

>> GOOD AFTERNOON. I CAN SEE PEOPLE SO I KNOW YOU'RE HERE. IT'S NICE TO GET THAT AFFIRMATION BACK. WE'RE HERE IN PENNSYLVANIA THIS AFTERNOON.

>> I COUPLE FROM A FAMILY MEMBERS WHO GRADUATED FROM TEMPLE SO I WAS VERY EXCITED TO SEE ALL THE STUFF DOWNSTAIRS. I WAS DOING A LITTLE BIT OF SHOPPING. MY NAME IS TERESA OSBORNE. WE ARE OVERWHELMED WITH THE NUMBER OF FOLKS THAT EXPRESSED INTEREST.

>> JOINING ME TODAY IS MY COLLEAGUE SECRETARY TED DALLAS AND DEPUTY SECRETARY OF THE OFFICE OF LONG-TERM LIVING. IT'S MY PRIVILEGE TO BE ABLE TO WELCOME ALL OF YOU HERE AND OTHERS THAT ARE IN OVERFLOW ROOMS HERE IN THIS BEAUTIFUL CITY FOR FOLKS WHO DESIRE TO LEARN MORE AND MORE IMPORTANTLY LEARN TO SHARE YOUR CONCERNS. GIVE US YOUR RECOMMENDATIONS AND SHARE YOUR FEARS IN TERMS OF LONG-TERM MANAGEMENT AND SUPPORT. WE ARE VERY HAPPY TO BEGIN

THIS DIALOGUE WITH YOU THAT WILL CONTINUE IN THE DAYS, MONTHS AND WEEKS AHEAD AND THAT'S TO MAKE SURE THAT THE PEOPLE IN PENNSYLVANIA THAT NEED TO ACCESS HOME COMMUNITY SERVICES HAVE OPPORTUNITY TO DO THAT AND THE MODEL OF CARE THEY DESIRE IF THEIR HOME AND BE TREATED WITH THE DIGNITY AND RESPECT THEY DESERVE. HOW WE GET THERE IS WHAT WE NEED TO HEAR FROM ALL OF YOU. I CANNOT STRESS. THIS IS THE THIRD TIME I'M SAYING THIS TODAY ALONE. THIS DIALOGUE LEADS TO CONTINUE. WE NEED TO HEAR FROM YOU REGARDLESS OF THE ROLE YOU PLAY AS A CONSUMER OR CONSUMER ADVOCATE. I WILL TURN THIS MIC OVER TO SECRETARY DALLAS.

[APPLAUSE].

>> FIRST OF ALL, IF YOU'RE LIKE ME, DO I NOT DO VERY WELL IN WARM AND HUMID AREAS SO WHATEVER YOU NEED TO DO TO MAKE YOURSELF CONFERRABLE, PLEASE DO. IF YOU WANT TO TAKE YOUR COAT OFF OR LOOSEN YOUR TIE, WE WILL NOT THINK LESS OF YOU. TODAY WE ARE HERE TO DISCUSS FOR TWO

THINGS. FIRST WE WANT TO INVITE A CONVERSATION WITH FOLKS IN THIS ROOM ABOUT HOW WE ARE GOING TO MOVE FORWARD AND MANAGE LONG-TERM CARE AND WE WANT TO GIVE YOU A BACKGROUND ABOUT THE GOVERNMENT IS PROPOSING HERE. LET ME TELL YOU WHAT SECRETARY OSBORN SAID. BEFORE I DO THAT, THERE WERE TWO FORMER SECRETARIES IN THE DEPARTMENT OF AGING AND ONE OF THE DEPARTMENTS THAT USED TO BE PUBLIC WELFARES. MIKE AND SHARON, I WANT TO SAY THANK YOU FOR YOUR SERVICE IN THE PAST AND WE ARE HONORED TO HAVE YOU HERE AS WELL. I SWEAR TO GOD, THERE IS A POWERPOINT PRESENTATION BACK THERE. I THINK. THERE WE GO. WELL, IF YOU CAN SEE THE POWERPOINT PRESENTATION, WHAT IT WOULD SAY IS THAT THE GOVERNOR RELEASED A DISCUSSION DOCUMENT THAT I THINK I SEE A LOT OF FOLKS PROBABLY HAVE IN THEIR HANDS ALREADY AND THE FIRST QUESTION YOU MIGHT BE ASKING IS WHAT IS A DISCUSSION DOCUMENT AND WHY DO WE CALL IT THAT? WHY DIDN'T WE CALL IT A POSITION PAPER

OR BLANK PAPER? WE CALLED IT A DISCUSSION DOCUMENT BECAUSE WE WANTED TO HEAR FROM FOLKS IN THE ROOM. OKAY, SO THE FIRST SLIDE THAT WE ARE TALKING ABOUT HERE WE ARE GOING TO SHARE SOME INFORMATION ABOUT THE FRAMEWORK THAT WE HAVE HERE BUT WHAT WE REALLY WANT TO DO IS WE WANT TO HEAR FROM FOLKS IN THIS ROOM THAT SIGNED UP TO SPEAK, TO HEAR THEIR THOUGHTS AND WHAT THEY LIKE AND WHAT THEY DON'T LIKE AND WHAT THEY ARE CONCERNED ABOUT. ANY TWEAKS THEY WANT TO SUGGEST OR ANYTHING. OVER THE LAST COUPLE OF YEARS I THINK THAT I'LL SPEAK FOR THE DEPARTMENT OF HUMAN SERVICES, WE HAVE BECOME A LITTLE TOO CLOSED OFF FROM THE FOLKS THAT WE SERVE AND TODAY IS ABOUT OPENING UP THAT CONVERSATION AGAIN FOR PEOPLE. WHEN YOU LOOK AT THE DISCUSSION DOCUMENT, IT IS A VERY BROAD FRAMEWORK AND IT DOESN'T NECESSARILY HAVE DOWN TO THE COMMA HOW TO DO THIS. WE DID THIS ON PURPOSE BECAUSE WE WANT TO HEAR FROM YOU AND WHAT YOU HAD TO SAY. WHEN WE GET TO THE TIMELINE A LITTLE

LATER ON HERE THIS IS THE FIRST PIECE. AND AS SECRETARY OSBORN SAID, THERE WILL BE MULTIPLE ROUNDS OF DISCUSSION AFTERWARDS. NOW TO START, I THINK EVERY POLL THAT I WOULD EVER SEEN, IT SAYS 95 PERCENT OF FOLKS WOULD RATHER AGE IN THEIR HOME OR COMMUNITY RATHER THAN A NURSING HOME. THERE IS ASSISTED LIVING AND NURSING CARE AND THERE IS NURSING HOMES. FOR US I THINK THROUGH OUR CONCERN AND I THINK WHAT THE GOVERNOR IS TRYING TO GET TO IS RIGHT NOW 95 PERCENT OR ABOVE WOULD LIKE TO LIVE IN THE COMMUNITY. WE ARE A LITTLE BIT ABOVE THE NUMBER OF 50/50 OF FOLKS WHO LIVE AT HOME AND FOLKS WHO RESIDE IN NURSING HOMES. DON'T GET ME WRONG, THIS IS ABOUT THE INDIVIDUAL THEMSELVES. THE REALITY IS EVERY DAY THE WAY THE SYSTEM IS NOW AND THE WAY WE WERE TALKING ABOUT IT, THERE ARE FOLKS THAT UNFORTUNATELY WILL GO TO A NURSING FACILITY WHEN THEY DON'T WANT TO OR MAY NOT BE ABLE TO MAKE THAT TRANSITION TO THE COMMUNITY AS FAST AS THEY WANT. TO

US THIS IS ABOUT GETTING THE SYSTEM IN MORE ORDER AND GETTING THE SYSTEM TO BE MORE RESPONSIVE AND DOESN'T TAKE SIX OR MORE MONTHS TO GET A COMMUNITY WAIVER. OUR HOPE IS MANAGE CARE WILL BRING US TO THAT PLACE. GO TO THE NEXT SLIDE. HERE WE HAVE THE MANAGED LONG TERM SERVICES AND SUPPORTS BECAUSE MLTSS DOES NOT ROLL OFF THE TONGUE BUT OUR GOAL IS -- THESE ARE OUR GOALS HERE. I WANT TO HIT JUST TWO OF THEM. THE TWO IN THE MIDDLE. ENHANCING COMMUNITIES FOR COMMUNITY-BASED SERVICES AND ALSO INCORPORATION OF SENATE SERVICE PLAN AND DESIGN. SO FOR US WE WANT TO MAKE SURE THAT FOLKS UNDERSTAND THAT EVERYBODY IS DIFFERENT. THAT ONE SIZE DOESN'T FIT ALL. ULTIMATELY WHATEVER WE DESIGN IS NOT GOING TO BE RIGHT ONLY FOR PENNSYLVANIA AND IT'S GOING TO BE DIFFERENT FOR OTHER STATES BUT ITS GOT TO BE RIGHT FOR EVERY STATE. FOR US WE WANT TO MAKE SURE THAT IT STAYS FOCUSED ON PEOPLE AND THE DIFFERENCES AND WHAT THEY NEED TO HAVE THE BEST QUALITY OF

LIFE THAT THEY CAN. SECOND I HAD MENTIONED EARLIER COMMUNITY BASED SERVICES. THE GOVERNOR IS -- THE GOVERNOR BELIEVES THAT PEOPLE SHOULD BE ABLE TO RESIDE IN A COMMUNITY WHEREVER POSSIBLE AND OUR GOAL HERE TODAY IS TO BE ABLE TO GET PEOPLE TO LIVE IN AS MANY COMMUNITIES AS WELL. WE HAVE JUST A VERY BRIEF SYSTEM OF THE WAY OUR SUMMARY IS SET UP. MANAGE LONG-TERM CARE HAS HAD SUCCESS IN OTHER STATES HELPING FOLKS IN THE COMMUNITIES. RIGHT NOW IT'S MORE OR LESS FRAGMENTED INTO THREE PIECES. YOU HAVE BEHAVIORAL HEALTH WHICH IS ACTUALLY ALREADY IN MANAGE CARE BUT THE OTHER TWO ARE FEE OR SERVICES. SOMETIMES IT DOESN'T ALWAYS WORK WELL AND SOMETIMES SOME OF THE BAD DELAYS WHERE FOLKS ARE GOING TO TALK ABOUT TODAY IS WHAT FOLKS AREN'T HAPPY WITH THE SYSTEM. THE IDEA IS UNDER MANAGED CARE WILL BE ABLE TO GO INTO ONE IDENTITY THAT WILL BE ABLE TO HELP COORDINATE CARE FOR FOLKS AND GET THEM WHERE THEY WANT TO BE. THIS IS OUR

TIMELINE HERE FOR US. IT MIGHT BE A LITTLE HARD TO SEE SO I'LL WALK THROUGH IT. FIRST WE RELEASED THE DISCUSSION DOCUMENT THAT WAS JUNE 1 AND THEN WE HAVE A PUBLIC COMMON AND ENGAGEMENT PERIOD. WE HAD ONE UP IN ERIE, PITTSBURGH, ALTOONA AND PHILADELPHIA, WE SAVED THE BEST FOR LAST. WE HAVE HAD SOME VERY LONG SESSIONS AND WE ARE HOPEFUL WE WILL GET A LOT OF GOOD INFORMATION HERE AS WELL. RIGHT NOW OUR SUBMISSION FOR DEADLINE -- OUR DEADLINE FOR SUBMISSION IS JULY 15TH. WHAT'S IMPORTANT IS WHAT WE SHOULD HAVE SAID THERE IS PHASE 1 FOR DEADLINE IS JULY 15TH. PEOPLE CAN CALL US UP OR DO IT OVER THE INTERNET. WHATEVER THEY WANT TO GET COMMENTS. THAT'S PHASE 1. WE WILL GATHER OUR INFORMATION SO PEOPLE CAN UNDERSTAND WHERE WE ARE GOING AND THERE ARE NO SURPRISES. TO KEEP THE TIMELINE HIGH LEVEL, WE ARE STARTING TO MOVE ALONG WITH TERM CARE IN OCTOBER OF 2015 AND THAT WILL ALLOW US TO START IN PHASES AND RIGHT NOW WHAT

WE ARE SUGGESTING IS THAT WE WOULD START IN THE SOUTHWEST PART OF THE STATES, PITTSBURGH AND THE AREA IN JANUARY 2017 AND MOVE TO THE SOUTH PART OF THE STATE JANUARY 2018 AND THE REMAINDER OF THE STATE JANUARY 2019. FOR US, THE HOPE IS IF WE MOVE IN THAT MANNER, WE CAN MOVE QUICKLY AND GET THE FOLKS THE SERVICES THEY NEED AS QUICKLY AS POSSIBLE AND KEEP FOLKS FROM GOING TO NURSING HOMES IF THEY NEED TO AND ALSO MOVE IN A WAY THAT ALLOWS US TO GET IT RIGHT. I'M GOING TO TURN IT OVER TO MS. BARNETT AND THEN WE'LL OPEN IT UP FOR WHAT WE'RE REALLY HERE FOR TODAY WHICH IS THOSE COMMENTS.

