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Date: 03/07/2024

Event: Long-Term Services and Supports Meeting

>> KATHY CUBIT: Morning everyone, I want to welcome everyone to the long-term services March meeting. I will turn this over to Carrie Bach to begin the call to order and introductions. Carrie Bach?
>> CARRIE BACH: Thanks Kathy, Carrie Bach - - [Spotty audio] Okay, thank you. Anna Warheit?
>> SPEAKER: Good morning, this is Anna.
>> CARRIE BACH: Thank you, Carl Bailey? Cindy Celi?
>> SPEAKER: This is Cindy Celi, good morning.
>> CARRIE BACH: Good morning. - - Gail Weidman?
>> SPEAKER: Good morning this is Gail.
>> CARRIE BACH: Jay Harner? Jennifer Ebersole?
>> SPEAKER: Good morning, this isJennifer Ebersole.
>> CARRIE BACH: Thank you for joining us. Juanita Gray? Latoya Maddox?
>> SPEAKER: Present.
>> CARRIE BACH: Thank you, Latoya Maddox. Laura Willmer-Rodack?
>> SPEAKER: Good morning, Laura is here.
>> CARRIE BACH: Thank you. Leslie Gilman? Linda Litton?
>> SPEAKER: Good morning, Linda is here.
>> CARRIE BACH: Good morning, Linda.
>> SPEAKER: Hi, Kathy.
>> CARRIE BACH: - - Hi, Matt. Michael Grier? Good morning, Michael. Minta Livengood?
>> KATHY CUBIT: Minta Livengood will be joining later.
>> CARRIE BACH: Thank you, we will have.[Spotty audio], Are you with us? Good morning. Pam Walz?
>> SPEAKER: Hi, I am here. Rebecca May-Cole?
>> SPEAKER: I am here.
>> CARRIE BACH: Hi, Rebecca. Patricia Canela-Duckett?
>> SPEAKER: Good morning, Patty here.
>> CARRIE BACH: Hi, Patty. We have one excused individual today, Lloyd Wertz who is not able to join. I will turn it over to Kathy for our housekeeping.
>> KATHY CUBIT: Thank you. I will start with evacuation. In the case of an emergency, go to the assembly area to the left of the Zion church on the corner of fourth and market. If you require assistance to evacuate you must go to the safe area located right outside the main doors of the owners of sweet. OLTL staff will be there and will stay with you until you are told you can go back into the honors suite. Everyone must exit, take belongings, do not operate cell phones, do not try to use elevators, they will be locked down. Use a stair one and stair to to exit the building. For stair one, exit honors suite through the main doors on the left side near the elevators, turn right and go down the hallway by the water fountain stair one on the left. For stair to come exit honors suite through the side doors on the right side of the room for the back doors. If exiting from the side doors turn left and stair two is

directly in front of you. If exiting from the back doors, turn left and left again and stair two is directly ahead. Stay to the inside of the stairwell and had outside. Turn left and walked down Dewberry Alley to Chestnut Street, turn left to the corner of fourth Street, turn left a blackberry Street and Cross fourth Street to the church. Housekeeping talking points, this meeting is being recorded. Your participation in this meeting is your consent to being recorded. This meeting is being conducted in person and as a webinar to comply with logistical agreements, we will end promptly at 1:00 PM. To avoid background noise please keep your devices muted and microphones off unless you are speaking. Remote captioning is available at every meeting. The CART link is in the agenda and the chat. It's important for only one person to speak at a time. Please state your name before commenting. Speak slowly so the captioner can identify speakers. Please keep your comments concise to allow everyone to be heard. Webinar attendees may submit questions and comments in the questions box in the go to -

- [Spotty audio] use the raise hand feature to speak life. Those attending in person should use one of the microphones and wait to be called upon to speak. Before using a microphone please press the button on the microphone, you will see a red light indicating it is ready to use. When you're done speaking please press the button. We are allowed to public comment periods, if you have questions or comments that were not heard please send them to the resource account email found at the bottom of the meeting agenda and the LTSS sub MAAC webpage. I will turn it back to Carrie Bach for February meeting follow-ups.

>> CARRIE BACH: Thank you Kathy, we have five minutes allotted. I will try to read as quickly as I can. To be respectful of time given on the agenda and in the interest of those in attendance. We are reading some of the questions that were submitted from the last meeting. Those follow-up items that are not read during this meeting will be available on the LTSS meeting minutes list serve after the meeting. Number one, relating to meeting logistics. Audience member Brenda - - asked if after a presentation, rather than starting with people in the room, can question and answer begin with people who may be having trouble traditionally communicating in chat? Kathy Cubit responded those running the meeting would work to ensure remote participants are included in an equal way during public comment. Number two, related to nursing home transition, audience member Lauren Alden asked in chat what is the extension length of time? And an HT consumer can you get? Amy hard responded that an application for an individual transitioning from a nursing facility to home and community-based services can remain open for 180 days. If discharge date is established after application is closed a new application can be started at any time. Documentation from the previous application that remains current can be used. Number three, related to CHC unwinding status update, subcommittee member Pam Walz asked if it is possible to start getting data on the outcomes of the functional renewals that take place as well as the numbers of people found in nursing facility ineligible. Nerve nursing facility clinically eligible and the outcomes of those appeals annual assessments are still being done as a stipulated settlement of the appeals. Juliet Marcella stated that she would take that back and evaluate that process - - related to CHC unwinding status update, audience member Amy - - asked and shot if MCO's have figures on how many people were terminated as the initial outcome of the renewal and what does the number and percent of those that remained Medicaid eligible in other MA mean for someone who is in a nursing facility or H CBS? If they are in another category doesn't that mean they were also terminated from waiver coverage? Fill stock responded that the number and percent of those which remained MA eligible another MA indicates the participant left the CHC program. Therefore if they were CHC NF or CHC HCBS they would no longer be in of those population

groups. Important to note the reporting is point in time and records may have updated after the report Monday. Related to LTSS meeting logistics, committee chair Kathy Cubit asked if the logistics presentation can be posted in a more prominent place on the LTSS website. Latoya Maddox added if information is added to the LTSS website it needs to be accessible for those who are Deaf, Blind, Hard of Hearing - - communications management with O LTL responded that oh LTL will have meeting logistics posted on the LTSS website. Accessibility checklist completed and accessible PDF will be available for screen readers. I would like to remind you if your question was not answered right now, please check back with the list serve and you will be able to see answers. At that point, I would like to turn it over to OLTL, Juliet, for the OLTL update.
>> JULIET MARSALA: Thank you, Carrie Bach. Good morning, thank you for being here. It's an exciting week for DHS, I will get started. We have our agenda item up. We will give our regular update so nothing we can't talk about. CMS site visit, we will have Randy come up and provide the latest with regards to waiver determination, what is not on here that will be added as we discussed change. The application to populations and providers in our system. At the top, procurement updates, there are no updates with agency with choice or community health choices. Anything you have for these procurement items must be submitted to procurement. Information is posted on the market place. Many of you know the independent enrollment broker, contracts have been signed. OLTL has a meeting with Maximus to get started on new elements of that contract. Get the updated contract in place. If you have questions about the IUB we are open for business to chat about that. Let's move to the CMS compliance site visit overview. You've heard us talk about this before in preparation, CMS conducted their on-site visit in Pennsylvania. They were here from February 26 through March 1. The purpose of their visit was, in part, to continue their ongoing efforts to provide states with technical assistance. Regarding home and community-based service regulations. 42 CFR 441.301 C four ? five and to assess implementation of the settings criteria through PAs HCBS system - - [Spotty audio] develop mental program. I think someone is not muted. I will pause for a second. Okay. As part of CMS's visit they normally met with OLTL but they did do on-site provider visits. For the office of long-term living, CMS elected to visit providers such as - - we want to extend our gratitude to those providers. hosting those visits and having staff available. Including individuals from CMS, individuals were community living, ACL, new additions, an organization working with CMS, state staff and service coordinators. As part of the visit they review person centered service plans with individual serves in all of those provider sites. They interview participants and also interview direct service staff that were on-site with those providers. After those provider visits we also help with CMS service coordinator interviews. To measure their understanding of the HCBS, including compliance of that rule. How elements of that are incorporated in the planning process to ensure services are delivered and community settings. When you have preliminary findings from our exit interview with CMS we can provide for you today. Overall, CMS provided positive feedback on their visit here with us. They noted no major concerns during the preliminary findings. Overall Pennsylvania to have a very person centered - - demonstrated through the review of the person centered service plan. There interviews with participants, provider, staff and the SC's. There were however some minor findings that were identified at the provider site that OLTL and our team is going to be working on remediating very quickly. And so part of this remediation may include updates to policy directed at the provider level to address those minor findings. The results and feedback on the need to demonstrate stronger SC involvement and collaboration with participants

and participant services particularly in Rathaus settings. That is something we will be evaluating and looking to improve. I would add overall what you'll also see in the CAHPS presentation are additional areas for improvement with regards to Pennsylvania and our person centered planning and the opportunities we also have. I want to tie that end, that we will be looking at that as well. For the next steps, CMS will review and debrief all of their findings. They will develop a findings report that will be delivered and reviewed with us at a later date. Probably closer to middle or end of spring. We are looking for that to occur probably close to the end of March. Okay. Any questions on that?
>> KATHY CUBIT: I have a couple of quick questions. One is, I'm curious if CMS, part of their evaluation, did any review of provider controlled settings? My second question is given of the high turnover rate of SC's, does OLTL or be it through the MCO's audit or monitor in some way to be sure that SC's are up to date with this rule? The critical role that they play in ensuring compliance. Thank you.
>> CARRIE BACH: Really great questions, thank you. To answer the first question yes, CMS was particularly interested in provider owned settings. So they have selected sites that were formally on the high-end Screw any alleged - - in addition, very interested in adult centers and how they continue to increase their community integration as well. For the first question. For the second, what are the SC turnover, all systems in OLTL are required to go through required training. The HCBS role in the person centered planning are embedded into that training. One of the things we need to look at is potentially being more intentional with tying those values directly to the settings rule. One of the things that was found was that our SC's may not have been able to name things directly to the HCBS settings rule. They did understand the intent of the HCBS rule in terms of person centered planning and community-based settings and what they were looking for. They may not have cited the regulation but certainly have the values. That was one of the things that was noted.
>> KATHY CUBIT: Thank you very much.
>> SPEAKER: Can I ask a follow-up question? This is Pam Walz. - - States settings rules documents about places which both provide housing and waiver services. Mostly relatively small places. We have been concerned about those. Was there any discussion or attention paid to those settings?
>> CARRIE BACH: are you referring to settings of the persons unless?
>> SPEAKER: I am.
>> CARRIE BACH: - - Provider owned that are enrolled in our program.
>> SPEAKER: I would repeat we are concerned these exist and there is no oversight of them. There is really a question about how, whether they can comply with the settings rule.
>> CARRIE BACH: I think that requires further discussion. Here and at CMS level. With regard to how they do that. I cannot speak for CMS, certainly that comes up in the report. We certainly share that. I want to correct for the record that the speaker on the phone is Pam Walz and not Carrie. I am Juliet Marsala and not Carrie. I wish I had eyes in the back of my head. Moving on with a couple additional updates, one of the agenda items is the waiver redetermination and of those ongoing efforts. I'm going to call up Randy Nolan to give an update on redetermination and what we are working on.
>> JULIET MARSALA: Let's open up for public comment, I will be happy to facilitate, calling on people with us today but first I want to open it up to anyone in the chat. Okay, we have no questions in chat, anyone have a hand raised? No hands raised for our virtual folks. Opening it up to the floor. I see - -
>> SPEAKER: The question regarding FC involvement, some of our experience is - - [Spotty

