ADHC LOB PHASE II STEERING COMMITTEE MEETING AGENDA

Project:	ADHC LOB Phase II Project	**Meeting Date:**	May 15, 2017
Facilitator:	Shauna Severo	**Place/Room:**	Lincolnia ADHC Center

1. Welcome

2. Introductions

3. Tour of facility

4. Review Charter

    a. Goal of project
    b. Background
    c. Roles and Responsibilities
    d. Key actions and timeline
    e. Deliverables

5. Develop guiding principles

6. Discussion
    a. Identify information needed by consultants to complete cost assessment of county program
    b. Plans for benchmarking
        i. Who should we benchmark
        ii. What factors should we explore when we conduct the benchmarking

7. Decide on meeting dates, time and place

8. Meeting adjourn

Lines of Business Phase 2

MEETING INFORMATION:

Committee Name:	Adult Day Health Care
Meeting Location:	Lincolnia Adult Day Health Care Center, Conference Room
Date & Time:	May 15, 2017, 9 a.m.
Note taker:	Jennifer Robinson

ATTENDEES:

Shauna Severo, Brian Allen, John Cox, Daniel Harlan, Katie Horstman, Heisung Le, Kathy Hoyt, Darcy Franz, Sandi Dallhoff, Barbara Antley, Kay Larmer, Janice Siegel, Dean Shahinian, Robin Wilson, Rosalyn Foroobar, Suzanne Lane, Jennifer Robinson

AGENDA ITEMS ADDRESSED:

Agenda Item	Discussion	Outcome/Action Steps
Welcome and Introductions	Shauna Severo, Project Lead, called the meeting to order and the attendees Introduced themselves.	None
Charter Review	Shauna Severo reviewed the charter which included the goal of the project, background, roles and responsibilities, key actions and timeline, and the deliverables.	(See attached)
Alvarez and Marsal (A&M) Consulting Firm	John Cox, Project Executive, presented an overview of the consulting firm. Stressed their experience in human services, public sector and healthcare. They also have experience in working with stakeholders and will value transparency. Daniel Harlan, Director presented the deliverables they will provide including a cost assessment, cost benefit analysis, and a final report. All assumptions made by A&M will be vetted by the stakeholders.	(See attached)

Agenda Item	Discussion	Outcome/Action Steps
Develop Guiding Principles	Group discussion of guiding principles that must be considered and adhered to throughout the exploration and decision making process	- The ADHC model will be affordable, accessible, achievable, sustainable and high performing - The ADHC model will be able to meet the needs of current and future older adults seeking this service - The ADHC model will be cost effective and efficient - The ADHC model will support an older adult's choice to age-in-place. - This exploratory process will foster stakeholder engagement - This exploratory process will identify opportunities for cost effectiveness and efficiencies for programs co-located at each of the ADHC sites - This exploratory process will embrace the cultural and ethnic diversity of the community served by this program
Identify information needed for analysis	All - Identified information needed by consultants to complete cost assessment of county program. Plans for benchmarking: Who should we benchmark? - Award winning ADHC service providers - Providers with similar demographics and diversity - Providers with participants of similar acuity levels - Providers who serve all income levels	A&M to submit paperwork to obtain relevant programmatic cost information Jennifer Robinson and Shauna Severo to identify providers to benchmark.

Agenda Item	Discussion	Outcome/Action Steps
	Identified factors to explore when conducting benchmarking: • Who provides the oversight to ensure quality measures are met • Staffing – mix, model and turnover rate • Staff qualifications • Food – how is it provided and does it include ethnic meal preferences • How is the program funded? • Are fee levels? • What is the cost per service unit? • How many are served per day? • What are the hours • What services are provided to the caregivers? • Is transportation provided? • What form of communication is used with caregivers? • How often are participants assessed, and does the assessment include the Mini-Mental Status Exam? • Is transportation provided? • Is it a medical or social model? • Acuity of participants • What quality assurance indicators are used? • Is there an annual customer satisfaction survey sent to caregivers? • How is the program marketed? • Is the program licensed by the state?	Jennifer Robinson will contact the identified providers to collect the benchmarking data for analysis.

