

## Project Narrative

### A. Proposed Approach

#### Strategy

The Department of Social Services (the Department) is seeking funding under the Demonstration Ombudsman Programs Serving Beneficiaries of Financial Alignment Models for Medicare-Medicaid Enrollees (the Ombudsman Demonstration) to support the nearly 58,000 beneficiaries served by the Demonstration to Integrate Care for Medicare-Medicaid Enrollees (the Integrated Care Demonstration for MMEs).

The Department will partner with the Connecticut Office of the Healthcare Advocate (OHA) as its designated entity in fulfilling all of the obligations of the Ombudsman Demonstration. The Department selected OHA for this role because of its longstanding—since 2001-- and highly esteemed role in advocacy support for consumers in health insurance matters; its freedom from conflicts of interest; its commitment to protection of beneficiary interests regarding confidentiality; its strong skill set in representation, negotiation and mediation of issues in dispute; and its extensive work in using a range of media and culturally competent formats and approaches to educate and inform consumers and professionals regarding self-advocacy and consumer rights. The Department will capitalize on OHA's role as the state's Consumer Assistance Program (CAP) under the Affordable Care Act.

Connecticut is made up of both urban and rural counties. In some counties of the state, over 60 languages are used. The majority (74% to 78%) of beneficiaries eligible for the demonstration reside in the urban/suburban counties of Fairfield, Hartford and New Haven. Fairfield, Hartford and New Haven counties have a higher proportion of elderly eligible beneficiaries while the rest of the counties (Litchfield, Middlesex, New London, Tolland and

Windham) experience a more even mix of beneficiaries as between the elderly and blind individuals and those with disabilities. The population mix by county has been fairly stable over the past three fiscal years with an overall annual average population growth of 1% for blind individuals and those with disabilities and -1% for the elderly.

The average age of eligible beneficiaries is 67 years old: 57% are elderly, and 43% are blind or have a disability. The largest concentration of the elderly is over the age of 85 (36%) while the largest concentration of blind individuals and those with disabilities, including intellectual disabilities, is between the ages of 45-54 (35%). Roughly 88% of the elderly population has at least one chronic disease, with 42% having three or more chronic diseases. 38% of all eligible beneficiaries has a serious mental illness.

When examining the enrollment by long-term care status, 72% of the elderly and 38% of blind individuals and individuals with disabilities meet nursing home level of care, either receiving home and community-based waiver services or long-term residents of nursing facilities. The need for a robust and targeted ombudsman program is critical to meet the needs of our diverse population.

### **Planned activities and staffing**

The Department and its designated entity, the OHA will implement the Ombudsman Demonstration in a manner that will ensure that it complements and amplifies existing ombudsman type activities, meaningfully engages leading stakeholders including consumers, and optimizes success by educating beneficiaries to self-advocate and to utilize the supports of the OHA. The sequence of activities is based in part on OHA's work with stakeholders in its own consumer assistance program functions and on the development of the Navigator and In-Person Assister (NIPA) program with Access Health CT, Connecticut's Health Insurance Marketplace.

Initially, the Department will enter into a Memorandum of Understanding (MOU) with the OHA to conduct all Phase I development and Phase II implementation of Demonstration Ombudsman Activities. The Department will seek approval from CMS for the MOU in advance of its execution. The MOU will articulate all of the elements of the work plan, reporting requirements, and other Demonstration obligations including, but not limited to, confidentiality of consumer information.

Once the MOU has been executed, the Department will partner with OHA during an initial six month Phase I development period, to mutually present the Work plan proposed through this application for comment by beneficiaries and leading stakeholders. The Department and OHA will work with an ad hoc Ombudsman work group (OWG) of the standing Complex Care Committee (CCC) of the Medical Assistance Oversight Council (MAPOC). The charge of the CCC is to provide advice and comment on the needs of Medicaid beneficiaries with co-occurring medical and behavioral health conditions, high utilizers and individuals with disabilities. The CCC is composed of a broad range of stakeholders including consumers, providers, and advocates. MAPOC has broad statutory authority to review and comment on the Connecticut Medicaid program, and the CCC has reviewed and offered input on every aspect of development of plans for implementation of the Integrated Care Demonstration.