audio] sometimes the SC does not recognize the individual needs - - [Spotty audio] and therefore a direct step to more traditional services in HCBS. I know that is particularly impactful and their brain injury population and some of the individuals who may have cognitive disabilities. I guess this is to offer up help that as the department is developing new solutions we would like to - - [Spotty audio] we had a lot of conversation about it. We would like to see how we can involve associations.
>> JULIET MARSALA: Thank you. Shawna?
>> SPEAKER: A couple of things. First I want to bring up an issue affecting nursing home transitions. Specifically related to AmeriHealth costs. We have several folks eligible for nursing home transition, prepared to transition, transitioning. When they fill out the 1768 incorrectly, it makes the nursing home transition person ineligible for support services. We have no idea how long it is going to take to correct that. We have several people into that situation now. 19 of transition coordinators are running around like crazy trying to support people and it is all because NSC or several SC's, filled out the 1768 incorrectly.
>> JULIET MARSALA: Thank you for bringing that to light. One thing I'll ask you to do is provided as examples to Randy so he can dig deeper into the root causes of those and get that addressed particularly if you are seeing a pattern in your area. We can take a look at that more globally.
>> SPEAKER: I will get you those names by end of day today. The second issue I want to bring up is an issue that I have brought to this, LTSS multiple times. That is one of what we used to call specialized care. Now we are calling it maintenance activity. Pennsylvania has a history, as many of you know, a policy called the direct care worker consumption policy that was written in collaboration with DHS former secretary $10 and the Department of Health that allowed for activities such as bladder and bowel routines, feeding tubes and home dialysis and people that should be served in the community. Recently, my organization is one of the only organizations in the state that has been providing specialized care for a number of years since the beginning. We were told by the Department of Health recently that we can continue to serve people on events that we have already been serving, personally I think it is because they don't want people to lose services and potentially open the state to lawsuits. We can continue to serve people that have been receiving the service however we are not allowed to take on anyone new. And originally they said that it was because they were drafting a new policy. However, it was seven months and then they reviewed the policy with me and my team. And then they would not let me have a copy of it because their legal team wanted to amend some of the things they had already shared with me. Upon amendment of those things they said no, you are no longer allowed to accept new ventilator users or home dialysis consumers because this is a regulatory issue and it could take up to two years. There are consumers in Pennsylvania waiting in nursing facilities and hospitals that are on events. One of them is a 36-year-old gentleman. In - - County. I am working with NCOs trying to get this pushed forward. However I wanted to bring it to this committee because there's a lot of - - it is not a regulatory issue. - - Making a decision because it really does not make sense that it would be truly regulatory, for people in the community, they would have to do something different for them. I am very concerned because people have limited options as it is. Just because someone is on a vent doesn't mean they are not cognitively aware of what's happening. It is not just that people have to wait in nursing facilities for two years to get out. It's also not just, when you think about it, we have many consumers. Who have a progressive disability that often causes them to be on a vent like muscle dystrophy. If they would progress to needing a vent there in a nursing facility before the day is out and that is not right. It's also not just that people

like myself who have dexterity issues who may one day need dialysis can't have home dialysis when the Department of Health is very proud of their home dialysis program. And they promote their home dialysis program as a way to remain infection free. Except for someone like me who has dexterity issues that may be I can't send a clamp or a knob and do it myself and I need - - to do it for me. I bring the issue forward because it's an issue we need to take seriously and pay attention to and advocate for. Because waiting two years is absolutely unacceptable. There has to be another way.
>> JULIET MARSALA: Thank you for raising this issue, Shauna.
>> KATHY CUBIT: This is Kathy, is that something that can be addressed when O LTL updates its CHC waiver? With CMS?
>> JULIET MARSALA: We can certainly take a look into that. We are in internal discussions with the Department of Health. They really drive the regulatory and policy related to specialized services as it also relates to nursing. So we certainly will be taking that in and having a cross department discussions or.
>> KATHY CUBIT: Thank you. Is there anyone else in the room that has a question or comments?
>> JULIET MARSALA: We have committee member Michael Grier and an individual.
>> KATHY CUBIT: Go ahead Mike.
>> SPEAKER: Thank you Kathy, I wanted to make sure, and I apologize for leaving last month's meeting early. But I think it is, I know how hard it is, believe me. I know how hard it is to try to stay on the agenda. However, I think it is really important sometimes that people's voices do get hurt. Not sometimes, all the time. And I think if we have to kind of like do some juggling within the agenda to make sure, I just want to encourage us to come back so people can finish what's on their heart, what they are talking about. That is all, thanks.
>> JULIET MARSALA: Absolutely Michael, I want to echo that, this is Juliet. That is why we made the commitment to have two public comments as well. Please state your name, first.
>> KATHY CUBIT: This is Kathy I want to jump in Mike, since you left early. I can add to the comment that last meeting we asked several times before we adjourned if anyone had anything else to say or raise. We did, no one else had raise any concerns. We were successful. At our first meeting in making sure everyone who wanted to speak was heard. Thank you, go ahead.
>> SPEAKER: Hi, my name is Tommy - - from Clinton County. Former president of the - - Center for Independent living and land sport. Last meeting I was here to discuss how my services were terminated and everything. Thankfully I got them back quick. I just want to say thank you to Randy Nolan and AmeriHealth forgetting that back. A couple questions, when you guys sent out the letter for the consumer that terminated the services, is that certified or registered letters? Would the appeal?
>> JULIET MARSALA: No, they are not certified letters.
>> SPEAKER: Because I was wondering if it's a possibility to implement. Due to when I was questioning everything everyone kept questioning me about appealing at. Why didn't I get a letter? And I think for both of us it would be better that way we know I had received it or the person that has that letter coming to them.
>> JULIET MARSALA: Thank you for that feedback, we can take that under consideration.
>> SPEAKER: With that, another question. When I lost my pendant, everyone was telling me I should get a family member to do my wound care. And they are not really educated in certain aspects of wound care. And for a moment I thought they wanted me to keep my family members to keep doing my wound care instead of having a home nurse or attendant to do my wound care.

>> JULIET MARSALA: To clarify my understanding, when you lost services they recommended a family member, friend, to do wound care. When reinstated, the recommendation was to continue that? Is that what you're saying? I want to understand.
>> SPEAKER: That is what they suggested, the insurance, to continue with the family member but I was put into that because sometimes certain areas we would get wounds, you don't want your family member, especially younger family members to do something a registered nurse or someone else qualified to do something like that. Because you are worried about infections. And I am just wondering if that can stop.
>> JULIET MARSALA: First, thank you for sharing the information. One of the things I would say is questions like that are all part of a person centered planning process. So it is part of a person centered planning process, and SC may explore what resources you have available and what comfort level is. That is to say those discussions probably will occur. I would not say that they shouldn't, and SC should be asking you, what are your supports? What are your formal supports? What is it that you need? They should also ask you what your preferences are, what you think your medical needs are how, when and where. You would like for them to be delivered. That is to say they should not be pressuring you one way or another but they should be inquiring as to help build a person centered plan.
>> SPEAKER: One last question, or comments. When they decided to terminate my services, why wasn't there a follow-up with my doctors or my coordinator? They could have came to my house, did another reassessment.
>> JULIET MARSALA: I appreciate your feedback on your experience. We won't get into one-on-one here. You can certainly follow up with Randy or file a complaint. All of those avenues but certainly thank you for raising that to our attention. I think I heard Cassie want to try to get on as well.
>> CARRIE BACH: It was actually Carrie, thank you Juliet. I just wanted to add that comment, it is very very difficult. Even if home health services are authorized by a service coordinator and by the MCO, actually putting those services in place is very difficult in Pennsylvania. Thank you. Does anyone else have questions?
>> SPEAKER: Hi, Jodi - - [Spotty audio] independent living. Tommy was trying to say he had the benefit of receiving specialized full care when nursing care was unavailable for him. We just want to, so we just want to elevate the importance of specialized care, not only for events but wound care as well. We know there is a nursing shortage in Pennsylvania that will continue to rise. We need to have this available to keep consumers home. My second issue I wanted to bring up was and HT denials. MCO's are still not providing consumers with written denials of and HT services. Thank you.
>> KATHY CUBIT: Thank you. Is there anyone else either in the room or have their hand up or in chat for additional comments, questions?
>> SPEAKER: Yes, Kathy,this is Minta Livengood.
>> KATHY CUBIT: Thank you for joining, floor is yours.
>> SPEAKER: I wanted to read a late about, we are getting authorization for hours for service. But finding people to serve, to come in and do service hours that is allowed is really hard. I don't know how hard it is in the cities but the royal area, nobody wants to travel for $14 an hour. When they have to drive 20 miles to - - [Spotty audio] house. Or further. So we need to still be working on that area. Okay. That is my comments because I did not get to hear the whole conversation. Thank you.
>> KATHY CUBIT: Thank you, Minta Livengood. Glad you're here. I don't know if Juliet or anyone wants to comment from OLT L's point of view on some areas of workforce initiatives that

you are trying to address this problem.
>> JULIET MARSALA: We certainly can. Many of you may have also listened to the appropriations hearing that occurred over the past two days. Matt workforce was certainly a front and center topic. Particularly to the office of long-term living, the governor has directed us to do a rate study. Similar to ODT's rate study to look at our HCBS services. We will get that underway today. That is something that we will look out, workforce issues. In addition we have been directed to do a specific wage study for direct care workers which will also be underway. As part of the fiscal code. In addition for the office of long-term living we have been investing in traditional trainings for healthcare workers. Particularly healthcare workers and participant, self-direction. Because training is key to having direct care workers have confidence in the work they are doing and have additional supports in their work. That is underway. In addition, OLTL will be bringing, has included moving forward with a participant. And direct care worker matching support. That should be coming online within our community health care choices soon. Letter just a couple of pieces of information with regards to OLTL's pieces in the workforce. Workforce in Pennsylvania is a very large issue. It crosses over many departments. Across the Commonwealth. Pennsylvania needs to attract more workers. To the Commonwealth and the governor has been very focused on that and many of his initiatives that he has put forward for consideration. Kathy, we do have someone at a microphone here in the room.
>> KATHY CUBIT: Okay, before we go there, if I may, put a plug-in for people to comments on Pennsylvania's master plan for aging. The Department of aging's website, you can see the draft plan and the comment period ends on March 20. There are some strategies in the plan related to workforce among other issues that may be of interest to this group. I just wanted to put a quick plug-in provokes to review and share your thoughts for the master plan. I'm sorry, go ahead now to the person in the room. Please introduce yourself.
>> SPEAKER: My name is Kelly Barrett. And I am from, my name is Kelly Barrett and Diane from Erie County. I have a couple of comments going back to the understanding of service coordinators and home and community-based services. This past summer I had a fall and I was ultimately in a nursing facility for 10 days as a result of my fall. As they were trying to transition me from the hospital back home. And in that time I had some issues with attending care and staffing and those kinds of things. To my surprise my service coordinator at that time had suggested because of ongoing staffing issues that I would temporarily go back into a nursing facility until they could kind of correct the staffing issue. I told them absolutely not. Those 10 days were the worst 10 days of my life. It felt like a year. I never in my life thought I would end up in a facility at 35 years of age for any reason. To hear someone that was supposed to be supporting my independence in my community suggest I go back to a facility was flabbergast in. My second, is just the ongoing issues with transportation. I work and I am out in the community a lot. Recently I was out in the community, at the gym, I had an attending care issue where I was already at the gym. My attendant called off so I did not have anyone to be able to come and pick me up at the gym. The agencies I use did not have anyone to come and get me. Therefore I was stranded. At the gym. With no way to get home. Thankfully I have a good support network of coworkers and people I work with. I was able to call them and ask them to assist me. But in those cases there really is no emergency transportation. Thought I or really anybody can depend on. To say hey, this has happened. What can I do? In that case, it stops people from being able to go out and do things like work or participate and the community. These are things that still need to happen for folks with disabilities.

