Commission has heard about to date, and seeks to track those issues.

Commissioner Vallier-Kaplan introduced Commissioner Gladstone to report findings on the use of the Medical Home Model.

Commissioner Gladstone reported that the Commission strongly believes that an essential ingredient for assuring best outcomes is for New Hampshire Medicaid providers to follow the Patient Centered Medical Home model. The Medical Home is the standard for excellence in pediatric and adult care. It is defined as an approach to health care in a community-based primary setting that provides and coordinates high-quality, family-centered health promotion, acute illness care and chronic condition management with active participation by the patient and family. And while that definition explains the health outcomes achievable when a medical practice is a Medical Home, all of those ideals come with the additional benefits of disease and disability prevention and cost savings.

For Medicaid patients, the value of the model is even greater as this population is particularly affected by chronic conditions and life circumstances that interfere with the ability to access care that is comprehensive, coordinated and culturally appropriate. All of these are offered in a medical home. Aspects of a medical home that are particularly important are: a designated office care coordinator, home visitation during pregnancy and assistance with transitions of care particularly from a pediatric provider to an adult provider when an adolescent "graduates" to the next phase of his or her life.

The Commissioners are looking to the New Hampshire Medicaid Managed Care Organizations to demonstrate their commitment to the Medical Home model and we welcome your enthusiastic support to that end.

Commissioner Vallier-Kaplan introduced Commissioner Norton to speak about issues on behavioral health and substance abuse.

Commissioner Norton reported that in the area of behavioral health, it is important to note that when we use the term behavioral health we usually mean both mental illness and substance use disorders, though we acknowledge at this point there is not a Medicaid benefit for treatment of substance use disorders.

The Commission has focused on integration as a key component of implementation of a care management system, particularly integration between primary care providers and behavioral health.

Having a model that promotes consumer directed care including peer and family supports is an important component of all health care, but especially for mental illness, substance abuse and developmental services. The Commission will ask, what specific steps will the MCO's be doing to promote consumer directed care and how will this be measured?

Contracts with the Managed Care Organizations call for moving the 10 year plan forward. It is important to note that the 10 year plan is silent on Children's mental health issues and that we need to also include the Children's Behavioral Health Strategic Plan in that process as well. The Dept of Health and Human services ensured that contracts included provisions that each MCO was to develop and submit specific written plans addressing how they will:

- Decrease hospital admissions
- Develop comprehensive behavioral health emergency services plans
- Increase community tenure
- Develop training plans for suicide prevention and behavioral health

We look forward to having the opportunity to review those plans and the accompanying key performance indicators to measure progress on these plans.

As indicated above, NH Medicaid does not currently cover substance use disorder treatment. We know that individuals with co-occurring mental illness and substance use disorders have higher risks for suicide, hospitalizations and incarceration and generally poorer overall health and higher costs for health care. Most of the Managed Care Organizations provide substance use benefits in the other states where they operate and are anxious to do so in NH as they recognize the positive impact on health and reduced overall costs that a benefit would provide. As the Commission continues to address this issue it is likely that a future meeting will include discussion regarding a formal recommendation that the commission support a benefit for substance use disorders for all Medicaid recipients.

Commissioner Vallier-Kaplan introduced Commissioner McNutt to report on the interface with the State Innovation Model (SIM) project relative to Step 2 and the 1115 Waiver in relation to managed long term services and supports.

Commissioner McNutt reported that when the Commission outlined priorities at the earliest session, Long Term Care was stated as one of the most important priorities of the Commission. The Commission, through several members has participated in the State Innovation Model (SIM) grant and the Balancing Incentive Program (BIP). Both of these programs are intended to help rebalance the Long Term Services and Supports System (LTSS). There have been several reports to the Commission on the SIM grant which is in part intended to be the planning process for Step 2 of the Medicaid Care Management Program. Individual members and the Commission have received public input already on the LTSS system and Managed Care. The Commission will begin to focus more attention on Step 2 of the process after the Implementation of Step 1.

Commissioner Vallier-Kaplan thanked Governor Hassan for attending the meeting and welcomed the Governor's comments and questions and her thoughts on our next steps.