The Department and OHA will convene the OWG for the duration of Phase I development and on an ongoing basis for purposes of reviewing and commenting on the trend data and recommendations produced by the OHA during Phase II. Membership of the OWG will include, at least one designee from the following: (1) representatives of the Departments of Social Services (Alternate Care and Money Follows the Person Units), Mental Health & Addiction and Aging; (2) the Connecticut Long-Term Care Ombudsman, or her designee; (3) the Office of

Protection and Advocacy for Persons with Disabilities; (4) CHOICES (Connecticut's State Health Insurance Program, SHIP), as well as the Senior Medicare Patrol program; (5) Navigator and In-Person Assister Program of Access Health CT; (6) Xerox (the enrollment broker for the Integrated Care Demonstration); (7) the Aging and Disability Resource Centers (ADRCs; in Connecticut partnerships of the Agencies on Aging and the Centers for Independent Living); (8) Connecticut's legal services providers; (9) University of Connecticut A.J. Pappanikou Center for Excellence in Developmental Disabilities; (10) Money Follows the Person Steering Committee; and (11) member organizations of the CCC that represent the health and behavioral health care needs of consumers, individuals with disabilities and older adults.

Further, the Department and OHA will engage the University of Connecticut Health Center Center on Aging (Center on Aging) to conduct five consumer focus groups including people with a range of disabilities, older adults, and caregivers, building upon the focus groups previously conducted by the Center on Aging in support of model design for the Integrated Care Demonstration. These focus groups will be held in accessible and convenient venues for consumers (e.g. day programs, Centers for Independent Living, senior centers).

The Department and OHA will review and synthesize feedback from both the OWG and the focus groups to refine the elements and strategies of the Ombudsman Demonstration work plan and to ensure proper case handling procedures for consumers.

The Department also will convene key implementation partners for the Integrated Care Demonstration (e.g. Xerox, HP, and the medical Administrative Services Organization, CHN) to meet with OHA's program manager and outreach coordinator/data analyst and two nurse consultant positions and an administrative assistant. The purpose of these meetings will be to share details on the Integrated Care Demonstration enrollment process (Xerox); plans for data

collection (HP); and the member services, predictive modeling, Intensive Care Management, utilization management and grievance/appeals functions that will be performed by CHN.

OHA will adapt or refine, as necessary, its existing protocols for complaint intake, investigation of complaints, complaint resolution and protection of beneficiary rights and interests (e.g. beneficiary informed consent, protection of confidentiality of information) and produce an Ombudsman Demonstration-specific set of protocols.

OHA proposes to partner with the Connecticut-based Center for Medicare Advocacy to develop or adapt existing individual and group curriculum on Medicare beneficiary rights and covered services, and with the Department's Office of Legal Hearings and Appeals (OLCRAH) to develop or adapt existing individual and group curriculum on Medicaid beneficiary rights and covered services. OHA will seek comment on such materials from the OWG.

OHA will incorporate feedback gleaned from stakeholders via the OWG and focus groups into development of a media and outreach plan, Ombudsman-specific consumer materials in a range of languages and formats, and engagement with the OWG regarding dissemination of the materials. The media and outreach plan will include, but will not be limited to: (1) incorporating Ombudsman Demonstration materials within the enrollment packets received by enrollees of the Integrated Care Demonstration Model 2 "Health Neighborhoods"; (2) incorporating Ombudsman Demonstration materials within the member packets received by enrollees of the Integrated Care Demonstration Model 1 (ASO model); (3) dissemination of materials through member organizations of the MAPOC, CCC and Ombudsman Work Group; (4) media (television, state local cable network, print) strategies; (5) Department and OHA web site modifications; and (6) partnership with entities with direct to consumer mass publication capability (e.g. AARP).