>> JULIET MARSALA: Thank you for sharing your story.
>> CARRIE BACH: Hi, I want to second thought, Kelly. First of all I am just, it breaks my heart to hear that you experience those situations. But I really appreciate that you stepped forward to share them. Because we know that you are not the only one in the state that may have experienced situations like that. That is why we are coming together to hopefully resolve those types of issues. But it takes a lot to come forward and express to a large group of people what you have experienced. So thank you so much for sharing today. Hopefully as we continue to move forward we are going to be able to resolve some of these issues. Does anybody else have any comments or questions? Wanted to - - [Spotty audio] already shared.
>> JULIET MARSALA: We do have additional folks in the room to submit comments. I would like to take a minute to ask and may be returned to it. Finishing OLTL updates. I think there was confusion on topics. I can certainly save that to the end of the meeting to return back to OLTL updates. Because public comments are critically important.
>> KATHY CUBIT: This is Kathy, we have Randy coming up at 11:00 AM for I think the rest of your updates. So I don't know if there is anyone. We did not really get to people in the chat. Or if there's any hand raised. If we can maybe do a quick check of that. Because we have Randy with that topic at 11:00 AM.
>> JULIET MARSALA: I will take some of Randy's time. Anyone in chat?
>> SPEAKER: Elizabeth - - can anyone address interruption affecting past providers not getting paid?
>> JULIET MARSALA: Yes that was part of the update that I was going to talk about in my update.
As we all know change healthcare experienced a very significant data breach that is national. You know, they are a very large intermediary. And very critical to billing processes across the nation. Impacting providers at all levels. In all systems. So OLTL is not immune to that impact. As folks know, with regards to change healthcare, that impacted each of our managed-care organizations. And OLTL's service system in different ways. So for the office of long-term living, for our server system. We do not change healthcare for our billing processes or claims processing. So for service systems to continue, folks could continue billing through our promise system. As they would ordinarily. Unless the provider themselves is the biller that interfaced with change healthcare. So DHS has put out frequently asked questions with regards to how to bill the Department of human services through our - - service system. Now if we talk about the impacts of cobra, acts 150, and I believe some of the nursing facilities. When we go into manage long-term services and support system with over three managed-care organization, each of them have a different system processing that interact in their systems. With change healthcare in a variety of ways. At this point I would like to invite each of the MCO's up to share for themselves the impact of change healthcare and where they are at today.
I will close all that response. If we can start with - -. - - [Spotty audio] Is coming up to the microphone.
>> SPEAKER: Good morning, David - - for UMC HealthChoices. Similar to the - - program with the office of long-term living, we do not - - healthcare proclaims but there could be an impact if providers are - - [Spotty audio]. We have been working on communicating out to providers as well as - -
>> JULIET MARSALA: PA Health and Wellness.
>> SPEAKER: Good morning, Joe Elliott, pH W does not use change as a clearinghouse. Our biggest impact was with paper checks. PH W - - to address the issue with paper checks, we

contracted an alternative vendor to run those. They were sent out this past Saturday. We do not anticipate any further disruption, PHW has been in the field educating providers throughout the event.
>> JULIET MARSALA: And AmeriHealth, I will ask you first.
>> SPEAKER: Good morning, John - - market healthcare of AmeriHealth. We are impacted by the change situations where past providers. That is not really impacting is greatly unless the provider themselves uses change as an intermediary. 90 percent of providers use HHA, so they are getting paid. As it relates to other providers we are impacted by change. There is a channel open for submission of claims. We are working on getting a more robust channel to be open. I am hopeful we will have further announcements within the next day or two. In that regard.
>> JULIET MARSALA: Thank you, John. To close it out with regard to the Department of human services, we have recognized certain nursing facilities have been impacted significantly with regards to the change healthcare process, particularly end of the southeast area. DHS has also recognized that there was a significant assessment to at the end of February. We understand - - [Poor audio] may have made the decision to forgo submitting payments for those required assessment fees that were due in February due to potential cash flow issues. So DHS has made the determination that we would be waving penalties and signs for a short term. Waving penalties and certainly waving fines in the short term to assist those facilities who had to make that decision to ensure they have cash flow to pay their staff and ensure the safety of residents. The assessment fee will still be due. But we are waving penalties and insurance at that time and in addition we are evaluating internally as we have monitored the situation day by day and have been in constant communication with the managed care organization, this is process resolved. Whether or not there is additional assistance or support that can be provided to providers that were hit hard or I would rather say are still being impacted with regards to ongoing issues. We also want to point out and I'm sure providers are aware of the health and human services announcement and supports that have gone out at several levels, to encourage you to visit their website for that announcement. And their ongoing information with regards to impacts and supports coming out of DHS, CMS at a federal level. We also understand that change healthcare and their relationship with all the dumb have also been providing and offering support and additional information and questions as well from their website. I hope that answers that question. It certainly saves time for my update that I intended to talk about. Back to you.
>> SPEAKER: Hello, Lauren - - with DHC community services. The workforce issue, although we appreciate oh LTL looking into those issues in doing a study we would like you to consider looking at the ODP model because a percentage increase, as small as it is is not going to impact all that much ODP. Allows us to hire and train more qualified DSPs rather than for the - - services with our reimbursement rate. I strongly suggest the reimbursement rates are equal across state of Pennsylvania. I have worked with - - where we provide the same care, we have the same struggles and are required to provide the same training which is unpaid. So we should all be reimbursed the minimum reimbursement rate. It will be up to the agencies to meet value based care and evaluate services by each MCL. But at this time the minimum reimbursement rates, we cannot function. You stated that you are looking into training. Trainings we absolutely need a mandatory tripe training. But trainings are different across the board, meeting minimum standards. We are looking to make a difference and impact our industry. We need to be reimbursed for our training time. The more you require of us as an agency, the more you require of us that is nonbillable time contributes to turnover in the workforce. We are

turning through direct care workers like crazy. Until we can train properly and have the time and ability to pay them properly we will continue to churn through those workers. With the transportation issue, it would be something to consider. I know many of us are able and willing to transport our participants. We don't get reimbursed for that. We don't get reimbursed for mileage, we have to reimburse our care staff to do so. This is just another cost we are absorbing so we can meet the needs of participants that the state is not meeting. I understand each participant has Medicaid transportation. It's a nightmare to navigate and times. But it should be something that's considered each agency can contract separately. We have direct care workers able and willing to provide transportation for their participants. But yet it is not a billable time for us.
>> JULIET MARSALA: OLTL has policy out regarding attendance and transportation. I believe that has been in place for many - - on looking at John our policy director. I don't know if that is something you would like to or something we can send to Lori and post so folks understand the transportation policy as it relates to attendance. In their ability to provide transportation.
>> SPEAKER: I am not aware of that policy. Is it that they are not permitted to? They can if they want to, they are not required to.
>> SPEAKER: Morning, John Howe, director policy of OLTL. They are permitted to, there is language outlined in the waiver that we can distribute as communication. There is not allowed to be duplicate - - [Poor audio]
>> SPEAKER: Absolutely, my suggestion is we take a look at that because we have people on staff willing to take them to their doctors appointments, to the gym, as an agency we have to reimburse mileage to the caregiver. Their time is already paid. But we have to reimburse mileage. That cost mileage, they are making $12, $13 an hour. To expect them to drive without reimbursement is unacceptable. I am saying look at the language. I understand we can't bill time and time but there needs to be away that we reimburse for the mileage on vehicles and gas to get disciplines to where they need to go.
>> SPEAKER: We can send something out for clarification because I feel like there is a miscommunication in terms of what is allowable at the current moment. And what individuals can get reimbursed for. I would like to put that out as an email and blast so everyone is on the same page. We are, as part of waiver renewal, we have started to receive comments from the MCO advisory committees, participants and providers about nonmedical transportation. We are looking at it, evaluating it, we work with CMS very closely on what is allowable. What we are able to operate and within parameters of what they require. It is something we are looking out for, I will put out clarification because there is misunderstanding.
>> SPEAKER: Thanks.
>> JULIET MARSALA: Thank you for raising that. We have a committee member in the room, Lloyd.
Sorry.
>> KATHY CUBIT: Excuse me, Lloyd, if you can be quick because we are going to pick up public comments at 12:25 PM.
>> SPEAKER: Having 12+ hours of the hearings we had that DHS had this week I report out on them. One of the questions is if there is a rate increased delivered or specific funding delivered to fund personal care workers, how much of the actually gets into their paycheck? Are you able to share that with us?
>> SPEAKER: It would be different for each agency and what their billings are. For the agencies I represented in the years I have been in this agency, we have to and are able to give it directly to caregivers. Whether that is paid training, increased wages, whether - - [Poor