Governor Hassan stated that much preplanning has helped the department and the MCO's. She thanked the department and their staff for this effort. Much of the work of the Commission has been preventive. There are people who are wondering what happens if things don't go so well or if the doctors for their family aren't available.

Commissioner Shumway responded by stating that the Medicaid program of the DHHS is the largest state program and is charged with providing services for every enrolled individual with the highest quality of care and best practices. This is not a challenge that will be met on the first day but will be met over many years. The Commission has been very impressed with the talent that the department has brought to the table. The enrollment has gone smoothly to date. As the Go-Live date approaches, the department has people from DHHS and the MCO's in place on Sunday, December 1 to assist people with their problems. Commissioner Shumway invited Commissioner Toumpas to respond.

Commissioner Toumpas thanked everyone in attendance and responded by stating that the department is targeting December 1 as the Go-Live date. A "nerve center" office has been set up for daily meetings to review the status, identify issues and create action plans to make adjustments. The second readiness review with the MCO's and with the Department will take place soon to make sure that all planning is in place. They have instructed everyone not to assume that an issue is being addressed, but to report all issues to ensure that nothing is lost. They will continue to monitor enrollments and readiness with the target date of December 1. Commissioner Toumpas stated that if he does not feel that all is in place, the date will be moved out. The staff in the DHHS has done a remarkable job.

Governor Hassan stated that she appreciates the work of the Commission and the Department. On the other side of the table, what does it mean for her? This Commission, through their process and expertise, has asked the right questions regarding planning, broadening the networks, quality of care and protection of benefit dollars. There have been many lessons learned in Step 1 that will be invaluable in Step 2 planning.

The Governor stated that in every sector, both in government and in our personal lives, we're undergoing extraordinary change. We're managing larger changes and looking forward to a vision of better and more accessible health care. And we're managing the disruption that change causes.

The health care system has to meet the complex needs of all New Hampshire. She believes it has to have Medicaid expansion. Governor Hassan stated that she's open to all ideas as long as they allow us to provide health care to hard workers who don't have health care now.

The State Innovation Model (SIM) is part of a process that will inform the bigger picture. The 1115 Waiver is a way for the federal government to help us make sure that we address the public health needs with great innovation. The Commission work is reflected in both these programs.

Governor Hassan stated that New Hampshire is an, all-hands-on-deck, grass roots, citizens up state. We need consumers, families and experts all listening, all coming together with the best that our hearts and minds can bring. We all bring the concerns of those we serve and we need to hear the concerns of our citizens. She is kept informed through the Commission and is dedicated to developing a responsible, humane system of care.

The Governor continued by stating that there are real and legitimate concerns about Step 2. Step 2 is focused on those with special needs, behavioral needs and substance abuse issues and the elderly. These concerns produce anxiety for many people.

As good as our current programs are and as good as the area agencies are, we know that as good as the work we've done is, it's not as good as it could be.

Step 2 will not move forward until it's fully ready. The time lines can be adjusted if necessary. We need to hear all voices as we determine the best design. The department will present meaningful opportunities and we ask everyone to give their input to develop a plan. This Commission will focus on Step 2 and will apply the implementation lessons learned from Step 1.

"I would ask that you consider the following in your next phase of work. These are principles that need to be part of the work of the commission, the Department and the managed care organizations as the planning moves forward.

1. We need a real and continuous involvement by families served by the Developmental Services, the Behavioral Health and the elderly community, in Step 2 planning. Their knowledge needs to inform and their voices need to be part of the SIMS work as well.
2. We need a process that secures family involvement in the design of the care plan and the development of the budget.
3. We need the MCO's to meet and hear the concerns of consumers and families and to be flexible and responsive in meeting the unique needs of individual families.
4. We need an emphasis on cost effective services so we can continue to meet the needs of people on the wait list and build a sustainable system. We have had enough of waiting lists and begging for adequate budgets.
5. We need the MCO's to understand the current service systems and to adapt to its strengths – and to understand the successes and failures of like systems in other states

6. We need to better insure coordination across systems, improving and simplifying cross disciplinary services for those who are dually diagnosed or have unique needs, like autism or Alzheimer's.