>> GOOD AFTERNOON. I'M JENNIFER BURNETT, I'M REALLY EXCITED TO BE HERE IN PHILADELPHIA. I SEE A LOT OF REALLY FAMILIAR FACES AND WE ARE HERE TO LISTEN TO YOU. WE ARE CALLING IT A LISTENING SESSION BECAUSE IT REALLY IS ABOUT HEARING WHAT YOU THINK OF WHAT WE PROPOSE. THE PROPOSAL AS THE SECRETARY SAID IS VERY VAGUE AND VAGUE

ON PURPOSE. IT'S THERE TO GET YOU TO STIMULATE YOUR BEST IDEAS OF WHAT WE SHOULD BE DOING HERE. I WANT TO TALK BRIEFLY ABOUT THE POPULATIONS AND THEN I WANT TO TALK ABOUT WHAT -- WHAT WE WANT TO ACHIEVE BY DOING THIS. OUR FIRST -- OUR LARGEST POPULATION IS DULY ELIGIBLE THAT MEANS THEY ARE ELIGIBLE FOR MEDICARE AND MEDICAID. WE WANT TO MAKE SURE THEY ARE PUT BACK IN AND WE THINK BY DOING IN THIS PROCESS, IT WILL WORK. WE ALSO WANT TO INCLUDE -- AND THAT'S AGES 21 AND OVER. WE WANT TO INCLUDE THE DULY ELIGIBLE ADULTS WHO DO USE LONG-TERM SERVICES AND SUPPORTS WHO ARE AGE 21 AND OLDER. WE ALSO WANT TO INCLUDE THE NON-ELIGIBLES THAT RECEIVE THE SUPPORT THAT ARE ELIGIBLE FOR MEDICAID OVER. YOU SEE ON THE SLIDES. IN TOTAL IT'S ABOUT 450,000 INDIVIDUALS. THE LAST TARGET POPULATION IS THE NONMEDICAL ASSISTANCE POPULATION. PEOPLE WHO USE ACK 150 WHICH HAS BEEN IN PLACE FOR A VERY LONG TIME AND WE THINK THAT BY

DOING IT, WE WILL ENHANCE THAT SERVICE AS WELL. THIS JUST TALKS A LITTLE BIT ABOUT THE COMPONENTS OF OUR SUPPORT SYSTEM. THE FIRST ONE IS PERSON-CENTERED SERVICE PLANNING. WE WANT IT TO BE EVERYTHING WE DO TO BE INVOLVED AROUND THE INDIVIDUAL WHO RECEIVES SERVICES. WE ARE ALSO LOOKING AT -- AND WE HAVE HEARD THIS ACROSS THE STATE AS WE ARE DOING THESE LISTENING SESSIONS, THAT WE NEED TO MAINTAIN OUR CONSUMER DIRECT MODEL OF CARE. PEOPLE WANT TO DIRECT THE SERVICES AND THAT'S IMPORTANT TO HOLD ONTO. SERVICES AND SUPPORTS COORDINATION. AS SECRETARY DALLAS SHOWED WHAT'S AVAILABLE TODAY TO PENNSYLVANIANS, THAT'S WHERE THIS FAILS. WE DON'T HAVE GOOD SERVICE AND SUPPORT. FOR EXAMPLE IF SOMEONE GOES INTO A HOSPITAL THE HOSPITAL DOESN'T EVEN KNOW THEY ARE USING A COMMUNITY-BASED WAIVER. THERE IS JUST A DISCONNECT THERE. ACCESS TO QUALIFIED PROVIDERS. WE'RE REALLY

GOING TO WORK WITH THE PROVIDERS. WE HAVE A VERY RICH NETWORK THROUGHOUT THE STATE AND WE WANT TO MAKE SURE WE WORK CLOSELY SO ACCESS -- IMPROVED ACCESS TO QUALIFIED PROVIDERS. SOME OF THE THINGS WE HAVE HEARD FROM ESPECIALLY IN ERIE IS THAT THEY DON'T HAVE ACCESS TO WHEELCHAIR AVAILABLE PROVIDERS AND THEY HAVE TO GO TO PITTSBURGH. EMPHASIS ON HOME AND COMMUNITY BASED SERVICES. THAT'S IMPORTANT. WE WANT TO IMPROVE AND GROW OUR COMMUNITY BASED SERVICES AND HOPEFULLY BALANCE THE SYSTEM A LITTLE BIT BETTER SO WE HAVE A MORE AVAILABILITY FOR THE SERVICES. WE WANT TO DO SOME INCENTIVES AROUND PERFORMANCE AND WE HOPE TO WORK WITH FEDERAL GOVERNMENT TO HELP WITH THOSE INCENTIVES. WE HAVE VERY STRONG PARTICIPATION IN EDUCATION. WE KNOW THIS IS A BIG CHANGE AND WE'RE GOING TO START THAT EDUCATION HERE. WE HAVE A COMMITMENT TO CONTINUE BUILDING ON IT AND EDUCATE CONSUMERS AS THEY MOVE THROUGH THIS PROCESS. PARTICIPANT

PROTECTIONS, THAT'S REALLY IMPORTANT. WE ARE GOING TO BE WORKING COLLABORATIVELY WITH INDIVIDUALS WHO CARE ABOUT THIS TO HAVE THE BEST SET OF PROTECTIONS AND LAST AND MOST IMPORTANTLY, WE WANT TO HAVE THE OUTCOME FOCUS AND IMPROVING HEALTH OUTCOME AND WELL-BEING OUTCOMES. HERE IS SOME QUESTIONS THAT WE DEVELOPED NOT KNOWING THAT WE WERE GOING TO HAVE SUCH A GREAT TURNOUT TO FOR THAT I'M GOING TO TURN IT BACK TO SECRETARY DALLAS. WE'RE GOING TO LEAVE THESE UP HERE IN CASE THEY STIMULATE ANYTHING BUT I'M SURE YOU FOLKS HAVE PLENTY TO SAY.

>> I'M JUST GOING TO TRY TO GET TO -- THE WAY WE HOPE WE CAN RUN THIS TO BE RESPECTFUL OF EVERYONE'S TIME, I KNOW IT'S A FRIDAY AFTERNOON DURING THE SUMMER. FOR US I THINK WE HAVE JUST UNDER 50 PEOPLE WHO WOULD LIKE TO SPEAK TODAY SO WE WOULD ASK THAT YOU KEEP YOUR COMMENTS AS CLOSE AS YOU CAN TO THREE MINUTES. THAT WILL STILL BE SEVERAL HOURS WORTH OF TESTIMONY HERE SO PLEASE

DO THE BEST YOU CAN TO DO THAT. IF YOU HAVE WRITTEN TESTIMONY, YOU CAN CERTAINLY SUBMIT THAT AS PART OF THE RECORD AND WE'LL MAKE SURE THAT'S PART OF THE RECORD AS WELL. KATE WILL BE BRINGING THE MIC AROUND FOR THOSE WHO NEED IT BUT COMING UP HERE IS PROBABLY THE MOST EFFICIENT WAY TO DO IT AND WE CAN TRY TO KEEP THINGS MOVING AS WELL AND WE DO UNDERSTAND IT'S A FRIDAY AFTERNOON AND IF FOLKS DO NEED TO LEAVE, WE JUST ASK THAT YOU DO SO IN A WAY THAT IS AS QUIET AS POSSIBLE AND RESPECTFUL OF WHO EVER IS SPEAKING AT THAT MOMENT AND WE UNDERSTAND IF THERE ARE OTHER MATTERS ESPECIALLY AS WE MOVE INTO MAYBE AN HOUR OR TWO OR THREE. IF YOU CAN JUST DO THAT AS QUIETLY AS POSSIBLE, THAT WOULD BE GREATLY APPRECIATED. SO WITH THAT I WILL HAVE KATE CALL UP THE FIRST SPEAKER AND THEN WE CAN START THE PROCESS MOVING FORWARD.

>> HELLO, AL FRIEDMAN WILL BE OUR FIRST SPEAKER FOLLOWED BY DAVID GAYS. I'LL LET YOU KNOW WHEN WE GET TO THREE

MINUTES. THANK YOU.

>> GOOD AFTERNOON. MY NAME IS AL FRIEDMAN AND I APPRECIATE THE STUDENT TO SPEAK WITH EVERYBODY TODAY. 1995 ALMOST 20 YEARS AGO, MY SON WHO WAS A BABY WAS DIAGNOSED WITH UNCURABLE MUSCULAR DISEASE. 20 YEARS LATER NOW MY SON IS STILL ALIVE AND A SEVERELY PHYSICALLY DISABLED AND COGNITIVELY HE IS INTACT. HE CAN ONLY MOVE HIS FINGERS A LITTLE BIT AND HE NEEDS AROUND THE CLOCK CARE FOR HIS BASIC NEEDS. HE NEEDS A WHEELCHAIR. RECEIVES HIS NUTRITION THROUGH A FEEDING TUBE. NEEDS A VENTILATOR TO BREATHE AT NIGHT WHEN HE'S SLEEPING AND HE NEEDS SPECIALTY CARE FROM A NEUROLOGIST AND NEEDS HELP FROM A PULMONOLOGIST AND HAS A GASTRO DOCTOR AND HAS AN ORTHOPEDIST FOR SCOLIOSIS. WE HAVE SPEND 250 NIGHTS OR SO IN THE HOSPITAL IN THE INTENSIVE CARE UNIT OVER THE PAST 20 YEARS. DESPITE THESE CHALLENGES, MY SON IS A HAPPY PERSON. HE GOES ON OUTINGS AND USES A COMPUTER

INDEPENDENTLY. HE IS HAPPIER THAN MOST PEOPLE AND I FEEL VERY LUCKY TO BE HIS DAD AND VERY FORTUNATE THAT HE'S NOT ONLY ALIVE BUT ABLE TO LIVE A MEANINGFUL LIFE AT HOME. HOME IS WHERE HE WANTS TO BE. AS MY SON NOW APPROACHES ADULTHOOD, I FEEL BOTH VERY BLESSED TO HAVE HIM AND VERY ANXIOUS ABOUT THE CHANGES IN THE WAY THAT JACK WILL RECEIVE HIS CARE. MY EXPERIENCE HAS BEEN THAT WHEN MANAGE CARE ORGANIZATIONS ARE INVOLVED, THERE IS AN UNDERSTANDABLE AND INTENTION BETWEEN THE NEEDS TO BE SOLVENT AND PROFITABLE AND MY SON'S NEED FOR A COMPLEX MEDICAL CARE SO AS THE STATE MOVES FORWARD TO CONSIDER THIS VERY IMPORTANT CHANGE IN THE WAY LONG-TERM ADULT SERVICES ARE DELIVERED, IT'S IMPORTANT TO ME THAT EVERYONE REALIZES THAT PEOPLES' LIVES ARE LITERALLY AT STAKE. MY SON CANNOT TALK. HE CANNOT TAKE CARE OF HIMSELF. PEOPLE LIKE JACK NEED TO BE PROTECTED. I SAY THIS NOT TO BE DRAMATIC BUT I SAY THIS BECAUSE IT'S TRUE SO AS THE STATE