audio] but we have to be able to hire a more quality caregiver and keep them. I don't think there is many of us in the room that work for $12 an hour and transport our participants and drive from shift to shift doing one ship for three hours on another. We need to make this a real career path with increased training. We need to make a direct care worker have a career and support a family and live.
>> SPEAKER: I would recommend highlighting that reality because there is a bunch of legislators wondering, if there is a rate increase that would just go into the pockets of the CEO. Probably not, but I don't think they have that information in hand. Thank you very much for your honest response, I appreciate it.
>> SPEAKER: Thank you.
>> KATHY CUBIT: Thank you, can we move on now? To either Randy or Juliet. I don't know if you had any updates. We will get back to public comments at 12:25 PM. Thank you. Before Kathy,
>> JULIET MARSALA: Matt has a comment.
>> SPEAKER: - - This comes up every couple of years. I am just concerned that when attendance - - [Low audio] there is liability involved with that. I don't think that idea always makes it down to them. Like short, drive them to the supermarket or whatever. If the agencies will let them but they don't tell them if you get in an accident with the individual the individual cannot only sue the agency but the person driving. I don't think that makes it - - [Low audio]. I always recommended, don't drive anyone. But I don't think that message is being received.
>> JULIET MARSALA: Randy.
>> SPEAKER: Randy Nolan, office of long-term living. I'm going to talk a little bit about the waiver determinations especially on the functional side, there have been questions about this. I'm going to try to go over some of the information. Working very closely with management procurement organizations to identify issues in the assessment process that are resolving in the number of applications being received. MCO's are doing analysis to identify issues with the process. Whether it's an issue with 20, training of the - - [Low audio], they are doing a lot of trainings on FC's. Which I've had discussions about. Making sure they understand the difference of people with brain injuries and cognitive impairments. Progressive disease and stuff, how you need to assess the individual. You can't just ask them a question for five minutes and assume everything's fine. You have to involve the family, the caretakers, in each setting. There is a focus being done on the and refocus being done on the data come back to some points Patty made about training. Making sure FC's are trained on what we are looking at. Another thing, MCO's to make sure FC's understand there is assessments. Utilize that. You have a couple of assessments that a person is rated at this level and an assessment rated at a different level. Why? Justify that. It will result in change of services either reduction or increase. But it has to be justified. We are asking them to take a look at that and make sure they are involved in that part of the process. There is a lot of work going on with MCO's. They are here if there's questions about what they are doing. We can certainly have them come up but we are trying to move towards that process. We have some data here to take a look at. This is the number of participants assessed, nursing facilities, ineligible by MCO's for the time period of May 2023 through January 2024. As you can see in the beginning in the first few months numbers are very high. As we go through some retraining and evaluation of these cases we see numbers coming down. So as you can see in January of 24 that number is down to 45 whereas Maine of 2023 it was 1700. A big shift on what we are taking a look at. With some of the MCO's as we are moving forward. This is kind of the data, I won't read every box

but this is the data snapshot. Where - - [Low audio] are at. There is concern about the fact that UPMC's numbers are higher. We have dedicated conversation with FC's about that. UPMC's numbers have gone down, they were 833 and made down to 217 in January. PH W went down to 53 in January, they have - - put in more efforts on making sure it is done appropriately.
>> SPEAKER: Randy this is Pam, can I ask a question about the slide? Trying to absorb all of the information. My initial question is how many of the totals, the 9268 have received a termination notice?
>> RANDY NOLEN: I will have to get back to you honor that. I don't know if I have it on the slides. not all have received termination notice.
>> SPEAKER: There were other people found between February and April of last year. Who got notices terminating. Do you have figures for those months? Can you provide some?
>> RANDY NOLEN: What month?
>> SPEAKER: February through April 2023. The process had already begun.
>> RANDY NOLEN: Okay, yes I will look for those.
>> SPEAKER: Okay. I'm assuming these numbers represent them months in which NFI determination was made?
>> RANDY NOLEN: Yes.
>> SPEAKER: Thank you.
>> RANDY NOLEN: A little bit of what we have done is we have noticed, we put a number of things in place. We've done a lot of work with aging well. Aging well is our contract amenity that works on functional ability determinations for the AAA network. We work with them to implement a number of things to - - [Low audio] the waiver determination process. One of the things we did, understanding the process, the way the whole process was, so many came back as NFI. The request was to get a physician certification for them. If the physician certification or PC comes in and we are getting them back about 40 percent of the time, if it came back as an FCE than a medical - - one of the problems in the systems was if the PC wasn't received within 60 days we were automatically making that person NFI because we only had an assessment tool to base that on. We found 60+ percent of PCs not coming back let's have thousands of - - being made in NFI. But we decided to do, working with aging well and individuals that PC did not come back within that time period, we are asking aging well to do a new functional ability assessment on the individual. That is one of the big things we are working through with aging well. They are in the process, they probably have a list of about 5000 people who can go out and reassess. So we are working through that. I have seen about for 500 - - 4500 cases. - - About one fourth need to be done, maybe more, 30 percent. In which a PC was not received. Out of the 1370 they did they found 1072 were found to be an FCE, 70 percent of cases they reviewed. 298 were found to be NFI, 22 percent of cases. Cases where they were found to be NFCE, that was indication that if they were NFI, letters were sent out to participants with acknowledgment they have been found NFI by their assessment, giving them PO rights to that. Out of that 1370 individuals we had 289 participants that they were unable to reach. The person did not answer the phone, return the call, there may have been a wrong phone number. There was 129 that refused to do assessment. That population, we sent that list out to FCO's and ask them to follow up with individuals for correct contact information. Explain to the participant that yes you should be answering the call for AAA, this is the reason they are calling you. For the individuals, if they refuse to do the assessment, NFI determination will stand, you will lose services. We have MCO's following up with those individuals. We are not just, we can't get a hold of you, we are working through the system to get a hold of everybody. Compiling a list of applicants in each of the categories, like I said, Liz are going out to

MCO for follow-up. For NFC individuals, we asked - - NFI population, we are asking them to work with individuals and explain PO rights and assist as needed. For the unable to reach and those that refuse we are - - [Low audio]. A lot of work going on trying to get people through the process. We are sending these lists out every few weeks. We meet with them on a regular basis, they provide us a lot of documentation to their systems. On the individuals they have reached and the process they are going through. There is a lot going on. One of the other lists they provided to us that we will talk about later is individuals found with NFI and did not appeal. We will talk more about that. The other piece of the process is the medical review, Director review process that is done internally with the office of long-term living, with director Doctor lapel. We have had a lot of internal discussions about the review process, how we can improve it. How can we make it more beneficial to the participant? How can we make sure this is the correct information to make a good decision on the case? In the past, the only documentation the review team is able to receive was that portion of the and RI directly related to the - - [Low audio] questions. Which we know some of the PCs - - [Low audio] in our documentation, some don't. They were limited - - 2 to 5 percent in that range. We've had discussions internally, how do we improve the process? What we have done with each case is they are going back to the FCO's, we have created folders for MCO's to send us the full MI, service coordinator notes and quality management notes that went into the decision for the and RI. It gives a medical review team a more robust set of documentation to take a look at when reviewing the cases. We are still seeing the effect on that. I can tell you based on discussions, with the medical Director review team, in January, the review team review 260 cases, found 74 of those individuals were NFC, 20 percent. Bigger than the year before, in February the team found 44 percent of cases reviewed our NFC. Another market increase in our number of NFCE's. One thing Doctor Fellows committed to, a team of nurses that assist with these reviews, he has committed from February 19 to the end of March to review 100 percent of cases himself. And also help change in the process of where we are at with the medical director review. We are trying to update the process. We are doing a lot of outreach and education. Some of it through MCO's and medical directors. Some through various organizations out there, physicians organizations to get them to understand the importance of the physician certification form. Meet for the data and the feedback on that form of what a participant actually needs. Not just a diagnosis but what their daily needs are, what the physician is saying. We are working with thought to get not only increased numbers of PCs coming back in but the level of documentation, that's all. The other thing I wanted to talk about is participants who did not appeal. We have some updated data as of February 26. The number is now 1231 individuals found NFIN did not appeal. The number of close cases and are not pending once, all of the cases we are looking at that have been found into the NFI were not appealed by the individual, 1231. Those were sent to the MCO's on a two week basis. To follow up with individuals of why they did not appeal and they are documenting why they did not appeal. Do they need assistance with appeal? We will take a look at those cases individually when they come back in. Preliminary data from the first spreadsheet we set out with MCO's for AmeriHealth, - - 40 of those were NFI duals. For many participants either termed or transitioned to another program, another MCO. The team is doing other follow-up with that and we sent them a new file out this week to MCO's. We can continue to follow with them. UPMC Community had 4200 participants, - - still active with UPMC Community. - - If they want to file an appeal. 71 are continuing to get HCBS services. 117 of the individuals have been terminated and are no longer with UPMC Community. For PHW, 110 participants. 63 active, 38 are NFI, PHW reaching out. 21 are HCBS and four are in nursing facilities. We are trying to

pull pieces together to look at every potential scenario for participants. Whether they have reached out and made an appeal, whether they haven't made an appeal. We are trying to look through this process to improve MDR. Review process, working a lot with aging well to assist some of the process. A lot of - - [Low audio] with that. We are trying to put a number of pieces together to make sure individuals that are found NFI have a number of avenues. To have their decision looked out and services continue. One thing to emphasize is these individuals that we are doing with these numbers, none of them have lost services. We have not cut anybody off with their services, even if PC did not come back in. We go the review process with - - [Low audio] not taking people off the program until we have the appropriate documentation of more than one tool to show that they are NFI. We are really trying to keep people on services. We don't want them bouncing around, hopping on and off the program. Keep them as stable as possible until final decisions are made. [Multiple speakers]
>> SPEAKER: This is Pam again. If we can go to the last slide. I'm especially concerned for those for in a nursing facility. What do you know about them? This is the type of harm that we have been worried about. I really appreciate the work you're doing. To try and improve the system. Bottom line is it is clear this is a flawed system. These attempts to fix it, attempts at backstops, very much still a work in process. Are trying to build the plane while flying. We can see here people have lost services, we have people who are now dual eligibles only. Poor people actually in a nursing facility. We have been terminated.
>> RANDY NOLEN: I don't have a follow-up onto the individual cases themselves, I can go back and check. Even, I think you don't understand. Individuals are potentially going to go into nursing facilities with or without this process but I can follow up.
>> SPEAKER: Yeah, these are for people - - [Multiple speakers]
>> JULIET MARSALA: Additional questions?
>> SPEAKER: I have one. Thanks for the presentation, Randy. This is Mike - -. What happens when a person determines an FCE and after the AAA does assessment, can people, the people that did not get PC returned. Can you talk just a little bit about how that process works?
>> RANDY NOLEN: So I understand, you say they went to the process and came back as through an FC. If they did not get PC back, we are not looking for PC at that point. If it comes back NFC, they are NFCE a, even if it's two weeks down the road, PC comes in, we have - - [Low audio] the decision.
>> SPEAKER: Thank you.
>> SPEAKER: To clarify that this did not make the decision, OLTL made the decision. Details matter.
>> RANDY NOLEN: It was at - - [Low audio], it wasn't me.
>> CARRIE BACH: This is Carrie, thank you so much for the clarification on thought and for the presentation, Randy. I was hoping it's time to move to our next presentation. Since we cut in early with public,, let's go back and finish Julia's updates from OLTL and then the next presentation.
>> JULIET MARSALA: Hold your questions for public comment, I'm going to move forward and I know you can remember it.
>> CARRIE BACH: - - [Low audio]
>> JULIET MARSALA: No, it is not going to any of the slides per se. I did want to revisit all of the CMS site visit. Overall it was a very exciting, positive visit. CMS is rolling out a new way that they are evaluating for their HCBS final rule. I want to share that Pennsylvania was the first state to experience their new process. CMS will be looking to us for technical assistance to other states. I want to express my gratitude to Jen Hale, particularly the