7. We need to have safety measures built into the system, such as a strong, independent appeals process, a feedback loop giving parents and consumers a legitimate voice in furthering needed and continuing improvements.

We need the knowledge of our consumers and their involvement and our care can only be made better by working together. It won't work any other way. Then and only then, will we move forward. “

Governor Hassan affirmed that we can't sacrifice the potential benefits of change because we're afraid. One of the gifts of being the Governor is that she has the opportunity to compare this extraordinary state's people and culture with other states'. This is an all-hands-on-deck state. Each and every person, no matter how challenging our lives are, is involved. We need to do the best we can to protect what we have and make it better. But it won't work if we let the challenges of change divide us. She hopes we confront each other with civility and good faith and candor.

Governor Hassan expressed her gratitude to all the people who made the effort to come to Concord today. She understands how difficult that can be for many people in the audience to attend. And she expressed gratitude for all the communications that have been sent to her. It has inspired and honored her.

Review and Vote: Recommendation #2

Commissioner Shumway reported that Recommendation #2 sets up an extensive evaluation process to recognize and solve any problems that arise post Go-Live. There are three evaluation processes in place; The DHHS evaluation, a CMS required external review process and an independent evaluation by the Urban Institute. The recommendation requests that this information be made available and accessible to the public.

In response to Commissioner Toumpas' request for efficiency of reporting, Commissioner Shumway stated that the Commission is grateful for the contributions of the DHHS staff to the recommendation. The recommendation now states, "... Systematic Public Reporting Of Information That Tracks Implementation Concerns, As Consistent With DHHS Data Collection Process And Other Reporting Requirements Associated with Medicaid Care Management". It is the intention of the Commission to agree with his concern.

Upon a motion duly made and seconded it was unanimously

VOTED to approve the following recommendation to the Governor:

The Governor's Commission On Medicaid Care Management Hereby Recommends That The Governor Request From The Department Of Health And Human Services (DHHS) Systematic Public Reporting Of Information That Tracks Implementation Concerns, As Consistent With DHHS Data Collection Process And Other Reporting Requirements Associated with Medicaid Care Management.

Beginning With The Initial Implementation Of Medicaid Care Management And Through June 30, 2014, The Commission Recommends That The Governor Request That DHHS Establish Public Information Reporting On A Key Set Of Issues Which Have Been Identified During Commission Meetings As Those That Are Priorities For Successful Public Benefit Of Medicaid Care Management. The Commission Recommends That The Reporting Be Completed On A Timely Basis, Published As Frequently As Monthly When Applicable.

(See full recommendation attached)

Review and Vote: Report to Governor Hassan

Commissioner Shumway reported that every Commissioner contributed to this report and thanked the Commissioners for their efforts. This document relies on the minutes of the Commission and documents the commitment of public network formation and quality of care. Commissioner Shumway thanked Commissioner Bunnell for his contribution of Recommendation #1 also included in this report.

The efforts of the department have been thoughtful and thorough against a complex task. At this time, in addition to receiving and reviewing data from the Go-Live process, the Commission may shift gears on some of the meeting process to allow more time for listening sessions. Commissioner Goldsberry stated that she was heartened to see that many of the questions the Commission plans to address in the near future align with the Governor's comments.

Commissioner Toumpas stated that he hopes the Commission will bring a regional focus to their work and address the unique challenges of regional variances in New Hampshire. He offered the assistance of his office in setting up a video conference for the North Country.

Upon a motion duly made and seconded it was unanimously

VOTED to approve the Report to the Governor with minor corrections as submitted by Commissioner Porter.

The Report will be presented to the Governor and will then be made available to the public on the Governor's website.

Readiness Status Go-Live

Commissioner Vallier-Kaplan introduced Carol Sideris, Client Services Director, DHHS. Ms. Sideris presented the report on Enrollment Progress September 11 – November 1. (see slides). The report includes the number of enrollments, trend of enrollments over eight weeks, total enrollment by method, call center metrics and activity, client communication, prior considerations and actions taken and a summary of client readiness for MCM.