CONSIDERS CHANGES TO THE WAY LONG-TERM SERVICES ARE DELIVERED TO YOUNG PEOPLE LIKE MY SON WHO ARE IN TRANSITION ESPECIALLY FROM CHILD TO ADULT SERVICES, I HOPE THAT CERTAIN PROTECTIONS CAN BE INCLUDED IN THE PLANNING PROCESS. FIRST I HOPE THAT MANAGE CARE ORGANIZATIONS WILL USE MEDICAL NECESSITY CRITERIA THAT RECOGNIZES THE POSSIBLE NEED FOR INCREASED SERVICES INCLUDING NURSING SERVICES WHEN A YOUTH LIKE MY SON TRANSITIONS TO ADULT SERVICES IS NO LONGER ELIGIBLE THROUGH THEIR SCHOOL DISTRICT EVEN IF THE MEDICAL CONDITION HASN'T CHANGED. THE SECOND THE DISCUSSION DOCUMENT STATES EQUALITY SERVICES IS ONE OF THE PRIME SERVICES. IT'S IMPORTANT TO KNOW THAT EQUALITY COMES IN A PRICE. I THINK IT'S IMPORTANT THAT THE SET GIVES PAY RAISES TO PROVIDERS TO ENSURE A HIGH QUALITY LEVEL OF PROVIDERS. IT'S HARD FOR AGENCIES TO HIRE SKILLED PROFESSIONALS TO HIRE PEOPLE LIKE MY BOY. PLEASE

DON'T MAKE IT HARDER TO REDUCE THE ALREADY LOW PAY RAISE. WHEN THERE ARE NO NURSES AVAILABLE TO TAKE CARE OF MY SON AND PEOPLE LIKE HIM, MY SON CAN END UP IN THE HOSPITAL IF HIS MOM AND DAD WERE OUT. THE COST OF ONE DAY IN 8,000 IT'S LESS IF A NURSE WAS HOME WITH MY SON. THEY DESERVE TO BE PAID FAIRLY. A THIRD, MANAGED CARE ORGANIZATION SHOULDN'T BE COMMITTED TO DENY HOME AND BASED COMMUNITY SERVICES WITH HIGH SUPPORT NEEDS WITH THE COST OF CARE EXCEEDING THE FACILITY. PLEASE PROTECT A PERSON'S WISH TO LIVE AT HOME OR PLEASE ENSURE THAT AN OBJECTIVE APPEAL SYSTEM WILL BE AVAILABLE FOR PEOPLE WHO RECEIVE MEDICAL SERVICES. IT'S ONLY BECAUSE OF AN OBJECTIVE APPEAL SYSTEM THAT WE WERE ABLE TO HAVE NURSING CARE AUTHORIZED FOR MY SON. LASTLY AND I PROMISE LASTLY, MANAGED CARE ORGANIZATIONS ARE GIVEN RESPONSIBILITIES FOR CARING FOR THESE SERVICES. PLEASE GIVE THE ADEQUATE AMOUNT OF TIME TO TRANSITION. MY

FAMILY WILL NEED HELP TO LEARN HOW TO USE A NEW SYSTEM AND YOU WILL NEED HELP TO LEARN HOW TO USE A NEW SYSTEM. I APPRECIATE THE OPPORTUNITY TO BE HERE TODAY. MY SON IS ONLY ALIVE BECAUSE OF THE QUALITY OF CARE HE HAS RECEIVED OVER THE PAST 20 YEARS. FAMILIES LIKE MINE ARE COUNTING ON THE CARE THEY RECEIVE SO THEY CAN LIVE AT HOME WITH CONFIDENCE, INDEPENDENCE AND DIGNITY. WE NEED YOUR HELP AND I AM VERY GRATEFUL FOR YOUR TIME.

[APPLAUSE].

>> DAVID GAITS FOLLOWED BY SCOTT RIFCAM.

>> SECRETARY OSBORN, DALLAS AND BURNETT. MY NAME IS DAVID GAITS. WE REPRESENT VARIOUS INDIVIDUALS WITH DISABILITIES INCLUDING JACK FRIEDMAN SO I'M NOT GOING TO GET INTO THE PERSONAL STORIES BUT PROVIDE SOME SPECIFIC RECOMMENDATIONS. FIRST OF ALL, WE URGE THAT YOU PROVIDE FOLKS AN OPPORTUNITY TO COMMENT ON THE RFP BEFORE IT'S AN ISSUE. SECOND OF ALL,

THE PROPOSAL AS IT STANDS WOULD HAVE ONE RFP THAT WE WOULD BID ON AND THEN PHASED IN. WE'RE RECOMMENDING THAT INSTEAD OF DOING THAT, THAT YOU ACTUALLY HAVE AN INITIAL RFP FOR THIS SPECIFIC GEOGRAPHIC AREA BEFORE WE CAN ANALYZE INFORMATION ABOUT WHAT WORKED AND WHAT DIDN'T WORK BEFORE YOU ARE STRUCK WITH A CONTRACT THAT WILL ENCOMPASS THE ENTIRE STATE SO WE WILL ENCOURAGE YOU TO ACTUALLY PHASE IN WITH THREE RFPS AND DO SOME ANALYSIS TO SEE HOW IT WORKED. WE ARE ALSO CONCERNED HOW THEY CAN DO THIS WITHOUT DESIGNATING THE PARTICULAR LEGAL AUTHORITY ABOUT WHICH YOU ARE GOING TO ASK THE FEDS TO OPERATE THIS. THIS CAUSED A PROBLEM WITH HEALTH IN PA WHEN THE PROPOSAL WAS OUT TO BID FOR THE PRIVATE COVERAGE OPTION AND WE ARE CONCERNED THAT THAT MAY HAPPEN AGAIN. THE LEGAL AUTHORITY IS NOT JUST DETAILED. IT DOES TO SOME DEGREE DETERMINE THE EXTENT OF PUBLIC INPUT. MAKE BETTER OUTCOMES. THE PRIME GOAL OF THIS MODEL. DO NOT

PROVIDE FINANCIAL INCENTIVES UNLESS THEY ARE TIDE TO BETTER OUTCOMES. WE SHOULD NOT BE DENIED HOME BASE SERVICES FOR INDIVIDUALS WITH HIGH-SUPPORT NEEDS SUCH AS JACK AND OTHERS YOU HAVE HEARD ABOUT, BASED ON THE FACT THAT CARE COST OF CARE MAY EXCEED A NURSING HOME. WE HAVE SEVERAL WHO HAVE TESTIFIED IN CARE REQUIRING THE MCOS TO USE THOSE ENTITIES TO DETERMINE THE AMOUNT OF NONMEDICAL SERVICES WILL ENSURE THE NCOS HAVE ACCURATE INFORMATION ON WHICH TO BASE DECISIONS REGARDING NONMEDICAL SERVICES IN WHICH THEY ARE SIMPLY NOT USED TO AUTHORIZE AT THIS POINT. WE ALSO RECOMMEND THAT WE CAN CREATE RAPID RESPONSE TEAMS FOR INDIVIDUALS THAT ARE ABOUT TO BE RELEASED FROM A HOSPITAL SO THAT INDIVIDUAL DOES NOT LOSE THEIR SUPPORT AND HOUSING. WE DO NEED SOME INDEPENDENT LEGAL ENTITIES WHO CAN PROVIDE ADVICE AND ASSISTANCE FOR INDIVIDUALS WHO ARE TRYING TO NAVIGATE THE SYSTEM AND DENIED. SELF-RESPECT SERVICES ARE VERY PLEASED TO YOU ARE IN

SUPPORT OF THAT. WE ASK THAT THERE IS A CENTRAL REPOSITORY REGARDING CONSUMER EMPLOYEE AIDS SO THE PAYCHECKS WILL NOT BE INTERRUPTED IF A CONSUMER CHANGES PLANS. WE HAVE HAD THIS PROBLEM OF TRANSFERRING ONE EMPLOYEE'S INFORMATION TO A FINANCIAL MANAGEMENT SERVICE. CHRISTIAN FINANCIAL SERVICES AND THE DAYS OF THE PPL, THAT WAS A DISASTER. WE THINK THE CENTRAL REPOSITORY WOULD BE GREAT.

TRANSITION, THAT WOULD BE MY LAST ONE. FOR THOSE ALREADY RECEIVING HOME BASED SERVICES, RATHER THAN START FROM SCRATCH, THE MCO SHOULD BE REQUIRED TO WORK WITH CONSUMERS, FAMILIES AND PROVIDERS TO DEVELOP A SERVICE TRANSITION PLAN WITH ADEQUATE TIME AND IF NECESSARY, ALLOW THE INDIVIDUAL TO CONTINUE TO USE OUT OF NETWORK PROVIDERS WHERE THEY HAD ALREADY CREATED A SERVICE SYSTEM THAT WORKED FOR THEM.

>> THANK YOU.

>> MY NAME IS DR. SCOTT RIFKIN. WE

OPERATE THREE THOUSAND SNIFF BEDS, 1700 NURSING CENTERS. WE HAVE 400 IN PHILADELPHIA AND ALL OVER PENNSYLVANIA. A FEW YEARS AGO WE STARTED TO MAKE THE MOVES TO KEEP OUR PATIENTS OUT OF THE HOSPITAL. WE PROVIDED A HIGH LEVEL OF CARE WITH OUR MEDICAL STAFF. WE INCREASED THE LEVEL OF TRAINING. WE SPENT 3 MILLION DOLLARS TO CREATE A DATA MINING PROGRAM FOR OUR MEDICAL RECORDS THAT TELLS US WHEN A PATIENT IS ABOUT TO GET SICK, WHO HAS HAD A BOWEL MOVEMENT AND ALL THE THINGS YOU DETECT BEFORE SOMEBODY IS ABOUT TO GET ILL. WE OPENED UP STEP UP MOVEMENTS IN EACH OF OUR NURSING FACILITIES SO WE CAN HANDLE HIGHER ACUITY PATIENTS AND REDUCE HOSPITAL DAYS. BECAUSE OF THIS WORK WE HAVE BEEN PUBLICLY RECOGNIZED FOR BEING A LEADER IN THE AREA OF REDUCING HOSPITAL READMISSIONS AND THAT TRANSLATES AS BEING ABLE TO APPROVE THE QUALITY OF CARE BECAUSE YOU CAN'T REDUCE 'ADMISSIONS. OUR RATES ARE 50 OR 65

PERCENT BELOW THE REGIONAL NORMS. WHEN WE STARTED IT WAS 44 PERCENT AND IT'S NOW BETWEEN 9 AND 11 PERCENT FOUR YEARS LATER. WE HAVE REDUCED FOR DUAL ELIGIBLE LONG-TERM CARE PATIENTS TO 50 PERCENT AND 90 PERCENT OF OUR PATIENTS WE ADMIT GO HOME. MID ATLANTIC HAS WON A BUNCH OF AWARDS. TO ADDRESS SOME OF THE GOALS IN THE PROGRAM AND THE THINGS WE'RE GOING TO TALK ABOUT, WE BELIEVE WE ARE ALREADY ACCOMPLISHING MANY OF THE GOALS AND WE LOOK FORWARD TO WORKING TOGETHER AS THIS DEVELOPS. WE WERE ONE OF THE FIRST SKILLED NURSING FACILITIES IN THE COUNTRY AND MAYBE THE ONLY ONE FOR A BUNDLE PAYMENT PROGRAM. THAT'S BEEN RUNNING IN THE PAST YEAR AND A HALF WITH TEMPLE AS OUR GAIN SHARE PARTNERS. WE HAVE REDUCED THE LENGTH OF STAY IN THE HOSPITAL FROM 22 DAYS DOWN TO 10 DAYS WITH ABSOLUTE IMPROVEMENT IN THE OUTCOMES AND A REDUCTION IN THE READMISSION RATES. WE ARE CURRENTLY LOOKING AT CREATING -- WE HAVE TAKEN ON INSURANCE LICENSES IN BOTH MARYLAND AND