policies communications team, Jermaine, Paula, our partners at ODP. There were a lot of logistics and efforts that went into preparing for the site visit. I just want to recognize their efforts and contributions. In addition to all three MCO's and our older waiver - - [Low audio] service team that had to provide quite a bit of documentation in preparation for those site visits. In addition to the DSC's that were both on-site and present. At the provider site to be interviewed from with the CMS evaluators in addition to the SC's that were present for the SC interviews which were several hours long. So I just wanted to express my gratitude to everyone involved. Including their providers and especially participants who also made themselves available to be interviewed in this process. And then I think we closed out the change healthcare discussion. That was my last piece. I think we are ready, Carrie, for the CAHPS survey results if you would like to move forward with that.
>> CARRIE BACH: Yes, thank you Juliet. We will move forward to that. - - [Low audio] I did not know you were sitting at a microphone but I promise that we will get your comments in after this presentation. Thank you for waiting and I apologize for cutting you off.
>> KATHY CUBIT: Presenters for the CAHPS survey, if you can cut your time down to 10 minutes each because we are going to stop at 12:25 PM for public comments as noted in this meeting and others, that is the top priority for this group. I apologize for cutting your time but go ahead, Brian and Steve.
>> BRIAN MACDAID: Brian, director of the division of quality assurance. Quality assurance at OLTL, with me as my teammate, Steve who will share an event. I want to share - - [Low audio] survey. This is - - [Low audio] that we have had the pleasure of doing the survey. And - - [Low audio] leading the charge on national - - [Low audio] CAHPS survey to evaluate participants. We are excited to provide summary analysis and we will go through these quickly. Steve will go over the state analysis. We want to give time to each of our plans. We have representatives joining us this morning, Heather Mosley. From PHW. From UPMC Community, Ashley Bevin and from - - [Low audio] Marcy Kramer joining us this morning for this morning's presentation. Because of time I will give the microphone over to Mr. Kesner.
>> STEVE KISSNER: I am the healthcare analyst ideally with - - [Low audio] CAHPS. Next slide, with. As Brian indicated we had started the phases back in 2018 with the southeast. We have gotten through that the last three years now since 2021. We have been statewide. As far as our response rate throughout the - - CAHPS we have now lowered it down to 3.9 percent. And the average was 4.5 percent across the board. We do have an independent administrator which is - - they have been involved with CAHPS since the onset in 2019. SPH was involved but absorbed by - - management is still the same. This year we completed the plans targeted 700 for each plan. 2184 completed surveys done this year. 708 were from AmeriHealth, 733 from PHW and 743 from UPMC Community. Next slide, next slide, next please. With the characteristics across the board, most of it is not increased, African-American for 2023 was 33 percent. As you can see across the board it is not deviated much since 2021. Next slide, please. Here again we are dealing with mental health, lives alone and urban. As you can see in 2023 it still basically the same across the board. Urban increased two percent. Not much of an increase there. Next slide, please. Here, dealing with a single question. Someone helped, did someone help the respondent complete the survey? Across the board it is approximately the same. With slight increases with AmeriHealth, UPMC Community. The state average being 17 percent. Next slide, please. Here with participants they prefer the phone survey. Question was asked, most of them at the state average is around 63 percent would prefer the phone. Next slide, please. If we get into composite measures, these are just not one individual question but several questions we come up with an average. As you can see with composite measures with

the state it is 87 percent. Across the board has steadily stayed the same for each of the composite measures with - - [Low audio] communicated well. Next slide, please. There is another composite measure, personal safety and respect, as you can see, 94 percent at the state level. It was with the other three MCO's at 94 percent also. We would like to see that a bit higher. Obviously that is one of the goals that OLTL has suggested for this year. So we would like to see that a bit higher. Next slide, please. Next slide is a composite measure of the service coordinator is helpful. They are at 91 percent and the others on board with MCO's. Next slide, please. Also a composite measure, staff are reliable and helpful. We have indicated with OLTL that we would like to see, our goal was 86 percent or higher. For statewide it is 85 percent. UPMC, AmeriHealth has reached the goal, however - - has not time. This is also a composite measure. Services that matter to you. Our goal was 86 percent. As you can see averages 81 percent. Basically the same across the board for MCO's. Have not deviated much for the last three years. Next slide, please. Transportation to medical appointments. 79 percent across the board. Has not deviated much from other MCO's. Approximately stayed the same. Next slide, please. Planning time and activities. Statewide percent is 56 percent. Across the board MCO's are steadily staying the same. Next slide, please. With overall experience, this is a combination of all composite measures put together for an average, state at 80 percent. MCO's currently at 80 percent. UPMC, 81 percent. Still steadily stayed the same. Next slide, please. This is a single question, a person centered question included all things important to you. Here the participants are looking at 66 percent across the board for the state. It is stated steadily the same for MCO's also. Next slide, please. Received care from dentist or dental clinic in the last six months. State average is at 35 percent. It is basically the same across the board. Also with MCO's with AmeriHealth at 38 percent which they have improved quite a bit. Are they improved five percent from last year. Next slide, please. Also, single question, if received care from the dental, your rate of that dental care. Here we have 61 percent for the state. Across the board PHW increased four percent to 65 percent at this time. Still steadily with AmeriHealth and UPMC. Next slide, please. Received care from the dentist office or dental clinic in the last six months. Single question, ability to do things in the community. State average is 27 percent. Across the board with other MCO's, steadily the same. With UPMC at 30 percent, a three percent increase. Next slide, please. Know how to report abuse and neglect or exploitation by participants. Here we are at 88 percent for the state. We would like to see this increase significantly. With the MCO's. And can improve that because they have been steadily staying the same as 87 to 89 percent. Next slide, please. Aware of housing rights and how to get information for preventing evictions. State is at 75 percent. MCO's steadily the same across the board. Next slide. Employment. This year participants that wanted to work was 262. Work for pay in the last three months was 24. Someone who was paid to help participant in the last six months, six. Participants that asked for help, 27 of them. Participants that received all the help needed, four of them. Participants did not know they could get help in getting a job, 114. For 2023. Next slide, please. Do not receive snap, this is a snap question. Do not receive snap but knew they may be eligible for stop benefits to provide food for the state, 55 percent. UPMC and AmeriHealth at 57 percent. PH W at 53 percent. Next slide. This is an inversion. Participants did not know how to apply for SNAP benefits to buy food. State is at 16 percent. UPMC at 18 percent. PHW and AmeriHealth steadily the same across the board at the state level. Next slide, please. In the last six months did you make an appointment for counseling or mental health treatment? Here participant average was 25 percent. Comparable to the other MCO's across the board. Next slide, please. Able to make an appointment for counseling or mental health as soon as

needed. State average is 61 percent. Across the board, MCO's are steadily the same which PHW is at 54 percent, three percent increase above the state. Next slide, please. I'm going to turn this over to Brian. This is for the average for AHRQ.
>> BRIAN MACDAID: Hello everyone, Brian once again. This slide here is one of the first times had the opportunity to do this. There is a group tied to CMS known as HR Q, - - [Low audio] research and quality. Pennsylvania has been one of the first few states to participate in assisting with HR Q, a provision of the data we collected from the HCBS CAHPS survey. We are happy to - - [Low audio]. You're probably wondering why we have 2023 results and it hurt US 2022. This is tied into HR Q's recent report, sorry, the recent report that was issued this year. Referred to as their survey database 2024 chart book. Numbers are based upon the numbers AHRQ received from Pennsylvania and other participating states with data of violation of 20 22 results. Reason we are doing this is because it is different from years past where we just kind of go over the highs and lows as far as what we are seeing at state level. We are able to show how each - - [Low audio] as you can see, reflect about composite measure scores. Which are standard scores by the CHC for CMS in regards to the administration of the survey. That said, we are kind of pleased actually with this, as you see. In regards to the measure regarding staff are reliable and helpful. You will see we are on par per se with what AHRQ is saying with that same measure with regards for other states that a national level. So we do have - - [Low audio] 86 present expectation for various measures for the CAHPS survey. Once again we want to show that we are successful with regards to climbing up with what AHRQ is seeing. Next question, measure. In regards to staff listen and communicate well. As you see we are once again right there next to AHRQ. 88 percent, state was at 87. However you see AmeriHealth is at 88 percent as well. We see consistency. As we will with the next measure. Service coordinator is helpful. State is at 91 percent, AHRQ put their statistical analysis at 91 percent as well. Next measure, please. Same with choosing the services that matter to you. 81 percent, once again, we would like to see 86 percent but we know we are actually one percent above AHRQ showing for their analysis for other states participating in their data. We are positive in regards to how the plans are doing. We will continue to strive for 86 percent, that's our given expectation. We want to take note and compare AHRQ we are on par. Next slide. Transportation to medical appointments, we are three percent above what AHRQ is seeing with other states where they find satisfaction rate for this is really 76 percent. For the data they have collected for the same measure. Once again, transportation, Pennsylvania has been doing a great job at OLTL. Randy Nolan and his team have been working very hard with each of these to improve upon this area. So we definitely want to show that even though it is 75 percent, we like to be 86 percent or higher. We are above what AHRQ is using as national level. Next measure, please. Same for personal safety and respect. A collection of composite measure. Pennsylvania is at 94 percent. As with all plans. AHRQ is a 93 percent. What Steve indicated earlier during his part of today's presentation, we did want to see this as close as possible to 100 percent. We definitely want the value of assuring the health, safety and well-being of all participants in the program. Next slide, please. This is once again, in regards to the ability to plan time and activities. Within of the community. Not just in their homes but in the community as well. We are at 58 percent. Just below what AHRQ is seeing on a national basis. Our plans are continuing to work hard in regards to emphasize the importance of maintaining the ability of participants as well as having the ability to - - [Low audio] common and activities as well as their care. Definitely reinforcing the importance of the person centered service plan. Next slide, please. That was our question. Before we go into our first speaker is going to be with health and wellness. That will be with Heather. I

believe up there.
>> SPEAKER: Hello everyone.
>> BRIAN MACDAID: I want to encourage each participant this morning to take interest as far as the HCBS and the CAHPS survey. The CAC waiver, we are actually excited to say we are currently expanding our use of the CAHPS survey. Looking at service waiver programs as well, which was surveyed this past fall. Doing analysis of that so that we are very excited to see how participants with - - waivers are experiencing - - [Low audio] for day to day. This is 100 percent dependent on our participants participating in the survey. If you archive it in regards to participate in the HCBS survey, we highly encourage you to do so. With that, I will hand it over to Heather.
>> KATHY CUBIT: Thank you, this is Kathy, two quick questions. I wanted to ask three of the MCO's to be around 10 minutes each so we can end at 12:25 PM public comments. I am curious if you collect the data for more than one gender? I mean more than two genders? If you do any analysis like with the a DI to see if there's communities that fall off some of these averages?
>> BRIAN MACDAID: Regards to gender, we follow given guidance with regards to the HCBS CAHPS survey. At this time, options are just male and female, I believe. We do have to adhere to that guidance from CMS with regard to administration of the survey. In regards to other populations, additional clarity as far as a specific group that you're referring to?
>> KATHY CUBIT: I was referring to the area deprivation index, another data set that drills down by community. Probably too much for the time we have now but it seems interesting if you did any overlays with other data sets to see if there is moral or certain areas for example that may not fit in line with the percentages presented today that may need additional strategies to address disparities. That's for another time. Move on to Heather now, thank you.
>> SPEAKER: Kathy, one second. You also have additional committee members who have questions for OLTL.
>> KATHY CUBIT: I apologize. Go ahead.
>> SPEAKER: Real quick, to answer that, unfortunately, they kind of skipped over, went through quickly hours slide that goes over demographics. In urban and rural is taken greatly into consideration as far as analysis. Essentially that is where I believe it was slide three does go into detail in regards to urban versus rural. In regards to that. One of the things we do with our data sampling, we work with - - [Low audio] and their selected vendor, to administer the survey, we do work to make sure that we capture all the regions for the CHC program which definitely captures not just urban but rural communities as well. I think we did have another committee member with the question.
>> SPEAKER: Yes I've a question - - [Low audio] just a comment, it may be helpful to have more clarification on what you're asking for. A couple of them are pretty cut and dry - - [Low audio] a couple of questions - - [Low audio] just a suggestion in the future it may be helpful to - - [Low audio] a little more about the slides.
>> BRIAN MACDAID: Yes, definitely thank you for that feedback. Unfortunately like I said we are kind of hurrying because of time. But definitely if you have questions feel free to email me at any time. I may not respond at three in the morning. I might, for folks that cannot sleep, it does get boring. Definitely feel free to reach out. Let us know. Happy to address these questions.
>> SPEAKER: I think Matt had a question first.
>> SPEAKER: Good morning. Can you go to slide five? Wire though so low? Why is PHW four