Ms. Sideris reported that the DHHS has daily debriefing meetings to address enrollment issues and client communications. Presentations in the community by the department and all three MCO's have allowed people to meet the people at the MCO that they'll be working with and sets New Hampshire apart by offering this personalized service.

The department has created an "in process" provider directory and can research a provider if a client needs that assistance. The willingness of the MCO's to have individualized communication has been very helpful. At a Q & A meeting at Gateways in Nashua, clients were able to submit questions in advance (see handout).

Community partnership relationships are extremely helpful. An organization can act as an "authorized representative" for a client to assist with enrollment. The department and the MCO's are staffed and ready to go on December 1.

Commissioner Gladstone asked what clients are looking for when they examine the differences between the three plans. Ms. Sideris responded that it depends on the nature of the client's needs. They may be looking for their Primary Care Provider or, if they have a number of specialists they will want to see if most or all of the specialists are with one MCO. If their provider is listed with all three MCO's then they'll compare the other benefits of each plan.

Commissioner Gladstone asked how many providers are choosing not to participate in care management. Ms. Sideris said that she would supply that information to the Commission.

Commissioner Moral asked why the voluntary clients might opt out. Ms. Sideris replied that they might be waiting to see if their Primary Care Provider or specialist signs up with one of the MCO's. The department has encouraged all the MCO's to build as broad a network as possible.

Commissioner Goldsberry asked for clarification on the process and criteria for auto assigning. Ms. Sideris replied that some evaluation based on proposals from the health plans will occur and part of the process will be random assignment. Commissioner Goldsberry requested a more proactive approach in reaching out to providers that are not yet part of an MCO. Ms. Sideris will follow up.

Commissioner Shumway asked if the call center operational problem was unanticipated and have the issues been identified. Ms. Sideris replied that the system was down and the wrong emergency message was posted. This has been resolved. The call center operators have had extensive training and scripting to help people with a wide variety of questions.

Commissioner Shumway asked when an enrollee selects a PCP how do you know that that PCP is available and that the subsequent steps of prior authorization will be accomplished.

Ms. Sideris replied that when a client selects an MCO the health plan will make a welcome call to that client and confirm their PCP. Prior authorization information is provided to the health plan and the MCO's will honor prior authorization for the first 90 days. If there's difficulty in identifying a PCP they can still get information for prior authorizations. The MCO's will receive this information from the DHHS.

Roadmap to Step 2

Commissioner Vallier-Kaplan invited Commissioner Toumpas to present the department's Roadmap to Step 2. Commissioner Toumpas stated that the emphasis now is on Step 1 implementation with a target Go-Live date of December 1 but, he is not going to force Go-Live if they are not ready.

Step 2 will include a mandatory enrollment of those who opt out of Step 1, the integration of all waiver programs, substance abuse benefits and they are exploring Applied Behavior Analysis benefits for those on the Autism Spectrum. The department emphasizes honest, challenging and respectful dialogue and strong, sustained partnerships with all stakeholders, area agencies, nursing homes, and community based providers, other commissions and the three MCO's.

The timeline (see handout) is a work in progress outlining key steps. More details will follow. The goals continue to be:

- Whole person orientation
- Community focus
- Consumer directed
- Strong care coordination
- Early intervention
- Prevention and wellness

They are looking at the health of the whole individual not only the medical aspects but also other human services such as, housing, transportation and nutrition.

The department has visited the offices of each MCO and they were very impressed with the quality and capabilities of the staff. Many employees of the MCO's are from New Hampshire.

Step 2 Timeline

- 1 – Constant and continuous communication with all stakeholders, individuals and groups.
- 2 – Finalize the Step 2 Model using SIM as a springboard for design. All waiver populations would have access to the same services, expansion of consumer directed services, and care coordination within the delivery system
- 3 – Approval of Waiver. Includes a rigorous and structured public process.
- 4 – Define contract amendment requirements.
- 5 – Develop Step 2 rates.
- 6 – Negotiate amendment with MCO's including readiness reviews
- 7 – Implement Step 2. Plan for December 2014 but won't begin until ready.