PENNSYLVANIA AND WE ARE LOOKING FOR THE RIGHT PARTNERS THAT ARE LOOKING TO SPEND 85 PERCENT OF THE DOLLARS. WE NEED TO FIND THE PARTNERS THAT WILL TAKE THE DOLLARS AND NOT SPREAD THEM AMONG THEIR LOCAL BUSINESS. LET ME WRAP UP WITH A COUPLE OF QUICK ITEMS. FIRST THERE IS A NEW BREED OF LONG-TERM CARE PROVIDERS THAT ARE OUT THERE. THEY ARE PARTNERING WITH HEALTH SYSTEMS AND INSURERS TO REDUCE CARE AND NURSING HOME USAGE AND LOWER PAYER COSTS. THESE SERVICES ARE MORE EFFICIENT WHEN SPREAD ACROSS ALL THE PATIENTS IN A SNIFF AND NOT DISTRIBUTED BECAUSE IT WOULD BE A NIGHTMARE TO TRY TO FIGURE OUT NINE DIFFERENT MANAGE CARE COMPANIES. IT WILL BE A MESS. IF WE CAN ALSO ALLOW TO LIMIT THE NUMBER OF MCOS, FOR EFFICIENT, WE KEEP MORE DOLLARS FOR PATIENT CARE AND MY LAST TWO POINTS, I'M GETTING THERE. THIS BALANCE ACT FOR MANAGE CARE COMPANIES AND LASTLY, ALLOW TO CAPITALIZE AND PROVIDE ALL THE INSURANCE INFORMATION

IN THE COMMONWEALTH. THANK YOU VERY MUCH. I THINK I CUT IT IN THREE MINUTES.

>> VALVA BRANDONSON IS UP FOLLOWED BY TERESA ELLIOT.

>> GOOD AFTERNOON, EVERYONE. AGAIN MY NAME IS VAL DEGRANSON AND I SERVE AS A MEMBER OF AARP. I AM ONE OF MORE THAN 400 VOLUNTEERS FOR AARP IN THE COMMONWEALTH AND I REPRESENT MORE THAN 1 POINT 9 MILLION PENNSYLVANIA MEMBERS WHICH IS A LOT OF PEOPLE. WHEN WE TALK TO OUR MEMBERS THAT ARE FACING CHALLENGES IN MAINTAINING THEIR INDEPENDENCE AND REQUIRE ASSISTANCE WITH SOME ACTIVITIES OF DAILY LIVING, THE OVERWHELMING COMMENT WE HEAR FROM THEM IS THEIR DESIRE TO REMAIN IN THEIR HOME AND COMMUNITY-BASED SETTING. AARP HAS BEEN ABLE TO HELP PENNSYLVANIANS WITH DISABILITIES TO GET THE SERVICES THEY NEED AT HOME. FOR MANY PENNSYLVANIANS OVER THE AGE OF 60S, THE PROGRAM SUPPORTED BY THE PENNSYLVANIA LOTTERY HAS HELPED TO KEEP

SOME AT HOME BUT OUR OVERALL LONG TERM SERVICES AND SUPPORT SYSTEM IS STILL HEAVILY WEIGHED TOWARDS CARE AND SETTINGS THAT MOST PENNSYLVANIANS FIND UNDESIRABLE. WE NEED TO TAKE STEPS TO ACHIEVE A BETTER BALANCE IN OUR SYSTEM AS OUR SPENDING ON LONG-TERM SERVICES FOR HOME AND COMMUNITY SETTINGS IS WELL BELOW THE NATIONAL AVERAGE ACCORDING TO A REPORT THAT WAS GIVEN IN 2014. THE PROPOSAL TO MOVE TOWARD A MANAGED LONG-TERM SERVICES AND SUPPORT SYSTEM IN PENNSYLVANIA HAS POTENTIAL TO HELP THE COMMONWEALTH ACHIEVE A MORE BALANCED SYSTEM BUT THIS EFFORT MUST PROCEED IN A FASHION THAT ENSURES THAT THE FIRST PRIORITY THAT THE NEEDS OF THE CONSUMERS ARE MET. FINANCIAL CONSIDERATIONS ARE IMPORTANT AND THE MANAGEMENT LONG TERM SERVICES AND SUPPORT SYSTEM HAS THE POTENTIAL TO ACHIEVE THE SIGNIFICANT SAVINGS TO ALLOW MORE TO HAVE ASSISTANCE. IF WE ALLOW THIS EFFORT FROM A SAFE MONEY PERSPECTIVE, WE ARE HARMING THE

INDIVIDUALS THAT THIS IS SUPPOSED TO BE HELPING. SOMETHING THAT IS DEFINITELY A BIG CONCERN OF MINE AND WHEN WE TALK ABOUT AARP, AARP HAS A NUMBER OF PRINCIPLES REGARDING A TRANSITION TO MANAGE LONG TERM SERVICES AND SUPPORT SYSTEM AND THAT WILL BE ELABORATED ON A DOCUMENT THAT IS GOING TO BE SUBMITTED BY AARP AND THERE WAS ALSO A MENTION DURING THE MEETING THAT TOOK PLACE IN HARRISBURG WITH OUR ASSOCIATE DIRECTOR MS. HUNG AND SHE ALSO ELABORATED ON WHAT WE NEED TO BE DOING IN ORDER TO PROVIDE MORE CAREGIVER SERVICES. SOMETHING THAT IS DEFINITELY MORE DEAR AND CONCERNING FOR ME IS THE INVOLVEMENT OF FAMILY CAREGIVERS AND I DEFINITELY HAVE A SPECIAL CONNECTION AND CONCERN WITH THAT AS WELL AS I KNOW MANY OTHER PEOPLE SO HE WHEN YOU START TALKING ABOUT THE INVOLVEMENT OF FAMILY CAREGIVERS, THEY INVOLVE THE LAST MAJORITY IN THE LONG-TERM CARE AND COMMUNITY. FAMILY CAREGIVERS SHOULD BE SEEN AS A KEY COMPONENT AND PARTNER IN AN EFFECTIVE

MEDICAID LONG-TERM CARE SERVICES. IN FURTHER DEVELOPING PENNSYLVANIA MANAGING LONG-TERM PLAN WE URGE THE STATE TO ENSURE THAT FAMILY CAREGIVERS AND ADVOCATES AS REQUESTED BY THE PARTICIPANT HAVE THE STUDENT TO BE ACTIVELY INVOLVED IN THE ASSESSMENT OF THEIR FAMILY MEMBERS AND DEVELOP A PLAN. WHAT WE WANT TO DO IS MAKE SURE THE VENDORS ARE LOOKING AT THE SUPPORT FOR THE CAREGIVERS AND WHEN WE ARE SUPPORTING THEM, HOW TO PROVIDE TRAINING AND SUPPORT FOR THEM. IN CLOSING I WANT TO SAY THANK YOU FOR OPPORTUNITY TO BE ABLE TO REPRESENT AARP AND THE MANY MEMBERS OF THIS COMMUNITY.

>> MARISSA ELLIOT FOLLOWED BY BOB FIELD.

>> THANK YOU. I'M FROM A MULTI SERVICE ORGANIZATION SERVING NORTHEAST PHILADELPHIA. ALTHOUGH IS GOES PRIMARILY TO STRENGTHEN LATINO COMMUNITIES, WE ARE CALLED BE THE LIFE IN SPANISH. IT'S FUNDED AS A PRIVATE

PROGRAM TO HELP ADULTS REMAIN IN THEIR COMMUNITIES AND LIVE INDEPENDENTLY. WHEN THE CLIENT JOINS THE PROGRAM, WE WORK WITH THE CLIENT ON THEIR NEEDS. WE ASK -- WE CONDUCT AN ASSESSMENT CONDUCTING ALL ASPECTS OF THEIR LIFE AND WE WORK WITH THEM TO SELECT THEIR ISSUES. EVEN THOUGH OUR CLIENTS MAY HAVE MANY CHRONIC CONDITIONS, THESE ARE BEING MANAGED THROUGH MANY MEDICAL VISITS. THEY COME TO US WITH MANY BASIC NEEDS; FOOD, CLOTHING, HELP WITH UTILITIES AND RENT AND FINDING AFFORDABLE HOUSING. THEY STRUGGLE WITH DEPRESSION AND LANGUAGE ISOLATION. EVEN IF SURROUNDED BY FAMILY, THEY ARE LONELY. ALMOST HALF OF OUR CLIENTS HAVE REPORTED GOING WITHOUT FOOD BECAUSE OF LACK OF MONEY. HALF REPORT FEELING LONELY AND OVER HALF REPORT THAT THEIR ENGLISH IS SO BAD. WE PROVIDE SERVICES THAT ADDRESS BASIC NEEDS THAT INCREASE SOCIAL ENGAGEMENT AND IMPROVE HEALTH AND INCREASED QUALITY OF LIFE. WHAT WE

FEEL IS WE ARE PLAYING THE ROLE OF A SON OR DAUGHTER. WE MAKE CALLS FOR OUR CLIENTS. WE TRANSLATE THEIR LETTERS. WE SAVE THEM MONEY. WE ADVOCATE THEIR RESOURCES. WE DANCE ZUMBA AND PROVIDE A GREAT ENVIRONMENT. IT'S OFTEN CRISIS MANAGEMENT. WE FEEL WE ARE A FEEDER AND ALSO REFER TO LONG-TERM SERVICES. WE HOPE THAT ASSISTING CLIENTS WITH THEIR CURRENT NEEDS, WE ARE HOPING TO DELAY THE NEED FOR MORE INTENSE SERVICES. THE BIGGEST CHALLENGE WE ARE FACING IS THE NEED FOR HOME AND FOOD REPAIRS. WE HAVE HAD SOME SUCCESS IN FINDING MORE FOOD SOURCES BUT AFTER TRYING WE ARE UNABLE TO HELP WITH HOME REPAIRS BECAUSE MOST OF THEM ARE MAJOR HOME REPAIRS. THE ROOFS ARE FALLING APART BECAUSE THEIR HOUSES ARE OLD. EXISTING RESOURCES AREN'T ENOUGH. ANOTHER CHALLENGE IS EMERGENCY SHELTER OR OLDER ADULTS. SOME CLIENTS SEEK TO US TO A PLACE TO STAY THE NIGHT AND FINDING A BED IS NEARLY IMPOSSIBLE. WE ASK THAT YOU

INCORPORATE SERVICES TO ADDRESS CRITICAL NEEDS THAT TRADITIONAL HEALTHCARE AND LONG-TERM SUPPORT AND SERVICES PROGRAMS MAY NOT HAVE PREVIOUSLY ADDRESSED. OUR CLIENTS NEED A WIDE RANGE OF SERVICES THAT GO BEYOND HEALTHCARE THAT AFFECT THEIR HEALTH. JUST YET FOR INSTANCE WE SAW A CLIENT WHO IS STILL WEARING A HOSPITAL BRACE LET. HER ROOF CAVES IN EACH TIME IT RAINS WHICH RESULTS IN INCREASED ANXIETY WHICH LEADS TO INCREASED VISITS TO THE DOCTOR AND EMERGENCY ROOM. WE HAVE ONLY SERVED A SMALL SLICE OF THE COMMONWEALTH BUT I'M SURE THERE ARE OTHER ADULTS WHO ARE IN NEED OF OUR ASSISTANCE. THANK YOU VERY MUCH.

>> BOB FIELD FOLLOWED BY BRIAN GREEN.