percent? - - [Low audio]
>> BRIAN MACDAID: Regards to respond to that, that is because it is implying the actual participant themselves was replying to the survey. The survey was being administered to them by telephone. Essentially that indicates the individual did not require assistance as far as interacting with the surveyor during the course of being asked several questions as part of the survey. That loan number is actually a good thing. And I think the other plans, sometimes it's a law to - - [Low audio] unfortunately because this is a random sampling survey. Blind, actually. - - [Low audio] Themselves don't have control as far as individual selected to participate in the survey. So that the four percent could just be left as a drawl. As far as the number of individuals that felt comfortable, not needing assistance of a loved one or caregiver to assist with completion of the survey.
>> SPEAKER: A kind of got that - - [Low audio] really stuck out. Can you go to the slide - - [Low audio] what is the intention of this? What is the actual question on this?
>> BRIAN MACDAID: Sorry I was conferring with Steve to make sure it was not composite. Yes, individual. Just a straight up question where we inquire, ask the participant, do they have the ability to do the things they like to do in the community? As far as being with friends, family, loved ones to go to various activities of the community. As always, like to stress, before you get tired of hearing this. We are called CHC because we are community HealthChoices. We want to focus efforts to improve upon this area, especially satisfaction of participants. Especially if they are able to be active in their community to do what they like to do. Earlier this morning during our meeting there was an individual indicating that was a challenge going to the gym for example. There is a transportation issue. Hopefully if she ever has the opportunity to take part of the survey she will be able to respond honestly whether or not she does do that. This is just a way to capture as far as participant's opinion with regards to whether or not they feel they are able to do what they would like to do. No matter what it is in the community. Friends, family, etc.
>> SPEAKER: Let me add, these are validated tools on the CAHPS survey so we can use the link as follow-up to see the exact question, composited questions used - - [Low audio] AHRQ's website.
>> SPEAKER: I'm really more concerned with what is true in its response to the question? - - [Low audio]
>> SPEAKER: This is concerning for us. This is part of what feeds into our priorities for this evening. Getting back to basics. Part of the basics is getting people in the community, doing what they want to as part of a person centered plan. This is the data that helps drive as a priority. They are. They are. You know, kind of the, to be mindful of the 2023 numbers and a 2022 numbers and of the 2021 numbers, during the public health emergency. This is getting back to basics and driving those opportunities for people to do what they want and have those opportunities is critically important as we move into 2024 and beyond.
>> SPEAKER: Just a quick request for the future, I'd with the goal is so we can see where your goal is for each of these and how close they are or somewhere noted would be helpful.
>> BRIAN MACDAID: That is actually noted on our side, two or three. I believe. That is something we take into consideration as far as measuring. I think it's 86.
>> SPEAKER: I think we will hold additional questions for the public comment. So we can let MCO's finish their presentation.
>> SPEAKER: Thank you everyone, Heather Mosley, program manager for - - quality improvement for Medicaid plans. These are eight items given to us by OLTL, areas to improve, I will go over those quickly but as intently as possible. Next slide. These are areas we are asking

to be improved on, staff are reliable and helpful. A composite measure. This is one question and follow-ups after when it comes to composite measures. I will not go into the little details, you can see them, Bryant went over scores the past two years. Choosing services that matter to you. Transportation to medical appointments, aware of housing rights and how to get information for preventing eviction/foreclosure. Planning retirement activities. I'm sorry that I am, - - my laptop just died. Great dental care, mental health treatment, knowledge on civil mental nutrition assistance program, also known as snap. Assistance to buy food. Next slide. I will go over the survey category. Areas to improve and one key initiative we will be working on. Survey category staff are reliable and helpful, area to improve was gaps in care. Service coordinators will reach out to identify gaps in care for personal assistant services to ensure backup and emergency plans. Satisfaction with care attendant tracking and trending responses to member contact assessment for how satisfied are you with your personal care attendant? Per vendor to identify opportunities for improvement. Working together with provider relations team. Next slide. Services that matter to you, your person centered service plan included all the things important to you. Available services. We began a vendor spotlight series once per month. This gives an in-depth overview of a waiver service and what specific vendors have to offer. This includes Pacific needs and barriers each service can address. Services that matter to you, what services are available to you? Pennsylvania health and wellness authorizations Amel task program coordination support group cues when a provider is placed, authorization is updated. PC support team will be updating finalized PC SP and mailing on the same day. Next slide. Transportation to medical appointments. I truly appreciated comments on these earlier. We look at medical appointments but also other things you need transportation to. Something I did write down what I like to focus on for this year. Areas to improve our complaints from participants. We will track and trend medical transportation complaints. Customer service agent creates email with complaints and submit to transportation mailbox. Members of transportation mailbox team will work through these and together with our medical transportation management and medical assistance transportation program. Turnaround times, we want us to be biweekly, - - service standards. Ensure network coverage for each zone and discover actions that occurred for missed trips. Next slide. Improve participants awareness of housing services. Increase the service chlorinator teams awareness of housing related information including the use of PHW standardized assessment tools to identify housing needs of our participants. Our key initiative is to continue to provide service chlorinator entities, training regarding housing and housing related entities to communicate that with our participant. Planning your time and activities. Specificity and the participant care plan has been developed to ensure the participants are comfortable and at the service chlorinator is assisting with planning their time and activities. We have implements the use of the plan of care within HHA exchange. Document details participants preference and needs, special circumstances, participant specific request. Only reviewed by authorized providers, a service chlorinator maintained to keep them up-to-date if any changes occur. Next slide. Participating dental care and services. Rating of dental care, our mission is creating questions and member contact assessment. To ensure service corners are reviewing dental care appointments with participants. Educated service corners on pH W dental benefits to increase awareness and how to locate providers in the participants area. Service coordinators are distributing dental kits when doing face-to-face with participants. We are going to keep an updated dental resource list for participants. Mental health treatment, ability to schedule a mental health appointment as soon as needed. An ongoing communication with behavioral health management care organizations regarding mental health appointments availability and

transport. Something keeping an eye on. BH coordinating- - coordination setting appointments. We remind participants this is an appointment you need to get in a timely manner, we ask them if you can put them on a cancellation list. Behavioral health coordinator assistance with setting up transportation services so you are getting to those mental health appointments. Next slide. Increase participants awareness of SNAP benefits. Areas to improve, improve identification of participants eligible for SNAP benefits and strengthen outreach to raise awareness. Key initiatives. Regular outreachencounters and redetermination is done on SNAP and eligibility benefits. SS needs with members, participants, sorry. Added to the MCA to ensure certain coordinators are reviewing SNAP benefits with participants. Regular outreach to dual special needs plan identified as not having SNAP to work together with them, if eligible. Added SNAP benefits to care got closure value-based purchasing with added incentive to address with participants. Next flight. What questions do you have? Hopefully I am getting us back on track here.
>> KATHY CUBIT: This is Kathy, thank you. But I think we should hold questions to get caught up to each MCO has presented. If we can move on to UPMC, Ashley. That would be great. Thank you.
>> HEATHER MOSLEY: Thank you.
>> ASHLEY BEVAN: Good afternoon, Ashley Bevan, program director of - - I want to thank OLTL for hosting this meeting and everyone who came to hear what's being done to improve our participant - - [Low audio]. In the next few slides I will provide a summary of the - - initiatives as well as highlights from the 2023 action plan areas for improvement and actions taken to improve those areas. I will walk you through UPMC's improvement plan for 2024 areas of improvement.
Next slide, please. This is a detail of issues identified from the 2023 survey administration. UPMC recommendations to resolve or reduce impact of those issues. First issue was the language barrier with the response rate report. Administration of the survey, 248 respondents were unable to complete the survey due to language barrier. This population included hearing-impaired participants and participants with actual language barriers. Both elements of the barrier may disenfranchise populations from taking part in the survey. In providing valuable feedback to UPMC. Second issue was the low survey response rate and the need for additional - - [Low audio] during the survey. For the 2023 survey all five required additional sample to meet survey targets. UPMC recommends sending a larger number of pre-notification letters to participants with a goal of increasing number of respondents who may call the vendor and initiate participation in the survey. For the 2024 survey UPMC plans to send out a reminder notification call to UPMC CHD participants. Making them aware of the CAHPS survey beginning and the phone call they may receive from the vendor. The expectation is more participants will answer the phone call from the vendor and engage in the survey. Next slide, please. This graph illustrates UPMC's surveys from 2021 to 2023. Comparing rates for the action plan areas. UPMC improved in size of action plan areas for 2023 survey. Green stores on the graph highlight areas of positive change. The areas of six percent or less - - [Low audio] trends will compare is 2022 rates for several areas. On the chart book that Brian and Steve brought up. The other 2023 UPMC rates for the action plan topics that are not Pennsylvania specific were similar or better than - -, They were proud of that - - [Low audio] staff communicate well, treats - - [Low audio] UPMC increase by one percentage point in 2023 to 87 percent. The next area was staff are reliable and helpful. This area measures if - - [Low audio] stuff come to work on time, stay for the entire schedule time, notify participants if they cannot come and provide enough privacy when dressing, bandaging or showering. - - [Low

audio] To 86 percent. Next is choosing services that matter to you. This area measures if participants person centered plan, also referred to as PCS P includes all things for the participant and if the participants are - - [Low audio] workers know what is on their PCS P. UPMC increased to percentage points in 2023 to 82 percent. Next area is transportation to medical appointments. Measuring participant ratings of timeliness, availability, and ease of getting out of vehicles. UPMC increase two percent to 82 percent. We ask for four percent points higher when comparing to a 2022 national average. Finally participants recording, aware of housing rights and preventing eviction or foreclosure. You can see increase of - - [Low audio] to 74 present. Next slide, please. This describes the actions UPMC took to identify action plan areas. UPMC action plans focus on education to Estes and participants. Formal training may occur at Pacific times and ongoing reminders of that. Participants occur multiple times during the year. - - [Low audio] Services that matter to you. UPMC provided SC education on reviewing services available. - - [Low audio] This includes services to support community involvement, pursuing employment, adult services and other options beyond just personal - - [Low audio]. Applicants were asked if PCS P includes all items if there are important services or things not on the PCS P, we are to have a discussion to resolve issue. Additionally, provided with a copy of their PSCP to share with caregivers and providers. SEs can send the full PSCP via secured email. To the provider or they can use a UPMC site to access the persons PSCP. Action plan area, planning time and activities. The past couple of years UPMC created several pilot programs focused on increasing participant community connections. Participants were connected using UPMC community engagement team using - - [Low audio] to provide equal access to activities, peer support, spirituality and religion and other community events. Community integration pilot and it's never too late pilot assisted UPMC PSCP participants can be Southwest, Northwest and - - [Low audio] regions. That was to be active in their communities. Accomplished by connecting them to opportunities that allow participants to engage in meaningful activities within their neighborhoods, congregations, community centers and more. Community integration is turning into a new pilot to be launched - - [Low audio]. The it's never too late pilot provider participants with a tablet to explore options for staying active. - - [Low audio] In using the device and finding opportunities to combat loneliness or isolation. The it's never too late pilot is - - [Low audio] participants from the will be offered enrollment program. [Multiple speakers]

>> KATHY CUBIT: Excuse me, this is Kathy. Can you wrap up your slides and the next minute? So we can allow enough time for AmeriHealth Keystone. Thank you.