Agenda Item	Discussion	Outcome/Action Steps
	• Are there violations noted on the state website? And if so, what type? • Are volunteers used? • Patient profile to include average age, ethnicity, gender, acuity level	
Discussion	Group requested that when A&M conducts the cost-benefit analysis they consider the impact of changing of locations on enrollment and on caregivers. Additionally, it was suggested that they consider the monetary value of volunteer time, low staff turnover rates, and the high quality of Fairfax County ADHC staff in their analysis. Discussed best time to have the meetings with all of the caregivers. There will be 4 meetings, one with the consultants and 3 to provide ongoing opportunity for exchange of information.	A&M agreed to the requests made. Jennifer to send out a survey as to best times to all of the caregivers
Adjournment	The meeting was adjourned at 10:30 a.m.	Adjournment followed by a tour of the Lincolnia Complex (Sr. Center and ADHC)

Next Steering Committee Meeting Date: Lincolnia Senior Center 6/27/17 9:00 am – 10:30 am

FAIRFAX COUNTY HEALTH DEPARTMENT
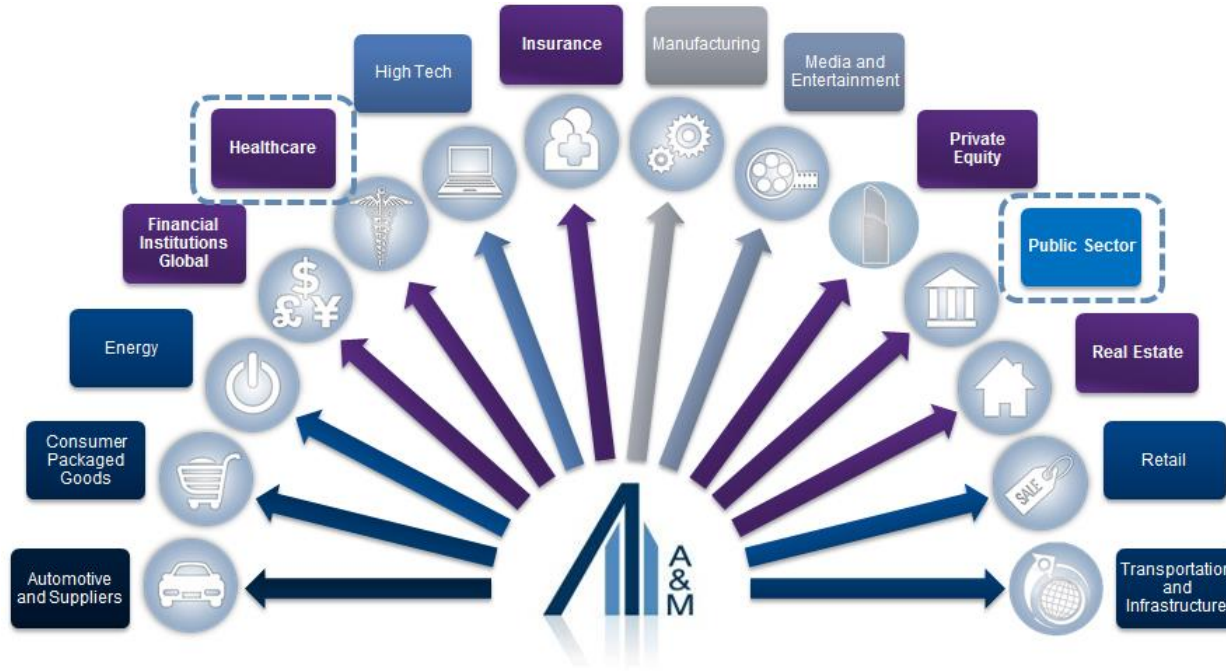# ADHC COST STUDY AND COST BENEFIT ANALYSIS

KICK-OFF

5/15/2017

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Founded in 1983, and with over 2,900 professionals, A&M delivers tangible results to organizations seeking to improve performance.

About A&M:

- ➤ Founded in 1983 by co-CEOs Tony Alvarez & Bryan Marsal
- ➤ 2,900+ professionals
- ➤ Worldwide presence:
  - 36 cities
  - 16 nations
  - 4 continents

How we are different:

1) **Specialize in complexity**: we solve the most complex problems
2) **Experienced teams**: our senior experts and leaders deliver our work
3) **Execution**: we implement what we recommend
4) **Transparency and accountability**: we stand behind our recommendations in a public forum
5) **Independence**: we are independent and objective

A&M GLOBAL SERVICES

A&M is a premiere, full-service consulting firm with dedicated teams focused on industry verticals, including Public Sector.