During Phase I development, OHA will also: (a) participate with CMS, its technical assistance provider, and peers from other Demonstration states in development of an Ombudsman Demonstration reporting system; (b) share resources with CMS, its technical assistance provider, and peers from other Demonstration states in support of leveraging cross-state synergies; (c) make its Ombudsman Demonstration staff available for orientation and other training offered by CMS or its technical assistance provider; and (d) continuously improve and refine the Ombudsman Demonstration Work Plan.

At the end of the six-month Planning Phase, OHA will submit to the Department, and the Department will review, provide feedback on, and approve the Ombudsman Demonstration Work Plan. CMS, the Department and OHA will mutually agree upon a Phase II implementation start date, to coincide with implementation of the Integrated Care Demonstration. Prior to the start of the Phase II Implementation start date, OHA will hire eight staff positions to adequately meet the needs of beneficiaries, as described below in “Resources.”

Effective as of the Phase II implementation start date, OHA will: (1) commence providing one-on-one education on Medicare and Medicaid benefits and the quality of such services to individual beneficiaries and their caregivers or representatives; (2) release a schedule of planned group education sessions on Medicare and Medicaid benefits using the curriculum described above, developed in a proposed partnership with the Center for Medicare Advocacy and the Department’s OLCRAH; (3) implement its media plan to educate beneficiaries, caregivers and professionals as to its service availability; (4) implement the Ombudsman Demonstration protocols for complaint intake, investigation of complaints, complaint resolution and protection of beneficiary rights and interests; (5) collect required Ombudsman Demonstration data and submit such data to CMS ; (6) track and trend data to illustrate to the Department and

stakeholders key complaint areas; (7) coordinate with CMS; the Department (as Medicaid agency); the Departments of Mental Health & Addiction Services, Developmental Services, Aging, and Insurance, and the OWG; and (8) draft and deliver to CMS, the OWG's and DSS' recommendations regarding findings based on systemic analysis of Ombudsman Demonstration data.

### **Resources**

The Department is seeking a total of \$ XX.XX in Ombudsman Demonstration resources to support Phase I development and Phase II implementation strategies under the Ombudsman Demonstration. These funds are needed at intervals described in the work plan and budget document to support extensive planning activities and OHA's hiring of: a program manager to oversee day-to-day operations, five nurse consultant case managers to assist individual beneficiaries, an outreach coordinator/data analyst to conduct outreach and educational activities, track data and prepare reports, and an administrative assistant. Based on the demographic data of the eligible beneficiary population described earlier, we believe eight staff members are justified.

The OHA, which began operations in 2001, is an independent state agency with a mission of: assisting consumers in making informed decisions when selecting a health plan, educating consumers about their healthcare rights and responsibilities; advocating for consumers with their health plans; and identifying issues, trends and problems that may require executive, regulatory or legislative intervention. (Conn.Gen.Stat. §§ 38a-1040 et seq.)

After passage of the ACA, OHA secured a one year \$396,400 Consumer Assistance Program (CAP) grant from the Department of Health and Human Services' Office of Consumer Information and Insurance Oversight (OCIIO). In 2012, OHA received two more CAP grants, a limited competition grant of \$127,967 and a full competition grant of \$408,155. The CAP

funding has supported case manager and outreach staffing as well as: a partnership with a non-profit community organization to assist with outreach to underserved communities; over 250 outreach events in communities; a thirty minute PSA distributed to public access stations in the state; publication of OHA brochures in 21 languages, including Braille; webcast productions on health reform; and a provider educational series with OHA providing training on how to conduct appeals, on health reform and on other topics.

The Department and OHA attest that Ombudsman Demonstration funds will complement and build upon, as opposed to duplicating or endangering the capacity of OHA to provide services to its existing populations for CAP-related and current statutory activities. Resources described herein will be used to expand OHA's activities. It is advantageous to work from the existing platform of CAP to tailor strategies, educational materials and media approaches to the needs of the target populations of the Ombudsman Demonstration: individuals with disabilities, complex health profiles and older adults.