>> ASHLEY BEVAN: Sure. I will skip a lot, we had some great highlights but I will skip to what we are planning to do for 2024. The community connections program, the integration pilot program is ending. In 2024. It is morphing into the community connections program. Allowing UPMC to reach participants to achieve equal access by connecting them to equal opportunities that allow them to participate in meaningful activities and neighborhood, congregation, community and more. Allowing participants to a community connections concierge and the program supports - - will work with participants to achieve their goal and attract participants program process. For all action plans UPMC will continue to utilize strategies employed from 2021, 2022 and 2023 action plans. Internal departments meet regularly to review, create or modify the action plan.

>> SPEAKER: Good afternoon, Marcy Kramer, Director of quality for LTSS and AmeriHealth Caritas/Keystone CHC. Next slide, please. The first thing I want to talk about is the total number of completed surveys by zone. As you know, Brian mentioned that we target 700 total surveys. You can see here how it was broken down by our regions here. One of the things we

were looking at his response rate. Brian and Steve noted response rate overall was 3.9 to 5.5 percent. We felt smack in the middle at 4.0 percent. One area we are going to look for the next survey administration cycle. Next slide, please. We will talk about barriers to survey administration. The low response rate. We were unable to meet target number of surveys in the Southwest and Northwest despite pulling a second sample. Entire eligible population for Northwest, region with smallest number of eligible participants was included in sample size and target number surveys was still not met. We took the entire sample from the get-go and were unable to meet that target. Length of the survey is also somewhat of a barrier. Very long, takes a bit of time for participants to answer all questions. Some of the steps we have to resolve those issues, we are looking to monitor weekly survey rate. Anticipating the need for a potential second sample. Ahead of the ball game this year, more than we were the prior year. We are still looking to do even better for 2024 survey administration. Also looking to educate service coordinators to provide information to participants about the survey and its importance to AmeriHealth Caritas/Keystone CHC. Next slide, please. we look at trending, showing opportunities for improvement from measures that did not meet the 86 percent performance threshold. Looking at 2021 through 2023 years. In the far left column we have whether it is noble or composite. We identify between 2021, 2022 and 2023. On screen you can see opportunities identified, which were resolved from 2021 to 2023. Next slide, please. Continuing on with training opportunities. Overall satisfaction with personal assistance and cognitive rehabilitation therapy staff measure improved .6 percent in 2023, exceeding the goal of 86 percent. Overall recommendation for personal assistance and cognitive rehabilitation staff improved to 86.7 percent, exceeding the 86 percent goal. Two global measures and three composite measures identified as opportunities for improvement in 2021 through 2023. You can see them listed. Overall satisfaction with service coordinator, overall recommendation for service Grenada, choosing services that matter to you, transportation to medical appointments and planning your time and activities. Starting to see a trend across the CHC plans. Next slide, please. Okay so this slide showcases measures improved from 2022 to 2023. You can see here global rating for personal assistance and cognitive rehabilitation therapy staff. Overall recommendation for personal assistance and cognitive rehab staff. Three composite measures improved. Staff are reliable and helpful. Staff listen and communicate well, personal safety and respect.

>> SPEAKER: I'm sorry, if I can interrupt for the purpose of time. Can you maybe skip ahead to slides nine through the end for the opportunities of improvement?

>> MARCY KRAMER: Absolutely, sure thing. Okay. This slide shows you the improvement for the CAHPS Pennsylvania supplemental questions for the HCBS CAHPS survey. I will run through them based on the time we have left. Move to the next slide, we will talk about interventions in place for - - [Low audio]. We established internal multidisciplinary CAHPS action workgroup in 2023. We meet at least on a monthly basis to talk about survey results. Look at opportunities for improvement, develop interventions and track and see how well interventions are doing. We collaborate with service coordination and community outreach team to provide resources and tools to provide participants alternative care, walk-in clinics, urgent care, specialists and labs. One of the other things we did in 2023, we developed and distributed the all about me magnet for participants. Distributed May 2023. A large magnet alongside a sheet of paper, with enervates type board where service Grenada works with participant to address several areas including what's important in their care. Which services matter most to them. How they want to be more active in communities and how they prefer to spend their free time. All components of the HCBS CAHPS survey. Next slide, please. Interventions continuing on. We

continue to work with participant advisory committee to get feedback and recommendations to improve participants entered measures. We value the input we get from participant advisory committee.
We are focusing on person centered service plan including all things important to you. Choosing services that matter to you and planning your time and activities. We also developed and implemented a monthly dental committee with key stakeholders across the organization to address satisfaction with dental services. We not only address satisfaction with dental services but also focusing on preventative services and getting participants and to see their dentist or practitioner. We increase our discipline knowledge of the SNAP program. We - - [Low audio] a nonprofit organization. Take all participations to do outreach for those who do not have SNAP benefits. Doing it telephonically, works with participant. We can connect them with SNAP and also other benefits that they screen four. It has everything from housing Homestead act. VAT tax, benefits we screen beyond SNAP. Housing staff will continue to participate in case rounds. Training service coordinators on the use of until.org to refer participants into community housing supports. Next slide, please. I believe that is the end. Yup, that's the end.
>> SPEAKER: Thank you.
>> SPEAKER: Rodney - - these are plans for your wonderful presentation. If you did have questions feel free to reach out to me. Once again, I believe Mr. Glover has my information. Just a quick reminder, - - [Low audio] hoping to be back here in Maine. Each of the plans given the opportunity to focus as far as various areas of improvement. Briefly had a chance to discuss this morning. Also, actions and activities being done to address those in their groups. Once again, thank you for the plans, for your presentations. I believe that will conclude. Unless we have immediate questions.
>> KATHY CUBIT: Thank you, this is Kathy. I want to thank all of you as well. If you can stay in case comments or questions come up during the public comment period. Most appreciated. With that we will move quickly to public comments. Starting with any member questions, comments in the room. Then we will go to Fadi who I know has been waiting since the last. If we can move to remote participants that have hands raised or have identified as participants in the chat if we could prioritize them so they are heard as well. Any member questions, comments.
>> SPEAKER: Lloyd, committee member has a question or comment.
>> SPEAKER: Lloyd Wertz, I noticed the only one of the MCO's mentioned behavioral health as part of the improvement areas but did not get specific as to how that would be done. Specifically I am wondering about UPMC. I don't know if that girl is still here. Part of that same organization is - - [Low audio]. Like we have a - - [Low audio] it seems to me we ought to be able to increase the - - [Low audio] to get folks into those services as soon as possible. Not an option? Is that communication simply not there?
>> SPEAKER: I think long darts is a bit too dangerous. - - [Low audio] Same umbrella as UPMC. One consideration to look at, with behavioral health services in majority population being duly eligible for Medicare and services, - - [Low audio] often through Medicare so it is not directly through the Haverhill healthcare organization. We do meet with - - [Low audio] as well as behavioral managed care organization to discuss concerns about how to access issues. Behavioral health coordination is - - [Low audio] working with multiple entities. It is not completely under the UPMC roof so, - - [Low audio] coordination.
>> SPEAKER: I have heard that before. Because they are dual eligible, available services to those under MA far surpasses those available to Medicare recipients. Why wouldn't they

become, those particular services, crisis intervention. Why wouldn't those services come to the top when, you are in 41 counties with CCB H. Big number. Which to me, you are to be able to - - [Low audio]
>> SPEAKER: Not covered by Medicare, we work directly with - - [Low audio] to get into those settings. I don't have the data with me directly but we see increase year-over-year based on referrals made from our service coordination team.
>> SPEAKER: Wonderful to see, thank you very much.
>> SPEAKER: Any other committee member questions? All right, Mike.
>> SPEAKER: I just wanted tocheck with Randy. Do we know the date on the next transportation summit?
>> RANDY NOLEN: Short answer is no. Long answer is we are trying, the department is working on getting a zoom license that we can build up a zoom since it seems to be the avenue to work best. As soon as that goes through we will get it rescheduled. I am working on questions from the first one, being reviewed now. Hopefully we will get those on the website.
>> SPEAKER: Thank you.
>> SPEAKER: I will follow up and see if Matt Seeley will do a plug for the - - [Low audio] transportation alliance. I want to highlight the transportation alliance meets frequently.
Does address these issues and has representation across the Commonwealth that decide as well. Happy to host another summit per hour commitment. Want to make sure folks are aware of ongoing conversation and opportunities to move things forward. Any other committee member questions? Kathy, I'm going to move to Fadi as promised.
>> SPEAKER: Thank you, - - [Low audio] thank you very much for a very thorough response and the detailed data you shared with us on the and FI issue. We started making noise about it in November. Given the number of things going on I appreciate the depth and quality of the response in place. That is the common part. Here comes the question. As you are looking at the data, this two-part question, one is, what happened to the people who are between February and May? Even though they may not be a very large number, is the department doing anything to go and retouch those individuals that may have fallen into the NFI population?
>> SPEAKER: At this point we haven't. I can tell you the numbers from February to April, Pam asked for them. I can take a look and see what follow-up we need to do.
>> SPEAKER: Thank you. Other part is the concern for whether the data you have indicates who are the type of individuals who are moving from NFT to NFI. My concern is for potentially marginalized populations, people with cultural differences, linguistic differences, cognitive impairments and so on. I am wondering if as you analyze the data you can help us identify some lessons learned that can be shared with service coordinators - - [Low audio]
>> SPEAKER: I will take this. We are looking at drilling down. That information, the quality team is looking at NFI's, comparing tools along with Randy's team as we are analyzing things more in depth. - - [Low audio] Is going through data governance so we can make sure the data we have is good data. We want to be sure we are drilling down to potential root causes without coming to conclusions, correlation is not causation. I remember that from high school. But we are preliminarily seeing the questions that are changing, are the most impacting results seem to be around mobility. We understand the initial stages of that, certainly that progresses the end we get more - - [Low audio] as we look at everything we will certainly talk about that in the near future.
>> SPEAKER: Kathy, go to the chat or the room?
>> KATHY CUBIT: Since the recommendation was to ensure remote participants have an opportunity, I want to be sure. If we can move to if there is a participant in the chat or has their