Public Sector Services

- Financial & Operational Turnaround
- Budget, Finance & Operations Management
- Economic Development
- Tax Advisory & Revenue Maximization
- Asset Management (PPPs)
- Expert Witness
- Crisis Management

Performance Improvement

- Growth and Revenue Enhancement
- Supply Chain Operations
- Finance and Accounting
- Technology Services
- Human Capital and Organizational Change
- Merger Integration
- Performance Improvement for Private Equity

Corporate Restructuring

- Turnaround Advisory
- Interim and Crisis Management
- Claims Management Services
- Corporate Finance
- Creditor Advisory
- Unsecured Creditor Committee Advisory
- Fiduciary Services

Business Advisory Services

- Transaction Advisory
- Global Forensic and Dispute Services
- Executive Compensation / Benefits
- Valuation Services
- Regulatory and Risk Management
- Corp. Governance
- Tax Advisor

A&M PUBLIC SECTOR SERVICES

A&M has a dedicated team of public sector experts who partner with leaders to deliver tangible results.

HUMAN SERVICES
- We partner with Medicaid leaders to balance provider and participant needs while providing all stakeholders with increased operational and fiscal transparency and accountability.

STATE & LOCAL GOVERNMENT
- We partner with state and local leaders to develop and implement comprehensive revenue improvement and expense reduction plans to stabilize financial and operational performance.

EDUCATION
- We partner with K-12 and Higher Ed leaders to improve the ROI on educational investment by unlocking the potential of assets, partnerships and funding opportunities.

REAL ESTATE / PUBLIC PRIVATE PARTNERSHIPS
- We partner with public sector entities to generate revenue, reduce costs, and create jobs by putting excess and underutilized real estate to more productive use, including P3.

MUNICIPAL DISTRESS & CREDITOR SUPPORT
- We provide analytical, subject matter support , fiduciary services, and expert testimony in support of oversight bodies, funders and creditors to municipalities.

A&M is committed to bring senior team members with significant, hands-on experience to partner with Human Services leaders to achieve operational and fiscal sustainability.

John Cox
Managing Director / Human Services Practice Leader
- 30+ years of experience as an executive and trusted advisor to federal agencies and large commercial organizations
- Previously Interim CFO of and now key advisor to PA Medicaid's $3B program for the intellectually and developmentally disabled
- Presidentially-appointed CFO of U.S. Department of Housing and Urban Development (HUD) – overseeing $40B budget
- CFO of publicly-traded BMC Software, Inc.
- CPA

Daniel Harlan
Director
- 10+ years of state and federal consulting experience
- Leading a team supporting Maryland's Developmental Disabilities Administration (DDA) - a $1B Medicaid program - to establish a path for the transformation of its operations
- Key member of a team that identified $100 mm+ in potential efficiencies across heath care expenditures in a territory
- Prior to A&M, worked with multiple federal agencies to replace legacy IT systems and refine business processes
- B.A. in Systems Engineering, University of Virginia

Brian Allen
Manager
- Supporting the Nebraska Division of Developmental Disabilities with a cost-driven Rate Rebase and Objective Assessment Process (OAP) Redesign effort
- Assisted Pennsylvania's Office of Long-Term Living to develop and transition its $6B budget from a fee-for-service payment model to a managed care model
- Worked with the Pennsylvania Office of Developmental Programs to address operational and fiscal challenges
- Contributing author to A&M's published paper on Human Services Practice
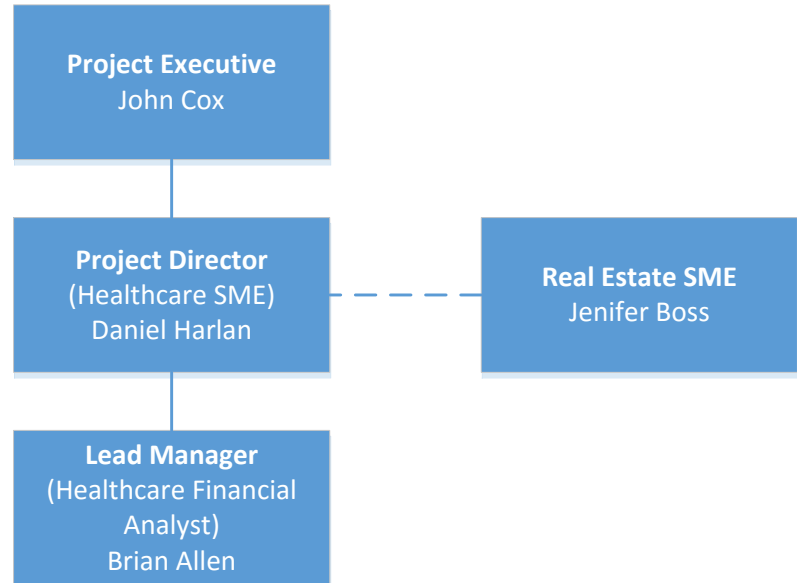
Jenifer Boss
Director
- Coordinated a Program Management Office for Howard University's real estate development office
- Advised Travis County, Texas on a 70+ acre courthouse project and Fairfax County, VA on strategic property acquisitions
- Assisted clients in monitoring the Military Housing Privatization Initiative's portfolio of 200,000 homes