>> GOOD AFTERNOON, EVERYONE. I'M THE GOVERNMENT AFFAIRS MANAGEMENT FOR SENIOR SERVICES. I'M HERE ON PENNSYLVANIA LIFE PROVIDERS ALLIANCE. I THANK YOU FOR ALLOWING ME THE TIME TO SPEAK AT THIS HEARING. BOTH NEW CORTLANDT AND PALPA SUPPORT BEFORE WE

MOVE FORWARD. SKILLED NURSING CARE AND THE LIFE PROGRAM, TODAY I WILL TALK ABOUT THAT LIFE PROGRAM. THE LIFE PROGRAM OPENED IN 2007 IN NORTHWEST PHILADELPHIA. CURRENTLY WE HAVE OVER 400 PARTICIPANTS RECEIVING CARE AND SUPPORT OF SERVICES AND A THIRD SCHEDULED TO COME IN MIND BY THE END OF THE YEAR. THROUGH PALPA, WE PARTICIPATE ON A LARGER SCALE STATEWIDE. THROUGHOUT THE COMMONWEALTH, THERE ARE MANY ORGANIZATIONS PROVIDING THE LONG-TERM CARE SERVICES TO OVER 5 THOUSAND ADULTS IN 34 CENTERS OPERATING IN THE 34 COUNTIES IN THE STATE. THERE IS HIGH SATISFACTION LEVELS AMONG THE PARTICIPANTS AND FURTHER, THIS IS ONE OF THE MOST IMPORTANT BENEFITS OF LIFE, KEEP SENIORS IN THEIR COMMUNITY AND IS OUT OF NURSING HOMES. PALPA WANTS TO CONTINUE TO ENFORCE THIS MODEL. IT IS THE HOPE OF PALPA ALONG WITH THE DEPARTMENT OF HUMAN SERVICES, WE CAN HELP MAKE THAT HAPPEN. SENIORS NEED TO

BE AWARE OF A CONFLICT FREE AND VIABLE OPTION. AS OTHER PALPA MEMBERS HAVE PREVIOUSLY STATED IN HAD THESE HEARINGS, WE BELIEVE THE FOLLOWING SIX GOALS WILL ALLOW THIS TO HAPPEN.

NUMBER ONE, UNDERSTANDING THE IMPORTANT DISTINCTION BETWEEN LIVE AND HEALTH BASED MANAGEMENT CARE OPTIONS. NUMBER TWO, MAKE SURE FAIL SENIORS ARE AWARE OF THEIR OPTIONS. NUMBER THREE, USE A FACT BASED ELIGIBILITY TOOL TO NOT DELAY SERVICES. A REGIONAL APPROACH TO FACE REHABILITATION AND PROMOTE EQUALITY AND COUNTABILITY. THANK YOU FOR YOUR ATTENTION. WE LOOK FORWARD TO WORKING WITH YOU TO BUILD ON THE EXISTING MANAGEMENT CARE INFRASTRUCTURE AND THE NEW LONG-TERM CARE BECOMES REALITY IN PENNSYLVANIA AND WE HOPE THAT THE DEPARTMENT OF AGING WILL WORK WITH THE PROVIDERS TO CONTINUE TO GROW AS WE HAVE SEEN IN THE PREVIOUS YEARS. THANK YOU.

>> BRIAN GREEN FOLLOWED BY CASEY MCEEN.

>> GOOD AFTERNOON. MY NAME IS BRIAN

GREEN AND I'M THE ADMINISTRATOR OF ALBANY'S HEALTH CARE SERVICES. WE PROVIDE PERSONAL SERVICE. WE ARE ALSO A MEMBER OF THE PENNSYLVANIA HOME CARE ASSOCIATION WHICH REPRESENTS OVER 700 HOME CARE, HOME HEALTH AND HOSPICE AGENTS THROUGHOUT THE COMMONWEALTH. THANK YOU FOR OPPORTUNITY TO SPEAK. I WILL FOCUS ON PROVIDING REIMBURSEMENT. IN ORDER FOR LONG-TERM CARES AND PROVIDERS TO PROCEED IN A PROGRAM, IT'S IMPORTANT THAT PROVIDERS ARE PAID ON TIME. MCOS COOPERATE WITH THE PROVIDERS IN NEGOTIATING THE RATES. FIRST WE NEED TO ADDRESS THE REIMBURSEMENT TIMELINES. HOME CARE AGENCIES LIKE MINE ARE USED TO RECEIVING PAYMENT QUICKLY. THE COMMONWEALTH'S DISCUSSIONS TALKS ABOUT IMPROVEMENT FOR OPPORTUNITY COMMUNITY BASED PROGRAMS. WE WANT TO COORDINATE CARE TO THE COMMON COMMUNITY WHENEVER POSSIBLE. TO UNDERSTAND, THE COMMONWEALTH SHOULD ALSO CONSIDER REQUIRING HEALTH FOR ROUTINE. SOME

SMALL PRIVATE AGENCIES DO NOT HAVE THE ABILITY TO CURE LINES OF CREDIT OR OPERATE EXPENSES WHILE WAITING FOR PAYMENT. WE NEED TO BE CONFIDENT THAT MEDICAID PAYMENTS WILL BE ABLE. A SHORT TIMELINE SHOULD NOT PRESENT A PROBLEM FOR THE MCOS. A SHORT BUT REASONABLE TIMELINE IS A COMPROMISE THAT SERVES BOTH PROVIDERS AND MANAGE CARE PLANS AND CONSUMERS WILL NOT SEE AN INTERRUPTION IN CARE. IN ADDITION TO PAYMENTS BEING TIMELY, IT MUST ALSO BE ADEQUATE TO COVER COSTS. PROVIDERS IN OTHER STATES WITH MANAGEMENT CARE SYSTEMS OFTEN MANDATE FOR THE CURRENT MEDICAID REIMBURSEMENT SO PROVIDERS DO NOT SEE LOFT PAYMENTS HOWEVER, HERE IN PENNSYLVANIA HCBS WAIVER PROGRAMS ARE ALREADY WAY BELOW WHAT THEY NEED TO BE TO COVER COSTS. WHEN THE COMMONWEALTH CONSIDERS PARAMETERS FOR THE CONTRACTS, YOU NEED TO KNOW THAT CURRENT RATES ARE NOT AN ACCEPTABLE STARTING POINT. WE NEED AT LEAST A 10 PERCENT INCREASE IN SERVICES TO BE ABLE

TO COVER THE COST OF CARE AND KEEP FAMILIES TOGETHER AT HOME RATHER THAN FORCE CONSUMERS INTO A HIGHER COST SETTING. FINALLY MCO SHOULD BE ABLE TO PROVIDE A TRANSPARENT PROCESS. IF WE WANT TO PRODUCE PROVIDER RATES AND ALLOW THE OPTION FOR THE PROVIDER TO TERMINATE THE CONTRACT, THEY DO NOT AGREE WITH THE CHANGE. THE MCO IS NOT REQUIRED TO PROVIDE A REASON AND DOES NOT ALLOW REASON TO PROVIDE FOR PROVIDER COMMENT. THIS OFTEN LEAVES PROVIDERS A TOUCH DECISION TO EITHER TERMINATE THE CONTRACT OR AGREE TO A REDUCE RATE WHICH MIGHT NOT COVER LOFT OF CARE. MLTSS VENDORS SHOULD BE REQUIRED TO USE A MORE OPEN AND TRANSPARENT PROCESS. I RECOMMEND REQUIRING A 30-DAY COMMENT PERIOD DURING THE MCO WHICH MUCH COLLECT FEEDBACK FROM THE PROVIDER NETWORK AND RESPONSE OF THAT FEEDBACK BEFORE ISSUING A FINAL RATE. IF THE MCO'S COST ARE INCREASING, THE PROVIDER MUST BE ABLE TO HELP AND IDENTITY THE REASON

FOR INCREASE. WE ARE THE INDIVIDUALS IN THE FIELD WHO MIGHT UNDERSTAND WHY HEALTHCARE COSTS ARE RISING RIGHT NOW. FROM THIS DISCUSSION DOCUMENT, IT IS CLEAR THAT WE UNDERSTAND THE CAPACITY OF HOME AND COMMUNITY BASED PROVIDERS FOR DELIVERING QUALITY AND COST BASED CARE. MAKE SURE HCBS PROVIDERS HAVE THE TOOLS TO SUCCEED IN A MLTSS PROGRAM. THANK YOU.

>> CASEY MKEEN.

>> GOOD AFTERNOON. I'M ACTUALLY MICHELLE CRSAA. I'M FROM STUDENT HEALTH SPRING WHICH IS A MARKET LEADER IN ENROLLMENT. WE ARE A GLOBAL PROVIDER IN HEALTHCARE SERVICES. OUR ROOTS DATE BACK TO 1872 WHEN THE INSURANCE COMPANY WAS FOUND JUST A STONES THROW AWAY FROM HERE. WE HAVE 80 MILLION CUSTOMER RELATIONSHIPS. CIGNA HAS 30 THOUSAND EMPLOYEES WORLD WIDE AND WE OPERATE IN 16 STATES. WHAT WE DO STARTS WITH OUR MISSION TO IMPROVE THE HEALTH, THE WELL-BEING AND FINANCIAL SECURITY OF THE PEOPLE WE

SERVE. WE FIRMLY BELIEVE THAT THE COMMONWEALTH EFFORT ON MLTSS ALONG WITH OUR MISSION ARE TENS AND THOUSANDS OF THE MOST VULNERABLE IN THE SOCIETY. TODAY I WANT TO LEAVE YOU WITH SOME GUIDED PRINCIPLES. IN SHORT WE BELIEVE THE PATH IS TO WORK WITH WHAT WE HAVE IN THE MARKETPLACE. WE HAVE A NUMBER OF HEALTHCARE RESOURCES TO SERVE COMPLEX ORGANIZATIONS IN SOUTHEAST PENNSYLVANIA SINCE 2006. WE HAVE STRONG PARTNERSHIPS WITH HOME BASED CARE ORGANIZATIONS. WE FOCUS ON HOLISTICALLY MANAGING THE HEALTH AND WELL-BEING OF OUR CUSTOMERS WITH A VARIETY OF STRATEGIES. CIGNA IN PHILADELPHIA SERVES NEARLY 20 THOUSAND CUSTOMERS. WE SERVE MORE THAN 56 THOUSAND MEDICAID CUSTOMERS IN SOUTHEAST PENNSYLVANIA. NATIONWIDE CIGNA HOUSE SPRING IS THE FIRST CHOICE FOR DUAL CUSTOMERS. OUR DUAL CUSTOMERS TRUST US BECAUSE WE HAVE EASY TO USE HEALTHCARE SOLUTIONS. WHAT MAKES IT UNIQUE IS HOW WE SUPPORT

RELATIONSHIPS THROUGH ENGAGEMENT, HOLISTIC CARE COORDINATION AND ANALYTICS. THE BETTER HEALTHCARE RESULTS, AND ENHANCED CUSTOMER SATISFACTION. WE RECOGNIZE AND AWARD DOCTORS FOR QUALITY OF CARE. CIGNA HOUSE SPRINGS PARTNER FOR QUALITY IS A DOCTOR DESIGNED PROGRAM THAT ENSURES PATIENT HAS AN ACCESS TO A TEAM OF HIGH QUALITY OF PROFESSIONALS TO DELIVER CARE. WE ALSO INCLUDE FACILITIES OF LIVING WELL CENTERS WHICH HAS INTERDISCIPLINARY CARE TEAMS. DUAL ELIGIBLE INDIVIDUALS ALSO RECEIVE CARE WITH HEIGHT AND FOCUS ON THEIR SPECIAL CONDITIONS AND SOCIAL AND ECONOMIC CHALLENGES. THIS TARGET POPULATION USUALLY HAS TWO CHRONIC CONDITIONS. IN PENNSYLVANIA WE HAVE ALSO AN INITIATIVE THAT DEMONSTRATES TO LOW INCOME CUSTOMERS. OUR PHARMACISTS HAVE HELPED MANY CUSTOMERS BY SWITCHING TO A 30 DAY FROM A 90 DAY REFILL. THIS RESULTS IN A TO 20 PERCENT HIGHER COST AND A PROJECTED SAVINGS OF 14 DOLLARS

PER PATIENT PER YEAR. BASED ON OUR EXPERIENCE, WE BELIEVE THE MLTSS JUST EMBRACE THE FOLLOWING. PRESERVE PATIENT CHOICE, ROW BUST COMMUNITY PROGRAMS AND ACUTE LONG-TERM CARE FACILITIES TO RENDER SERVICES. THANK YOU.