Commissioner Vallier-Kaplan invited the Commissioners to ask questions.

Commissioner Fox asked for clarification on the mandatory and voluntary groups. Commissioner Toumpas stated that in Step 2 there will need to be a waiver to mandate those who are voluntary now. The department will go to CMS for the authority for what they want to do and when they want it to take effect.

Commissioner Gladstone asked for clarification on care management in Step 2. Commissioner Toumpas replied that care coordination is mandated by the department. The MCO's look at where the focus needs to be to achieve higher quality.

Commissioner Norton asked if Medicaid expansion is not approved, what is the plan for a substance abuse benefit? Commissioner Toumpas replied that the department is committed to moving forward with a substance abuse benefit in Step 2 for Medicaid clients.

Commissioner Vallier-Kaplan invited public questions and comment.

In response to a question on the locations that most of the enrollments are coming from and how the department is reaching out to areas that have been slow, Commissioner Toumpas replied that he would get that information to the Commission.

A representative from Community Support Network, Inc. (CSNI) stated that they sent a progressive savings based plan to the Governor and they now have an updated version to discuss. Commissioner Vallier-Kaplan asked her to send the plan to the Commission.

In response to a question on the percentage of providers that are accepting new clients and how direct support provider services will be delivered, Commissioner Toumpas stated that the department has encouraged all the MCO's to develop as broad a network of providers as possible and that direct support services will be part of Step 2.

In response to a question regarding the role of the area agencies in Step 2, Commissioner Toumpas stated that the Step 2 design has not been completed but that the area agencies are the ones that will be delivering the services, not the MCO's.

A member of the public asked, how confident are you that Step 2 will be ready and how confident are you in the MCO's? Commissioner Toumpas stated that the State Innovation Model (SIM) group has been working for the past year and is looking beyond Medicaid and will provide a solid foundation for the design of Step 2.

In response to a question about payments to the MCO's and payments to the area agencies, Commissioner Toumpas stated that the dollars in the MCO contracts are dollars going out to the providers. Services for the disability community are outside Step 1.

In response to a question regarding whether or not all three plans offer the same or different programs, Commissioner Toumpas replied that Step 1 covers medical services and that Step 2 scope and design are not complete yet.

In response to a question regarding department negotiations with the MCO's, Commissioner Toumpas stated that they are working with the MCO's in a public process and they expect the MCO's to be working with them in all negotiations.

In response to a question on the release of SIM information to the public, Commissioner Toumpas stated that all the materials from all public sessions are on the department web site. They have engaged a broad cross section of people in a comprehensive and transparent process. DHHS Associate Commissioner, Nancy Rollins stated that each stakeholder should be bringing the information from the public sessions back to their staff and constituency. Mr. Brett St. Clair of Louis Karno and Co. stated that an online survey will be released soon.

In response to a question about the percentage of individuals in Step 2 that will receive care coordination, Commissioner Toumpas stated that he will get that information to the Commission.

A member of the public audience thanked the Commissioner for his efforts and asked to speak to the SIM group regarding Step 2. Commissioner Toumpas agreed to this request.

In response to a question as to whether or not any of the three MCO's have success with services for the disabilities community in other states, Commissioner Toumpas stated that one of the reasons the implementation is in three stages is because at the time they signed the contract, very few states had experience in managed care for long term supports and services. The approval by the Federal Government for NH to be part of the State Innovation Model grant, provides the structure and the budget to develop the best program. This brings another set of disciplines to the table.

The next meeting of the Commission on MCM will be in Nashua, NH on December 5 (location to be announced). At that time, we will focus on a model of integration of services for the developmentally disabled and the medical home model.

The January 9 meeting of the Commission on MCM will be in Keene, NH.

Commissioner Vallier-Kaplan asked for any professional organizations to submit their documents to the Commission.

Commissioner Vallier-Kaplan adjourned the meeting at 4:20pm

Minutes approved on December 5, 2013