Project Executive
John Cox

Project Director
(Healthcare SME)
Daniel Harlan

Real Estate SME
Jenifer Boss

Lead Manager
(Healthcare Financial Analyst)
Brian Allen

PROJECT APPROACH

Our approach is data-intensive, collaborative, and driven from the bottom up to build an appropriate fact-base for our recommendations and analysis.

- **Deliverable 1 – ADHC Cost Assessment (ECD – 6/19/2017)**
  - Baseline environment
    - Data request (financial and operational data)
    - Interviews with key county personnel
  - Refine and direct the County's benchmarking exercise
  - Develop a fact base for the identification of efficiency opportunities and the cost benefit analysis
  - Conduct an in-person stakeholder meeting
  - Document findings and recommendations for increased operational efficiency

Our approach is data-intensive, collaborative, and driven from the bottom up to build an appropriate fact-base for our recommendations and analysis.

- **Deliverable 2 – ADHC Cost Benefit Analysis (ECD – 7/17/2017)**
  - Identify three target alternative service delivery models for the ADHC program
  - Assess the pros and cons of each target model across the following parameters:
    - The County's existing facilities
    - The cost of program operations
    - Ancillary costs that the County would incur under each of the target delivery models
    - Quality of service
    - Impact on individuals and families
  - Conduct an in-person stakeholder meeting to discuss the three candidate options under consideration
  - Document the process and results of the cost-benefit analysis

PROJECT APPROACH

Our approach is data-intensive, collaborative, and driven from the bottom up to build an appropriate fact-base for our recommendations and analysis.

- **Deliverable 3 – Final Report / Presentation (TBD – August 2017)**
  - Develop a final report and presentation detailing:
    - Collected data
    - Benchmarking results
    - The results of the cost analysis
    - Cost benefit analysis results and recommendation
  - Support the Health Department's meeting with the Board of Supervisors

1. Schedule Regular Meetings with County Personnel
2. Schedule Stakeholder Meetings
3. Submit Initial Data Request
4. Refine Target Benchmarks

A&M's proven approach has helped drive human services-related change in four states and gives us the experience needed to support Fairfax County's ADHC assessment.

Maryland Department of Health & Mental Hygiene – Developmental Disabilities Admin.
Interim Financial Management and Financial Re-Engineering Services
- Developed recommendations for new financial systems and a new financial platform implementation
- Improved federal fund attainment by $16.2 million
- Implemented $5.5 million general fund savings from programmatic changes
- Leads transformation efforts and development of requirements for the Long Terms Supports System (LTSS)

Pennsylvania Department of Human Services – Office of Developmental Programs / Office of Long-Term Living
Medicaid Program Fiscal Management / LTSS Managed Care Transition
- Drove reporting and operational changes to improve financial operations and transparency to support major policy changes and a shift from cost based to fee schedule rates.
- Developed new processes and practices around fiscal controls, rate analysis and fiscal regulations, recovering over $50 million in Medicaid funds
- Developed negotiating strategy to manage provider appeals resulting in favorable settlements and avoidance of unnecessary litigation costs.

North Carolina Department of Health & Human Services – Division of Medical Assistance
Medicaid Interim Financial Management and Performance Improvement
- Created a forecasting and budgeting model, including an "owner's manual"
- Developed and implemented an agency-wide reorganization and redesign of agency operations
- Provided testimony to NC's Legislative Oversight Committee and General Assembly
- Spearheaded turnaround from almost $1.8 billion of deficits over five years to $63 million of budget surplus followed by two more years of surpluses

South Carolina Department of Health and Human Services
Medicaid Interim Financial Management and Financial Re-Engineering Services
- A&M's improved budget processes, forecasting and reporting, identified potential operational cost savings, and documented sources of funds.
- Created performance-based budgeting approach using data, analytics and modeling
- Implemented new organizational structure for finance and administration.