hand raised. If we can go there before we move back to the room.
>> SPEAKER:This is in regards to the change healthcare impacts. This question comes from Elizabeth Madigan. I'm going to combine the question of Megan ethnical. We cannot build pediatrics of Keystone. Can they address that? What is available for submissions to Keystone? Are we to use - - [Low audio] or continue claims through HHA exclaims? I'm going to ask Keystone to follow up with individuals and providers directly. If they can put their information in the chat we will make sure John does not leave here without that information for his team to follow up directly. I don't want to make assumptions but if the individual is talking about pediatrics, you know, for community health choices, our individuals are 21 and up. That may be a call between - - [Low audio] and AmeriHealth but they will certainly follow up with you directly. So please put the information in the chat.
>> SPEAKER: Thanks, Juliet. This question comes from - - [Low audio], respectful, we know of agencies with policies to ensure liability for transportation as understood by caregivers. If they are members of THA we supply and ensure appropriate education on the matter.
>> SPEAKER: Thank you for your comment, I'm sure Matt appreciates.
>> KATHY CUBIT: Kathy, jumping in about time. If questions in the chat and if there is no hands, if they can be prioritized from participants or caregivers, we want to make sure any participants into the room as well have an opportunity to be heard. Thank you.
>> SPEAKER: Thanks, Kathy. 19 may not be able to determine a participant but if - - [Low audio] we will follow-up for sure. We will do our best.
>> KATHY CUBIT: I understand, thank you.
>> SPEAKER: Question from Janice - - [Low audio]. Can UPMC identify what they identify as higher numbers of participants being NFI? - - [Low audio] Is coming up to the table.
>> SPEAKER: David here, UPMC health choices. In doing analysis related to these cases for individuals determined to identify, we sent a couple of trends that really led to reworking training for staff. To focus on different aspects related to documentation. Some of the things we included in the assessment when finding, we were including a narrative section, not necessarily that we are traveling over to aging well for those determinations. We reprioritize how SEs were scoring the assessment. We also look at different aspects related to cognition or certain diagnoses and they impact the assessment. Make sure we are having service coordinators understand how an individual with dementia or a traumatic brain injury may present differently at different times. Ensuring they are asking those questions. We focus a lot on documentation as well as more probing questions from the service coordination team. Have done several rounds of training service coordinators to address initial concerns we found.
>> SPEAKER: Thank you. There are more questions in chat but I want to get to individuals with their hands raised. Dave - -. We are on muting you to ask your question. Dave Blair, are you there? Dave, can you unmute yourself?
>> SPEAKER: Hi, can you hear me now?
>> SPEAKER: Yes.
>> SPEAKER: Hi. Sorry about that. Can you hear me now?
>> SPEAKER: Yes.
>> SPEAKER: Okay. My name is Dave. Dave Bieler, a rights advocate and caregiver. I'm here with my daughter page. Do you want to say hi, page?
>> SPEAKER:Hi!
>> SPEAKER: Without saying, we are requesting ADA compliance for the meeting. She has cognitive disability. So this call is taking place, this meeting we are listening to is taking place in a recorded environment. Confirmation with Pennsylvania communication laws and stuff

like that. Do you guys understand?
>> SPEAKER: Yes, we understand this meeting is recorded. This meeting has been recorded since its inception and - - [Low audio] at the start of this meeting. Just for the clarity of the folks in the, I believe this gentleman is saying he is also utilizing a recording device on his end.
>> SPEAKER: That is right. For my disabled daughter to understand and deal with what is going on here. I would like to talk about discrimination we have been experiencing with the program. We have been in it a few years with AmeriHealth. We have met with a lot of unnecessary barriers. One of them has to deal with section 2, public accommodations. The ADA. And it has been, her disability has been used as a discriminating factor to her receiving what she is entitled. In fact, some of the questions over coordinator has been asking us. We have a service coordinator from United disability services. She was asking us to turn off the cameras we have inside our home so she could not be recorded. Okay. That is not really fair or reasonable because everyone knows there's cameras everywhere. Another thing she has been asking us. Specifically targeting people with epilepsy or cognitive disabilities. She is asking my daughter specifically when her epilepsy is going to take place so she can coordinate the hours of service. I understand you need to accommodate for hours but literally, I work 160 hours per week. I document it. I sleep 15 feet away from my daughter waiting for her to have a seizure. The service coordinator said quote, unquote, me just being there as a safety net doesn't actually work. Yes actually do something. I said tell your supervisor, to do their job of supervising or a firefighter waiting around for an accident happened, isn't going to happen. Those of you who don't know, seizures, epilepsy cannot be predicted or timed. I have been listening to you guys,, come across with your fax, there's a lot of anecdotal - - you want to know where your people are? Go on tick-tock, YouTube, all of these social media platforms that get billions of use every day. Better yet, go on my YouTube channel, - - he has, pity - -. Go on my YouTube channel, look at what that verse is what you get put out. I work 168 hours a week, I never get a break, I sleep 15 feet away from my clients. Yet we are denied services based on plainly being discriminated against and we are documenting it. They want her to remove her prosthetic that she uses before being allowed to them. She uses a body camera as a prosthetic to help with her cognitive disability. You guys don't want to be on film? When she is a YouTube, social media influencer? - - [Low audio]
>> SPEAKER: Sir?
>> SPEAKER: - - [Low audio]
>> SPEAKER: In the interest of time, I also want to make sure that you got specific information back. First I want to say thank you for your feedback. And letting us know here at the committee. Your experience with your daughter. One of our participants works as a direct care worker - - [Low audio] direct care. It is important to provide information with regard to individual complaints that should be submitted to AmeriHealth Caritas/Keystone and submitted to us formally at the office of long-term living. I want to ensure everyone has an opportunity for public comment. I do appreciate that you brought to light the importance of accommodation and how we do our work. That is certainly something my team will follow up with with the office of long-term living. In the interest of time I do want to move on. Additional comments from chat?
>> SPEAKER: Yes. Sherry Welch has her hand raised. Sherry, you are being un-muted.
>> SPEAKER: Okay so my comment is really more of a logistics comment. We recently had the - -
[Multiple speakers] Can you hear me? Can you hear me?

>> SPEAKER: We can hear you, Sherry.
>> SPEAKER: Hello?
>> SPEAKER: We can hear you.
>> SPEAKER: Perfect, sorry. We recently had meetings separated and the M LTSS meeting was separate. One of the big concerns was there would not be enough time joining these meetings to have people heard. You guys are doing a great job at trying to get people heard. One of my concerns is we have people coming to present about their services and whatnot and we do still have people coming to talk about their individual experiences. Everybody is being cut off. Every single person that has spoken so far is being cut off because of time. I think there really needs to be consideration made either or A, extend the length of this already long meeting which I think it needs to be either extended or separated out. Something isn't working. If we are going to have these meetings people need to be given the time that they need to speak. That is all I really needed to say.
>> SPEAKER: Thank you for your feedback. Additional questions or comments in chat? Karen Starr, you are being un-muted.
>> SPEAKER: This is Karen Starr, I work at roadster freedom Center for Independent living. As the advocacy coordinator. I would like to share a letter I received from a soon to be member of community health choices. This letter comes from a woman named Wanda little, she stated a live independently in my home in Quincy Pennsylvania. I was receiving services through the area agency on aging which included Meals on Wheels, housekeeping and an emergency alert button. I was happy to have these things because I'm legally blind and have a hard time cooking and cleaning due to vision loss and spinal issues. I can use the microwave with no problem, meals were handy, back injury makes standing took painful and swinging a broom is physically agonizing. I was working with roadster freedom when I learned about the CHC waiver.
I decided to apply for the program. All I have got so far is an eye-opening look at how poorly our state government is run and how much dysfunction there is in Harrisburg. Once I was approved for the waiver I was told by the area agency on aging that they could not help me anymore. January 30 staff from calling County AAA came to tell me if I wanted to keep my emergency alert pendant, my call button, that I would need to pay for it myself. That I was now in the waiver and they would provide a call alert button. I was told I would no longer have access to moms meals, excuse me, Meals on Wheels because I would receive moms meals on waiver. 30 January, today is March 7. I have no services from the waiver, no alert button. I have been able to scrounge up money to get food but most frozen meals are full of sodium and not good for me. What bothers me is I don't have the emergency alert button. In the past six months I have fallen five times. I don't understand who decides the policies and rules. How does it make sense that a 90-year-old woman getting a little bit of help asked for more help and then loses all of her help? This week, this past Monday, I was assessed and will air quote soon be getting help in my home. I hope so because it's been months since my floors have been cleaned and I'm keeping my fingers crossed that they will soon install a call button and get me the help I need to age in place. That's from Miss Wanda little. I know I addressed this in the past. I believe it was the fall of 2022. I brought this to the attention of Randy Nolan.
That somehow aging and OLTL have got to communicate better. In this particular situation for Wanda, there was a rate delay because of financial issues they were trying to resolve. All issues were resolved. You are saying a person receiving the waiver or that they are eligible, that is great. Then not getting the service. How does aging or OLTL assure there is no gap? That there is continuity of care? When a person leaves aging services to get enrolled with

Community Health choices. I think about the broad path created, aging hourly Pennsylvania. It highlights the plan includes priorities, strategies and tactics to promote health, well-being and quality of health for all Pennsylvanians as we age. That is not, the woman will be 91 years old on the 15th. If someone can help me understand how services are pulled by aging before services are put into place by OLTL, that would be helpful. Thank you for the opportunity to discuss this.
>> SPEAKER: Thank you for raising the importance of the care planning. So folks are aware. We do work with the Pennsylvania Department of aging. We hold internal meetings with them on a regular basis. Karen, I was not here fall of 2022. But I can assure you we will be having this internal conversation. And addressing as best as we can to this particular issue and using this example. We will also be asking Randy to follow up with you to get more additional information on this number so that we can ensure that she gets her services in place as quickly as possible for CHC. If that is a longer term, really looking at the transitions of care.
Thank you.
>> SPEAKER: Sherry white, you are being un-muted.
>> KATHY CUBIT: I have to jump in, we are ending promptly at 1:00 PM because of our transcriptionist as stated in the room. You need to be very brief and quick with your question. Thank you.
>> SPEAKER: Sherry white, you are muted. You wanted to ask a question, you can unmute yourself. And the interim, I understand we are just about done but I want to be sure everyone listening, participant or family member is aware of - -
>> SPEAKER: Hello?
>> SPEAKER: Nevermind I will stop. We can hear you.
>> SPEAKER: Sharie, you can ask your question.
>> SPEAKER: Was trying to get insight on the process may be from the MCO's if there is updates?
Real brief - - [Low audio] was all I wanted to know.
>> SPEAKER: We will get information to MCO's and put out a follow-up on credential process.
>> CARRIE BACH: This is Carrie, I would like to let everybody know that as cochair of this committee we absolutely have heard your comments about not enough time. To ask questions. As we plan future agendas we will do our best to make those accommodations and take that into consideration and try to create more time for public comment. But with that, I would like to adjourn the meeting for this month. Remind everyone the next meeting is Wednesday, April 3. Same time, same place. 10:00 AM to 1:00 PM. In the honors suite - - [Low audio]
>> KATHY CUBIT: Thank you everybody.
>> CARRIE BACH: Thank you everybody for your participation today.