## **B. Organization Capacity and Structure**

The Department of Social Services is well qualified to oversee an innovative model to address the ombudsman needs for the MME population. In 2013, the Department operated within a \$6.5 billion annual budget of which over 87% supported the operation of health care programs including Medicaid, CHIP, ConnPACE (pharmacy assistance), CT AIDS Drug Assistance Program (CADAP), and numerous state-funded programs. Through all of these programs, DSS provides health care to 20% of the 3.5 million residents in the State of Connecticut.

In 2012, Connecticut Medicaid transitioned to a unique managed fee-for-service approach under which an organization provides managed fee-for-service benefits to the entire Medicaid program as an Administrative Service Organization (ASO). This model offers the Department

the opportunity to implement the demonstration with reduced administrative costs while ensuring strong fiscal and policy oversight to maintain provider accountability and member benefit protections.

The Department will be accountable for oversight of the Demonstration, with the OHA as its designated entity. Key areas of Department internal support include the Divisions of Health Services (DHS) and Financial Management & Analysis (DFMA), the Office of Legal Counsel, Regulations and Administrative Hearings (OLCRAH), and the Office of Organizational Skill & Development (OSD). The Department commits to maintaining sufficient organizational resources, including staff, information technology and capacity to provide oversight of the Demonstration and to track data required for semi-annual progress reports to CMS.

The Project Manager for this Demonstration, and also for the Demonstration to Integrate Care for Medicare-Medicaid Enrollees, will be Kate McEvoy, JD - the Director of the Division of Health Services at the Connecticut Department of Social Services. Ms. McEvoy has been in her present position since August 2012 and on staff at the Department since January 2012. Prior to joining the management team at DSS she served as an Assistant Comptroller with responsibility for health care policy, and previously had over 20 years of experience in the health care field in Connecticut as an advocate.

State Healthcare Advocate Victoria Veltri, JD, LL.M., has overseen OHA since January 2011. She has extensive legal experience in healthcare advocacy and legislative policy. She serves as Vice-Chair of the Access Health CT Board of Directors, and sits on the Healthcare Cabinet and the MAPOC. She oversees the Navigator and In-Person Assister (NIPA) Program, and recently led the Connecticut State Innovation Model (SIM) planning grant process. Prior to her role as State Healthcare Advocate, Ms. Veltri spent five years as General Counsel for OHA, handling

cases involving fully-insured, self-insured and individual health plans and public programs under state and federal laws and managing OHA's legislative work. Prior to her tenure at OHA in 2006, Ms. Veltri spent eight years advocating for indigent individuals' access to healthcare under the Medicaid program and former state-administered general assistance (SAGA) program.

The State Healthcare Advocate serves a four-year term as the head of OHA. A legislatively appointed Advisory Board recommends the Healthcare Advocate for appointment by the Governor and legislative confirmation. OHA makes independent hiring and policy decisions.

OHA is uniquely situated to serve this role in that it: (a) has provided unbiased support to tens of thousands of individual Connecticut citizens in need of assistance with denials of health insurance coverage; (b) has significant credibility among consumers, state and independent advocacy groups, and the legislature; (c) is widely known as a highly knowledgeable source of assistance that carefully shepherds the confidentiality of all who receive support; (d) has years of experience in negotiating favorable results for consumers through a mediative, problem-solving based approach; (e) is accessible to consumers without cost by phone, facsimile, e-mail, web and in-person; (f) demonstrates applied expertise in responding to the distinct cultural needs of its clientele via OHA brochures in twenty-one languages, including Braille; a diverse staff; development of inclusive grassroots strategies, including establishment and management of the NIPA program, and use of diverse media (webcast, community presentations, partnerships with non-profit stakeholders), including a Facebook page, Twitter account, YouTube channel and a blog to support education and self-advocacy; (g) is HIPAA compliant; and (h) regularly coordinates with a broad range of consumer-focused entities including, but not limited to, the state CHOICES program, the Aging and Disability Resource Centers (ADRCs), and the entire array of Connecticut legal services organizations.