>> CASEY JAMES HOLDSWORTH FOLLOWED BY STEWART JAMES SHAPIRO.

>> HELLO. I WANT TO THANK THE DEPARTMENT OF HUMAN SERVICES AND SEEKING INPUT FROM PEOPLE THAT USE THE SERVICES. I WORKED IN LONG-TERM CARE ISSUES FOR MANY YEARS AND CONTINUE TO BE INVOLVED. MOST DISABLED CONSUMERS DO NOT WANT TO LIVE IN COSTLY AND UNNECESSARY NURSING HOMES. RATHER THEY HAVE THE SAME DESIRE TO LIVE AND PARTICIPATE AND CONTRIBUTE TO THEIR COMMUNITY JUST AS ANY OTHER CITIZEN. THE CARE SYSTEM IS DONE WITH THE INTENTION TO END THE BIAS AND THEN IT COULD BE AN OPPORTUNITY WHERE WE CAN CREATE A PENNSYLVANIA WHERE WE CAN ALL LIVE. MY LIFE WOULD NOT HAVE BEEN THE

SAME IF I NOT HAD BEEN ABLE TO GET ATTENDANT CARE SERVICES AS A YOUNG WOMAN SUCH AS KEEPING MY PLACE CLEAN AND WATCH DISHES AND BECAUSE OF THESE SERVICES, I WAS ABLE TO GET MARRIED AND NOW I HAVE A BEAUTIFUL DAUGHTER. LET'S USE ALL THE TOOLS THE FEDERAL GOVERNMENT ALLOWS. THE COMMUNITY'S FIRST OPTION WHICH MANY PENNSYLVANIANS FOUGHT FOR, WE WENT TO WASHINGTON AND GOT IT IN THE AFFORDABLE CARE ACT AND PENNSYLVANIA HAS A LOT TO DO WITH IT BECOMING A REALITY. OUR GOVERNOR SAID HE SUPPORTED IT. I HAVEN'T HEARD A WORD ABOUT IT AND WHEN I WAS YOUNG I WAS NOT SO COSTLY MAYBE AND I COULD HAVE DONE VERY WELL WITH A PROGRAM LIKE THAT AND NOW BECAUSE I DID WORK SO COMPETITIVELY, I CAN'T AFFORD IT MYSELF. I WOULD LIKE ALL MY WORK TO BE PAID OFF FOR MY DAUGHTER. IT MAY NOT. SO WE GOT TO KEEP THE PRICES TO BE REASONABLE IF WE'RE GOING TO HAVE A SUSTAINABLE SYSTEM. BUT ALSO WE COULD USE MONEY FOR ALL THE MEDICAID OPTIONS

AND INTEGRATED CARE OPTIONS. ALL TOGETHER, IF WE PUT ALL THOSE INTO ONE PILE OF FUNDS, WE COULD CREATE A SYSTEM THAT EVERY DISABLED PERSON COULD BENEFIT FROM NO MATTER WHAT THEIR DISABILITY OR WHAT THEIR CHRONIC HEALTHCARE NEEDS MAY BE. CONSUMERS NEED TO BE ASSESSED ON THEIR FUNCTIONAL NEEDS, NOT THEIR DIAGNOSIS OR POPULATION. NO ONE POPULATION SHOULD BE CARVED OUT OF THE MANAGE CARE PLAN. SORRY BUT WHY SHOULD I BE IN IF YOU'RE OUT? WHAT'S THE DANGER? NONE OF US SHOULD BE IN DANGER NO MATTER WHAT THE DISABILITY. THERE IS NO BETTER DISABLED PERSON THAN ANOTHER DISABLED PERSON. IF WE NEED A SERVICE, PLEASE GIVE IT TO US. PLEASE DON'T PICK WHO GETS SERVED THIS YEAR. WE NEED TO END THIS SO IT'S NOT BUILT AROUND ONE INDIVIDUAL'S NEED. WITHOUT A FUNCTIONING POWER CHAIR, LOTS OF DISABLES PEOPLE WOULD NEED MORE ATTENDING CARE HOURS AND WOULD BE ISOLATED WITHOUT A WAY TO MOVE

AROUND -- YOU CAN TELL RIGHT NOW I CAN'T AFFORD MY MOTOR CHAIR. WE NEED TO SUPPORT ALL OF THE DISABLED AND ELDERLY PEOPLE REGARDLESS. IT WOULD BE BEST TO GET AWAY FROM PROGRAMS AND INTO MANUAL SERVICES THAT ANY OF US MIGHT NEED AT ANY GIVEN TIME. WE CAN USE THE STRONG HOME BASED SYSTEMS THAT WE HAVE SPENT THE LAST 30 YEARS BUILT. WHAT WE NEED TO CHANGE IS THE SERVICES AND WE NEED TO PROTECT THE RIGHTS OF ALL THE DISABLED AND ELDERLY TO LIVE IN THE COMMUNITIES REGARDLESS OF THE NEEDS. THERE ARE MANY IDEAS ON DESIGNING RATES THAT CAN SUPPORT PEOPLE THROUGHOUT THEIR LIFETIME IN THE COMMUNITY. REIMBURSE THE NURSING HOME COMMUNITY AND THE LONG-TERM CARE COMMUNITY RATE AT THE SAME LEVEL. YEAH, DO IT AT THE SAME LEVEL SO WHEN PEOPLE GET SICK IN THE COMMUNITY OR HAVE PROBLEMS, THERE WILL BE MONEY THERE. TO ENSURE THAT PEOPLE ARE NOT DENIED COMMUNITY-BASED SERVICES, MAKE SURE THAT NO ONE IS ENFORCING INSTITUTIONS AND WHEN IT

HAPPENS, ENFORCE PENALTIES. BRING
BACK THE CONSUMER DIRECTED PROGRAM THAT
EVERYBODY WAS TALKING ABOUT IN AMERICA
THAT WE HAD IN PENNSYLVANIA ONCE.
BRING IT BACK TO THE ORGANIZATIONS THAT
PEOPLE TRUST. THERE SHOULD BE NO WRONG
DOOR FOR ACCESSING SERVICES NEEDED IN
THE COMMUNITY. THE STATE THEN COULD
CREATE REAL JOBS FOR PEOPLE WITH
DISABILITY. MANY OF US HAVE SEEN JOBS
DISAPPEAR IN THE LAST FOUR YEARS. MANY
OF US. AND LAST BUT NOT LEAST, I'LL BE
REAL FAST. I'M TRYING. I GET ALL
WORKED UP WHEN I DO THESE THINGS.
CREATE PEER CRISIS AND INTERVENTIONS.
KEEP PEOPLE WHO MAY NEED MORE AND
ADDITIONAL INDEPENDENT LIVING SKILLS
AND SELF-DIRECTED INDEPENDENT CARE
PROGRAMS. THEY ARE CHEAPER AND OUR
SUPPORTS BECOME FRIENDS, NOT JUST
PEOPLE WHO GET PAID. PEOPLE WITH
DISABILITIES WHO WORK TO BE ABLE TO BUY
INTO MEDICAID SO THEY CAN CONTRIBUTE
INTO THAT SYSTEM. IMPLEMENT HIGHER
RATES FOR HIGH-END USERS OF SERVICES OR

MANDATE THE MCOS WILL NOT DISCRIMINATE .
EXPLAIN HOW THAT MANDATE COULD BE
IMPORTANT BECAUSE I, YOU KNOW, I
BELIEVE THAT AS LONG AS IT'S ENFORCED,
I SEE SO MANY THAT AREN'T AND I WOULD
LIKE TO KNOW WHAT THAT ENFORCEMENT
WOULD BE. AS THE STATE PROFITS FROM
THIS MODEL, HAVE THE DIVIDERS SET ASIDE
A PERCENTAGE OF FUND THAT CAN CREATE A
POOL FOR ECONOMIC CRISIS. I WORRY MORE
ABOUT WHAT HAPPENS IN A RECESSION TO OUR
COMMUNITY BECAUSE SOME ARE HOLD.
PROVIDE RAMPS AND WHEELCHAIR TRANSFER
EQUIPMENT. SUPPORT PLANS THAT USE
INTERVENTIONS TO KEEP THEM IN THE
COMMUNITY AND TRANSITION OVER KEEPING
THEM IN UNNECESSARY AND COSTLY NURSING
HOMES. THIS IS THE ONLY WAY TO
UNDERSTAND WHAT THIS COMMUNITY NEEDS TO
LIVE A FULL LIFE. INCLUDE EVERY
LONG-TERM CARE PROVIDER AT THE TABLE
ALONG WITH MCOS AND THE NURSING HOME
DISTRICT. WE NEED COMPLETE
TRANSPARENCY AND COMPLETE METHODOLOGY.
PEOPLE WITH DISABILITIES MUST BE AT THE

TABLE TO GIVE INPUT AT THE HEARINGS AND MUST HAVE ACCESS TO THE INFORMATION. ALSO, THEY MUST HAVE A SEAT AT THE TABLE OF ALL MANAGE CARE ORGANIZATIONS. TREAT DISABILITY AND CONTACTS OF CULTURAL CONFIDENCE WHILE REQUIRING MCOS TO CONTINUE WORKING WITH DISABILITY LIVING AND SELF-HELP GROUPS. YOU KNOW, EVERYBODY SHOULD HAVE THAT, YOU KNOW, AVAILABILITY TO BE ABLE TO SPEAK ABOUT WHAT THEY NEED. I HAVE HEARD THAT THERE IS ALREADY SOMETHING WRITTEN ON WHAT MANAGEMENT CARE SHOULD LOOK LIKE. SLOW THIS PROCESS DOWN AND TURN THIS INTO MANAGEABLE ACTION STEPS. WE WANT TO HAVE MORE CONSUMER CONTROL IN THE AGE OF OUR EMPLOYEES. FINALLY AND MOST IMPORTANTLY, LET'S TAKE OUR TIME AND MAKE THIS RIGHT BEFORE TOO MUCH MONEY IS BEING SPENT ALL WRONG. REMEMBER WE HAVE FAMILIES AND WE TOO WANT TO CONTRIBUTE. BUT OUR SYSTEM HAS BEEN BROKEN IN THE LAST DECADE AND GETTING THE HOURS NEEDED OR EVEN HEALTHCARE HAS

BECOME AN ORDEAL. IF MANAGED
LONG-TERM CARE SUPPORTS AND SERVICES
ARE DONE WITH THE VISION OF FINDING
MOVEMENT AWAY FROM COSTLY AND
UNNECESSARY INSTITUTIONAL CARE, IT'S
GIVING US THE SUPPORT THAT'S PROVEN TO
LET US LIVE IN THE MOST PRODUCTIVE
LIVES, THEN YOU WILL BE SURPRISED AT HOW
MUCH WE CAN CONTRIBUTE AND GIVE BACK.
PLEASE STAY COMMITTED TO KEEPING PEOPLE
OUT OF INSTITUTIONS. NOT JUST INTO AN
APARTMENT BUT INTO A LIFE WORTH LIVING,
WORKING AND LOVING. IT'S NOT EASY TO
FIND HOUSING AS WELL AS ALL THE SUPPORTS
NEEDED TO GET SOMEONE OUT OF A NURSING
HOME, WE WILL FIND OURSELVES STUCK IN
THESE PLACES. MISMANAGED CAN BRING
ALL THE BEST PRACTICES COULD BRING IT
INTO UNNECESSARY AND EXPENSIVE NURSING
HOMES. PENNSYLVANIA SHOULD BE A PLACE
WHERE WE SHOULD NOT JUST LIVE BUT
ACTUALLY THRIVE. THANK YOU.