OHA's mission is to assist consumers with health care issues through the establishment of effective outreach programs, the development of communications related to consumer rights and responsibilities as members of healthcare plans and direct assistance with appeals and complaints. OHA staff also strives to ensure that the healthcare programs and services available are adequate through direct consumer advocacy and education, interagency coordination of benefits and a voice in the legislative process.

OHA provides its services, at no charge. The OHA accepts complaints about healthcare benefits and quality of benefits, investigates complaints for their merit and required level of intervention, assists consumers, including non-dually eligible Medicaid and Medicare beneficiaries, with the filing of complaints and appeals with health plans, such as internal appeal or grievance processes and external appeal processes established under the general statutes and federal regulations; educates consumers in the health coverage selection process; refers matters to regulators such as DSS, the Connecticut Insurance Department (CID), the Department of Public Health (DPH) and federal agencies when regulatory action is warranted, and to and entities such as legal services organizations when necessary to protect beneficiary rights; and proposes legislation or administrative changes to remove unnecessary barriers to healthcare access under healthcare plans. OHA always obtains informed consent or consent from an authorized representative prior to undertaking activities related to the complaint and works with a beneficiary or the representative to develop the strategy to resolve the complaint.

OHA's outreach and education efforts include education on insurance coverage, managed care, and consumer rights to access to and delivery of medically necessary healthcare. By law, OHA is authorized to represent Connecticut residents in administrative matters, monitor implementation of state and federal laws, and facilitate comment on those laws. The OHA tracks

complaints, and quantifies them and tracks trends in order to make legislative and regulatory recommendations on behalf of consumers.

Under the ACA, all plans, whether self-funded or fully insured, are required to include OHA's contact information on every denial issued, informing consumers that OHA can assist with grievances and appeals. OHA's contact information is included on notices generated during the Access Health CT open enrollment process, allowing consumers who disagree with eligibility determinations for advance premium tax credits or Medicaid under the ACA Medicaid expansion access to OHA's services for resolution. OHA handled over 450 Medicaid cases in state fiscal year.2013.

OHA has a strong standing relationship with the Department on advocacy in support of Medicaid beneficiaries, a project in support of third-party liability, and partnership as part of the State Innovation Model Initiative planning process. OHA collaborates with the Department of Children and Families to advocate for commercial coverage of behavioral health services for DCF Voluntary Services clients. OHA also has extensive formal and informal relationships with state advocacy entities, legal services organizations and community-based services.

OHA also works with agencies to accept matters for investigation and resolution. OHA works with the: Governor and Lt. Governor, Insurance Department (CID), Attorney General, U.S. Departments of Labor and Health and Human Services. On the state and national levels, OHA has been very active in promoting healthcare consumer interests in Medicaid and fully-insured and self-insured plans.

OHA's annual budget is \$2,857,853. The State Healthcare Advocate supervises a staff of 24. The staff is composed of a Director of Consumer Relations, a General Counsel, an Insurance Program Manager, 9 direct service personnel with credentials including masters level social

work and public health preparation, an attorney and two doctoral level staff members. OHA houses the Connecticut Commission on Health Equity and the Program Management Office for the State Innovation Model Initiative.

OHA operates on a statewide basis. OHA's business hours are 8:00 a.m. to 4:30 p.m. Staff is available from 7:00 a.m. to 5:00 p.m. Our statewide toll-free line is available 24 hours per day. (OHA will add a dedicated toll-free phone number for this project.) Confidential messages can be left after normal business hours and are retrieved until 7:00 p.m. and the following morning beginning at 7:00 a.m. OHA's policy is to return messages the same day. Messages must be returned within 24 hours –99% of calls were answered in 24 hours in 2013. OHA's e-mail address, [healthcare.advocate@ct.gov](mailto:healthcare.advocate@ct.gov), is available 24 hours per day under the “contact us” option on the OHA home page, <http://www.ct.gov/oha>. OHA accepts cases via our toll-free line and direct to staff phone calls, general and direct to staff e-mail, facsimile, and on a walk-in basis during normal business hours.

OHA also accommodates individuals who cannot access OHA's office by making home visits or providing assistance at community locations. OHA's staff has extensive training and experience in assisting vulnerable populations, including those who are disabled or who are experiencing a long-term illness. Under the Ombudsman Demonstration, OHA will adapt its existing protocols to further support the needs of individuals with disabilities, complex health care needs, and older adults, recognizing that these groups often face serious access barriers related to literacy, comprehension, hearing or vision impairment, functional limitations, lack of transportation and disconnects of language and culture. OHA will partner with community organizations and networks and advocates to ensure meaningful access to its services.

Racial, ethnic, linguistic, and cultural differences are barriers to accessing healthcare services. Staff undergoes cultural competence and diversity training yearly. OHA complies with CLAS standards. As noted, OHA's literature is available in twenty-one languages, including Braille. Interpreters are available during business hours. OHA also contracts with Language Line. Services are available for deaf and hearing impaired and sight impaired individuals.

As it has done since 2001, OHA will work to empower beneficiaries and support their engagement in resolving problems they have with their health care, behavioral health care, and long-term services and supports; investigate and work to resolve beneficiary problems with Plans, and provide systems-level analysis and recommendations. OHA will ensure consumers' and other stakeholders' meaningful input into evaluation of the project through feedback surveys from individual encounters with OHA and continued involvement in design improvements.

OHA's case management system allows for reporting on objective data on a wide variety of parameters and the capture of additional data points. It already reports objective data such as health plan or public coverage, including Medicaid and Medicare. The database includes specific entries for referrals to oversight agencies, triggers to track the referrals and tools that allow storage of responsive documents directly into a case file. All CMS required data fields can be captured in OHA's database for collection and reporting purposes.

OHA's policies ensure the privacy and security of personally identifiable information. OHA abides by HIPAA protections throughout its operation to ensure maximum protection of protected health information. OHA's authorization for release of information is HIPAA compliant. OHA is located in a private and locked area. Files and computers are locked when away from desks to ensure security. Staff is trained on the protection of consumer privacy during orientation through verbal training and written state policies. Staff signs a confidentiality agreement, the breach of which is

grounds for immediate dismissal. State law provides for special protections against the disclosure of psychiatric and HIV/AIDS information. Substance use records are protected by federal and state law from further disclosure without independent written authorization. Improper disclosure of protected health information is grounds for dismissal under OHA policies.

OHA's software's built-in security system ensures that information is made available only to authorized users. Data and software reside on a local area network secured from access from outside the state's network. When cases are accessed in any mode, the activities are logged in an audit trail accessible by the Healthcare Advocate. Any attempt to alter data triggers a new field entry, and an audit trail is generated; data cannot be overwritten. Access to the database by anyone outside of OHA is prohibited. Technical staff is bound by the OHA confidentiality agreement. Criteria for use and disclosure of information in the database are governed by the OHA Policy and Procedures Manual, HIPAA, and state privacy laws. (De-identified aggregate information may be used by the Healthcare Advocate for systemic purposes; e.g., educating the legislature about case trends.)

State law requires that OHA maintain its case records for at least seven years. Paper files are shredded on site upon case completion.

Based on its long-standing operation and success, an 85% rate of overturning denials of services, its ability to handle cases from vulnerable populations, and a 95% satisfaction rate—percentage of people who would refer a friend or relative to OHA-- OHA has the capacity to start the Ombudsman Demonstration in six months or less and can promote efficient delivery of services. See [http://www.ct.gov/oha/lib/oha/documents/publications/fiscal\\_year\\_13\\_report\\_for\\_digest-final\\_8-1-13.pdf](http://www.ct.gov/oha/lib/oha/documents/publications/fiscal_year_13_report_for_digest-final_8-1-13.pdf). Please see the Work Plan included in the Appendix for a more detailed timeline of tasks and implementation dates.