[APPLAUSE].

>> GOOD AFTERNOON. MY NAME IS STEWART
SHAPIRO. I'M THE COE OF THE

PENNSYLVANIA HEALTHCARE ORGANIZATION AND THE THEIR PROVIDERS OF CARE. OUR MEMBERS SERVE 45 THOUSAND PEOPLE AT HOME, ASSISTED LIVING AND NURSING HOME ACROSS THE COMMONWEALTH. I HOPE YOU'LL FIND MY PERSPECTIVE AS A CEO OF A MANAGEMENT CARE COMPANY HELPFUL TODAY. I'M GOING TO TRY TO KEEP MY TESTIMONY MUCH SHORTER THAN 5 MINUTES. WE WILL ALSO BE SUBMITTING WRITTEN COMMENTS. THANK YOU FOR OPPORTUNITY TO APPEAR BEFORE YOU TODAY. WE SUPPORT THE IMPROVEMENT TO IMPROVE THE LONG-TERM CARE. WE HAVE CONCERNS ABOUT WHAT THE DOCUMENT HAS DRAFTED AND LOOK FORWARD TO WORKING CLOSELY. I WANT TO LOOK BACK AT SOME OF THE DUAL PROGRAMS. WE ARE PREPARED AT THIS TIME TO MOVE EXPEDITIOUSLY FORWARD. I WANT TO DESIGN PHASE 1 PROJECTS THAT ARE GEOGRAPHICALLY LIMITED. FOR EXAMPLE, WE COULD EXPLORE SEVERAL DIFFERENT PROJECTS UTILIZE DIFFERENT PAYMENT. MAYBE A PROGRAM THAT EXCLUDES NURSING HOMES IN THE FIRST PHASE AS WE TRY TO

DO THAT WHICH IS HAPPENED IN NEW YORK STATE AND THEY AVOIDED A LOT OF PROGRAMS. MAYBE LOOK AT WHETHER WE HAVE A VOLUNTEER PROGRAM AND I THINK WE SHOULDN'T DO JUST ONE DEMONSTRATION BUT THAT WE DO SEVERAL. I BELIEVE THE PROPOSED PLANNING PERIOD BETWEEN JULY AND OCTOBER IS A BIT SHORT TO DEVELOP AN RSP. THIS IS A SIX DAY OF TESTIMONY ON THIS SUBJECT. THERE HAS BEEN MUCH INTEREST AND LOTS OF PEOPLE HAVE COMMENTED AND THERE IS GOING TO BE THOUSANDS AND THOUSANDS OF PAGES ON COMMENTS BY JULY 15. WE ARE NOT SUGGESTING THE JULY 15 DEADLINE BE STRESSED OUT. I DON'T THINK THAT WE CAN DO THIS ALL IN THREE MONTHS. WEE PREPARED TO WORK WITH YOU FOR THAT GOAL BUT WE THINK IT SHOULD PROBABLY TAKE A LITTLE BIT LONGER FOR STATE VALUE. IT'S ESSENTIAL THAT THE INITIAL RFP NOT LOCK THE COMMONWEALTH AND OTHER STATE HOLDERS INTO THE FUTURE BY DECISIONS MADE AT THE BEGINNING. THERE IS NO WAY WE CAN KNOW TODAY WHAT WE WILL NEED IN

2018 AND IN 2019. THAT WAY BEFORE WE GO STATEWIDE WE MAKE SURE AND I HAVE FIVE POINTS. WE HAVE PENNSYLVANIA'S SPECIFIC DATA TO EVALUATE WHICH PROGRAMS AND WHICH MODELS ARE MOST EFFECTIVE IN ENSURING THE BEST OUTCOMES FOR CONSUMERS AND OPTIMAL COST EFFECTIVENESS FOR THE COMMONWEALTH. TWO, THE ADMINISTRATION HAS TIME TO ASSESS WHETHER ANY SEGMENT OF PENNSYLVANIA'S POPULATION WOULD BE BETTER SERVED IN A POPULAR MODEL OR EVEN BE HELD OUT OF MLTSS ALL TOGETHER IF THE EVALUATION DID NOT SHOW ENOUGH BENEFIT. THREE, THAT THERE IS TIME TO UNDERSTAND THAT WE WITH BENEFIT FROM SOME OF THE PROGRAMS THAT ARE JUST BEING IMPLEMENTED IN OTHER STATES. FOUR, CAREFUL CONSIDERATION IS LOOKED AT LIKE BUNDLING, ACOS AND OTHER WAYS BEING LED BY CMMI. AND FINALLY THAT THE JUST RELEASE, AND I SAY JUST RELEASED COMPREHENSIVE MEDICAID MANAGEMENT CARE WHICH INCLUDES A MULTITUDE OF PROTECTIONS OR CONSUMERS WHICH IS FULLY

INCORPORATED IN THE PENNSYLVANIA PROGRAM. THERE IS NOT GOING TO BE ENOUGH TIME TO DO THAT IF WE ARE LOCKED INTO A PROGRAM. THANK YOU VERY, VERY MUCH FOR ALLOWING US TO COMMENT. WE'RE DELIGHTED TO WORK WITH YOU. WE WANT TO WORK WITH YOU. WE WANT TO WORK WITH YOU CONSTRUCTIVELY TO IMPROVE CARE FOR PENNSYLVANIA SENIORS. THANK YOU VERY MUCH. [APPLAUSE].

>> GOOD AFTERNOON SECRETARIES. THANK YOU FOR HAVING ME HERE TODAY. I'M SHARON ALEXANDER AND I'M VICE PRESIDENT FOR MEDICARE PLANS. WE HAVE BEEN A LONG PARTNER TO THE COMMONWEALTH SERVING THE STATE'S MOST VULNERABLE CITIZENS. OUR MISSION IS TO HELP PEOPLE GET CARE, STAY WELL AND BUILD HEALTHY COMMUNITIES. OUR NATIONALLY RECOGNIZED PLANS ARE CURRENTLY SERVING OVER 550,000 PEOPLE HERE IN THE COMMONWEALTH OR THE HEALTH CHOICES PROGRAM. WE ALSO OPERATE SPECIAL NEEDS PLANS AS WELL FOR INDIVIDUALS WHO ARE ELIGIBLE. WE HAVE OVER 30 YEARS OF

EXPERIENCE IN MEDICAID-MANAGED CARE AND WE HAVE EXPANDED OUR CAPABILITIES TO INCLUDE SOME EXPERIENCE IN WHAT'S CALLED MEDICARE AND MEDICAID PLANS IN SOME OTHER STATES; MICHIGAN AND SOUTH CAROLINA AND WE HOPE TO BRING SOME OF THAT EXPERIENCE HERE TO PENNSYLVANIA. HAVING SPENT THIS PAST YEAR IN 2014 SERVING ON THE COMMONWEALTH'S LONG-TERM CARE HEALTH COMMISSION ALONG WITH MR. SHAPIRO AND OTHERS, IT BECAME THERE ARE MANY OTHER OPPORTUNITIES THAT STILL EXIST IN IMPROVING THE HEALTHCARE SYSTEM HERE IN THE STATE. WE FOUND THAT THE DELIVERY SYSTEM STILL HAS MANY CHALLENGES. IT'S BIAS IN MANY WAYS. WE HAVE HEARD A LOT ABOUT THAT TODAY. ELIGIBILITY PROCESS IS VERY LENGTHY AND COMPLICATED. THE INEFFICIENCIES IN SOME OF THE SERVICE DELIVERY CAN RESULT IN VERY, VERY EXPENSIVE AND UNNECESSARY COST AND REDUCE QUALITY IN SOME CASES. WE BELIEVED THAT A MANAGED LONG-TERM CARE SUPPORT SYSTEM IS A WAY TO HELP, TO HELP INDIVIDUALS BE SUCCESSFULLY

SUPPORTED IN AN INTEGRATED
COMMUNITY-BASED SETTING, TO HELP
BARRIERS TO REDUCE CARE, TO REBALANCE
THE CARE SYSTEM AND REDUCE
FRAGMENTATION THAT CURRENTLY EXISTS.
WE BELIEVE IN A NUMBER OF PROGRAMATIC
ELEMENTS FOR THIS PROGRAM AND WE WOULD
LIKE TO TALK ABOUT A FEW OF THOSE NOW.
THE PROGRAM DESIGN NEEDS TO BE BASED ON
A MODEL CARE THAT IS INDIVIDUALIZED,
THAT'S CENTERED AND DRIVEN BY THE NEEDS
AND PREFERENCES OF PARTICIPANTS. WE
ARE WORKING WITH THOUSANDS OF PEOPLE
EVERY SINGLE DAY ASSESSING NEEDS,
UNDERSTANDING PREFERENCES AND
SUPPORTING CARE PLANS TO HELP PEOPLE
LIVE IN THEIR HOMES AND IN THEIR
COMMUNITIES. IT MUST FOCUS ON THE
PROVISION OF SERVICES IN THE LEAST
RESTRICTIVE SETTING AND INCLUDE WELL
OUTCOMES AND BE CENTERED BY
COLLABORATIONS LIKE AREAS OF AGING.
SECOND, WE APPLAUD THE COMMONWEALTH FOR
EMPHASIZING THE COORDINATION BETWEEN
MEDICAID AND MEDICARE SERVICES

ESPECIALLY FOR INDIVIDUALS WHO ARE DULY ELIGIBLE ESPECIALLY FOR THE SENIORS INCLUDING LONG-TERM CARE SERVICES. THE PROGRAM MUST FOCUS ON THE CARE FOR MULTIPLE PROGRAMS AND SETTINGS SO IT INCLUDES HEALTH NEEDS, LONG-TERM CARE SERVICES INCLUDING COMMUNITY-BASED SERVICE. WE CERTAINLY RECOGNIZE THERE IS A LOT OF CHALLENGES IN ALIGNING THOSE PROGRAMS BUT THIS IS ESSENTIAL IN MAKING A PROGRAM THAT HELPS IMPROVE LONG-TERM CARE OUTCOMES. FINALLY WE DO SUPPORT A REGIONAL APPROACH TO THE PROGRAM. WE RECOMMEND THE COMMONWEALTH ALIGN THE PROPOSED MANAGED LONG-TERM SUPPORT SERVICE ZONES WITH SUFFICIENT HEALTH CHOICES AND REDUCE CONFUSION AND FRAGMENTATION FOR BENEFICIARIES AND ENHANCE THE CARE AS PEOPLE MAY BE TRANSITIONING TO THE TSS PROGRAMS AS THEIR NEEDS AND CONDITIONS CHANGE. IN CONCLUSION, WE APPRECIATE THE OPPORTUNITY AND LOOK FORWARD TO WORKING WITH THE ADMINISTRATION ON ADVANCING THIS

PROGRAM SO THAT INDIVIDUALS RECEIVE THE CARE AT THE RIGHT TIME AND THE RIGHT SETTING. THANK YOU.

[APPLAUSE].