### **State Assurances**

The Department assures CMMI that its designated entity, OHA, will: (A) Not divert resources from or diminish the capacity of existing services; (B) Provide any needed legal authority to the Ombudsman Program in order to ensure that: (i) Ombudsman Program representatives have access to beneficiaries (including in their places of residence) and access to records needed for investigations; (ii) The identity of beneficiaries and complainants served by the Ombudsman Demonstration is protected; and (iii) The information provided to the Ombudsman Program from beneficiaries and complainants is protected; (C) Operate the Program in alignment with principles and capabilities indicated above; and (D) Coordinate its efforts with the State Medicaid program administered by the Department without jeopardizing its independence on behalf of beneficiaries and its current statutory role.

**C. Reporting and Evaluation**

The Department agrees to collect from OHA and to produce the data and analysis of the cooperative agreement activities for the semi-annual progress reports that will be provided to CMS. Further, the Department agrees to ensure that designated entity OHA provide Demonstration quarterly program data. Finally, the Department and its designated entity OHA agree to fully cooperate with the CMS operations support, actuarial rate-setting services, and evaluation contractors in reporting data that they may require for project support and evaluations.

**D. Budget and Budget Narrative**

**A. Budget Narrative – see attached-under development**

**B. Organizational Structure**

The Department's designated entity OHA will implement the Demonstration via the following staffing structure. (See attached organizational chart.) OHA will hire one (1) program manager, five (5) registered nurse consultant case managers, one (1) outreach coordinator/data

analyst, and one (1) administrative assistant will be dedicated to the cooperative agreement. The Healthcare Advocate will provide overall management within the OHA.

The case managers, program manager, outreach coordinator/data analyst and the administrative assistant will devote 100% of their time, or a total of 150.5 hours per month per case manager and 172 hours per month per the program manager and administrative assistant, to the cooperative agreement. The Healthcare Advocate will devote 5% of her time to the agreement.

The OHA program manager, reporting to the State Healthcare Advocate, will serve as the liaison to the DSS project manager and will assume daily management of the program within OHA, including development of the outreach and education program, direction of case management staff, and compliance with reporting requirements. The program manager will have extensive supervisory experience, be familiar public healthcare programs and complex populations, and hold at least a masters degree in a health related or management field.

The outreach coordinator/data analyst will work with the program manager, the project manager and the Ombudsman work group to establish and implement an effective outreach and education campaign, prepare ongoing educational materials, and conduct data analysis and reporting. The outreach coordinator/data analyst will have sufficient education and experience in data collection, grant reporting and outreach design.

Five nurse consultant case managers will provide confidential one-to-one education to consumers, resolve problems and complaints and track required data in OHA's database for reporting purposes. All nurse consultant case managers will have sufficient clinical experience and direct knowledge in public health programs or insurance, or the ability to gain such knowledge through training.

The administrative assistant will coordinate meetings and scheduling of outreach events and monitor incoming calls requesting ombudsman assistance and assist with report preparation.

All positions must meet state of Connecticut requirements for experience and education and will have the credentials, background, skills and leadership ability to successfully fulfill the obligations of the cooperative agreement. All individuals will be hired as durational employees under the MOU with the Department to fulfill the cooperative agreement.

### **Sustainability**

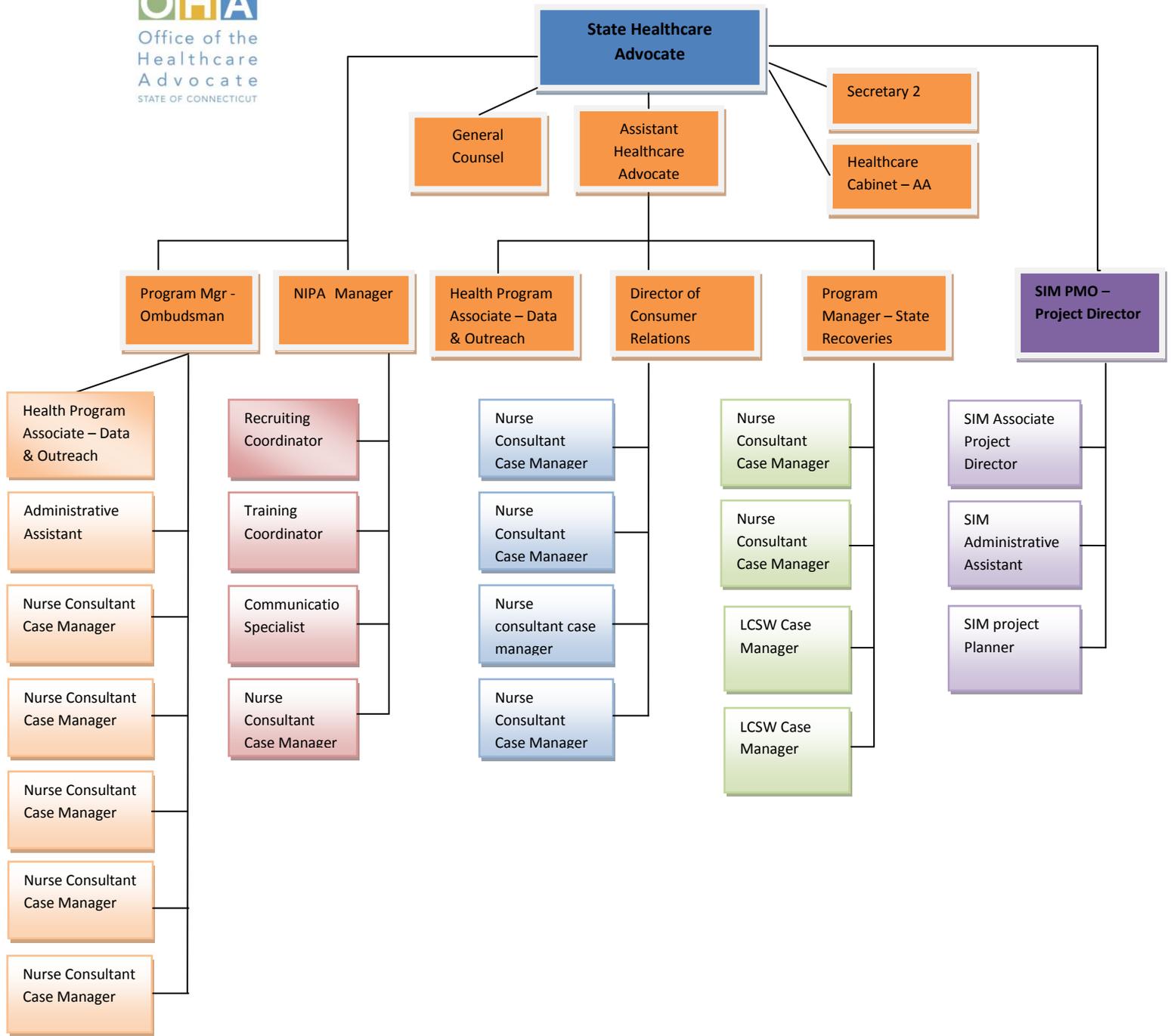
The state will partner with OHA and the OWG to determine the best mechanism to continue the Ombudsman Program beyond the three year grant award period. The state will explore options including direct state funding for all or a portion of the program. Sustainability plans will be developed based on the success of the program and recommendations from the OWG.

## **Appendices**

**Letter of Support from Medicaid Director**

**Draft Work Plan**

**Brief Resumes of OHA Staff and Prospective Staff**



Code: Solid Orange and Solid Purple=direct reports to the Healthcare Advocate  
 Green=direct reports to Program Manager for State Recoveries  
 Blue=direct reports to Director of Consumer Relations  
 Light Purple=SIM Project management office—staff, fiscal, vendors  
 Magenta=direct reports to NIPA program manager  
 Light Orange=direct reports to program manager for ombudsman demonstration