>> SECRETARY OSBORN, DALLAS AND DEPUTY SECRETARY BURNETT. I'M FROM SENIOR COMMUNITY SERVICES. SENIOR COMMUNITY SERVICES SERVES THE AGING POPULATION IN DELAWARE COUNTY PARTNERING WITH THE UNITED WAY, AGING AT HOME IS A THREE-YEAR PROGRAM THAT SERVES THE GREATER AREA THAT ALLOWS ACCESS TO LOCAL AND SOCIAL HEALTH SERVICES AS WELL AS MATCHES INDIVIDUALS WITH SENIOR RESOURCES IN THE BOROUGH AND IN THE COUNTY SO THAT PEOPLE AGE WELL IN PLACE. WE ACCESS EVERYDAY NEEDS AND OBSTACLES AND IDENTIFY WHAT IMPACTS THE HEALTH OF OLDER ADULTS AND CRAFT INDIVIDUALIZED INTERVENTIONS. WE SEE THESE ARE SUPPORTIVE SERVICES THAT ARE ABSOLUTELY ESSENTIAL TO AGING WELL AT HOME AND SHOULD BE INCLUDED IN THE MLTSS PACKAGE. I WANT TO DISCUSS TWO CRITICAL ISSUES THAT SHOULD BE BUILT IN

THE PROGRAM DESIGN. WHETHER YOU CALL THEM SUPPLEMENTAL, WE FOUND THAT IT'S ESSENTIAL TO AGE WELL IN PLACE AND KEEP THEM FROM AN INSTITUTIONAL SETTING. MINOR HOME REPAIRS. WHEN THESE ARE IGNORED, THE COSTS ALL ADD UP. FIXING A DOOR LOCK. AGING AT HOME TO THE VOLUNTEER GROUP TO ASSIST SENIORS IN THESE TASKS. ON ONE OCCASION, A SENIOR WAS FIXING A CEILING FAN THAT WAS HANGING. HE NOT ONLY FIXED THE SENIOR'S FAN BUT IT IMPROVED THE SERVICE AND IMPROVED THE QUALITY OF LIFE. TRANSPORTATION, AGING AT HOME PROVIDES A MORE CUSTOMIZED TRANSPORTATION SERVICES. IT'S A FULL SERVICE EXPERIENCE. AN EXAMPLE OF THIS, A MAN HAD A SCHEDULED OUTPATIENT APPOINTMENT. NOT ONLY DID THEY DRIVE HIM TO AND FROM, THEY DROPPED HIM OFF AT THE HOUSE AND THEN WENT AND PICKED UP THEIR PRESCRIPTION. MEMBERS ARE USING THE CAR SERVICE TO GET TO THEIR MEDICAL APPOINTMENTS, TO GO SHOPPING AND THEY ARE CONNECTING MORE TO SOCIAL

ACTIVITIES. FOR THOSE WHO HAVE SPECIFIC HOME AND SAFETY AND TRANSPORTATION NEEDS, THEY ARE NEEDED AND REQUESTED TO KEEP THEM FROM BEING INSTITUTIONALIZED. SENIOR COMMUNITY SERVICES, AGING AT HOME, HAS BEEN PROVIDING THESE ENHANCING OPPORTUNITIES THAT HAVE MADE AN IMPACT IN DELAWARE COUNTY AND ARE IMPACTING THE PROGRAM. THANK YOU VERY MUCH. [APPLAUSE].

>> THANK YOU SECRETARY DALLAS, OSBORN AND MEMBERS OF THE DEPARTMENTS OF AGING AND HUMAN SERVICES FOR CONDUCTING THIS PUBLIC MEETING AND FOR THIS OPPORTUNITY TO SPEAK WITH YOU. MY NAME IS MARGO FINE GABAY FROM THE AGING AND HOME COMMUNITY NETWORK PROGRAM. WE HAVE A PROVIDER OF IN-HOME SERVICES, PERSONAL CARE AND HOMEMAKER SERVICES FOR DUAL ELIGIBLE SENIORS FOR OVER 25 YEARS. MANY OF THE SERVICES PROVIDED THROUGH ALL OF VNA'S PROGRAMS WOULD BE ESSENTIAL ELEMENTS OF A SUCCESSFUL MANAGED LONG-TERM CARE SERVICES AND

PROGRAM. THREE KEY COMPONENTS. IT IS OFTEN SMALL BUT SIGNIFICANT FIXES THAT DETERMINE A SENIOR'S SUCCESS IN REMAINING INDEPENDENT. LOCAL CARE MANAGEMENT, INTEGRATED CARE AND LOCALIZED ASSESSMENTS ARE ESSENTIAL TO QUALITY CARE OUTCOMES. APPROPRIATE REIMBURSEMENT RATES WILL ALLOW FOR QUALITY SERVICES THAT WILL MEET OR EXCEED MLTSS QUALITY STRATEGY COMPONENTS. VNA THINKS A BROAD LIST OF SUPPORTS SHOULD BE ALLOWED FOR ANY VENDOR THAT IS SEEKING A CONTRACT WITH PENNSYLVANIA'S MLTSS. WHEN SENIORS CAN NO LONGER NAVIGATE THE STEPS IN THEIR HOME OR COOK A MEAL, THEIR SAFETY IS AT RISK. IF IT A PERSON'S BATHROOM IS NOT ACCESSIBLE, THEY MAY END UP IN A NURSING CARE FACILITY IF HOME MODIFICATION WOULD HAVE HELPED. VNA BELIEVES THAT ANY PLAN BEING CONSIDERED SHOULD INCLUDE IN-HOME SERVICES, HOME MODIFICATIONS AND REPAIRS, TRANSPORTATION, NUTRITION AND WELLNESS PROGRAMS, BILL PAYING, MEDICATION

COMPLIANCE AND MATERIAL AID WHEN NECESSARY TO SUPPORT ACCESS TO BENEFITS SUCH AS FOOD AND UTILITY SUPPORT AND MORE. REGARDING CARE MANAGERS, FOR A SENIOR TO REMAIN HEALTHY FOR ANY LENGTH OF TIME, THEY WILL NEED SUPPORT HANDLING AND AN ARRAY OF CHALLENGING. VNA STRONGLY RECOMMENDS THE USE OF CREATING A STRONG RELATIONSHIP WITH THE SENIORS. USING SELF-DETERMINATION AS A COMPONENT IN THE SYSTEM IS A REQUIREMENT. USING A LOCAL MODEL WILL ENSURE A REDUCTION OF SERVICE GAPS THAT MAY LEAD TO LARGE SERVICE NEEDS AND STREAM-LINED ACCESS TO CARE. REGARDING APPROPRIATE REIMBURSEMENT RATES, VNA BELIEVES THAT SUCCESS OF THE MLTSS WILL PENNSYLVANIA WILL BE ACHIEVED ONLY IN RATE SERVICES ARE REALISTIC AND TAKE INTO ACCOUNT THE TRUE COST OF SERVICE PROVISION FOR LOCAL PROVIDERS. WE REIMBURSEMENT RATE DETERMINATION FOR PROVIDERS SHOULD BE A SERIOUS CONSIDERATION WHEN CONTRACTUAL AGREEMENTS WITH VENDORS

ARE REALIZED AND SHOULD RECOGNIZE DIFFERENCES WHEN TALKING ABOUT SERVICE COSTS. THANK YOU FOR THIS OPPORTUNITY TO DISCUSSING THIS TODAY. WE LOOK FORWARD TO CONTINUED CONVERSATIONS AS PENNSYLVANIA WORKS TO DEVELOP AN MLTSS THAT WILL ADDRESS ACCESS, COST AND SERVICES. THANK YOU.

[APPLAUSE].

>> HELLO, THANK YOU FOR ALLOWING ME TO SPEAK. TODAY I WANT TO TALK TO YOU ABOUT MY THREE BEST FRIENDS BUT BEFORE I DO THAT, I WANT TO LET YOU KNOW THAT I LIVE WITH A TRAUMATIC BRAIN INJURY FROM A DROWNING EXPERIENCE AT THE AGE OF 5. UNDER WATER FOR 20 MINUTES AND THEN A COMA FOR NEARLY THREE MONTHS. MY LIFE WAS FILLED WITH NEGLECT BECAUSE OF THIS ACCIDENT. AND MY DISABILITY AND MY FAMILY NEVER HELPED. I WAS IGNORED BY FRIENDS. I WALKED MY LIFE ALONE IN THIS CRUEL WORLD. NOT JUST SOCIALLY BUT ALSO THINGS LIKE SOCIAL, DECISION MAKING, MEMORY JUDGEMENT AND ESSENTIAL SKILLS FELL APART. I WAS AT

RISK. I WAS IN DANGER. I WAS BY MYSELF IN A SITUATION THAT WAS IGNORED. THEN I MET MY FOOD FRIEND DANIEL. IT WAS AT THAT POINT MY LIFE CHANGED. HE HELPED ME FOR FOUR YEARS WITHOUT GETTING PAID BUT HE MADE THINGS WORK FOR ME AND THEN I MET ANOTHER FRIEND WHO WAS AN ANGEL IN THE SKY. HER NAME WAS LIBERTY RESOURCES. SHE CAME TO OUR AID AND EVENTUALLY LET ME BECOME A FAMILY MEMBER. TODAY I AM DOING WHERE NOT ONLY IS MY DAILY LIVING BEING ASSISTED AND I AM NO LONGER AT RISK, BUT I DO EXERCISES DURING THE DAY THAT KEEPS MY BRAIN ALIVE. AT ONE POINT I WASN'T EVEN ABLE TO ANSWER YES OR NO. IT WAS MM-HMM AND MM-HMM. NOW I CAN ORDER A CUP OF COFFEE FROM STARBUCKS WHICH IS ALWAYS A TASK AS WE KNOW. AS A CONSUMER, I AM ASKING THE COMMONWEALTH TO CONSIDER WAYS THAT HAVE THE VOICES OF CONSUMERS HEARD WITH THE FOCUS ON LIBERTY RESOURCES. WHY? BECAUSE THEY HAVE CONTINUED TO DO FOR ME WHATNOT MANY OTHERS CAN DO FOR ME. PROVIDE

SERVICES SO THEY ARE DELIVERED TO ME IN A FACE TO FACE WAY. IF THE COMMONWEALTH DOES NOT CONSIDER THEIR ACTIONS BEFORE THEY HEAR THE VOICE OF CONSUMERS, THEY HAVE IGNORED CONSUMER CONTROL. THERE IS A COMMONWEALTH SLOW DOWN. THIS IMPULSE MAY LIKELY RESOLVE AROUND SOMETHING OTHER THAN THE BEST INTEREST OF THE CONSUMER, THE CAREGIVERS. MY SUGGESTION IS TO PILE IT WITH REAL CONSUMER GROUPS BEFORE THE WAIT. IF THE COMMONWEALTH DOES NOT, IT IS IGNORED. IT IS DOING ITS OWN THING AND AGAIN, IGNORING US. I MET A THIRD FRIEND WHO I HAVEN'T TOLD YOU ABOUT. MY FRIEND DANIEL WHO TAKES CARE OF ME AND COMES OUT TO -- WHO CAME OUT TO OUR AID AND INTRODUCED ME TO JULIE. SHE IS A REAL PERSON. I CAN SHAKE HER HAND AND SEE HER SMILE. SHE IS A LOCAL AND CAN GO SEE HER WHEN I WANT. SHE COMES AND VISITS US TO MAKE SURE ALL OF MY NEEDS ARE MET. JULIE DOESN'T TREAT ME LIKE A DIAGNOSES. I DON'T HAVE A DIAGNOSES WITH MY TRAUMATIC BRAIN INJURY. SHE

GETS THAT. SHE UNDERSTANDS THAT PTL HAS NOT A CLUE ON WHO I AM OTHER THAN WHAT IS ON THEIR COMPUTER SCREEN IN FRONT OF THEM. WAITING DAYS FOR A CALL BACK. HEAR THIS, I AM NOT DATA FROM STAR TREK.

[APPLAUSE].

>> I AM A HUMAN BEING THAT WANTS MY FRIENDS DANIEL AND JULIE AS MY FRONT RUNNERS. STOP PLACING THE CONSUMERS OF THE COMMON HEALTH IN THE BACK OF THE BUS. [APPLAUSE].

>> I HAVE ABOUT A MINUTE. I'M ACTUALLY REALLY PLEASED AND THANKFUL THAT YOU HAVE GIVEN ME A MINUTE TO SPEAK HERE. JUST A COUPLE OF THINGS THAT ARE POINTED OUT. THE COMMONWEALTH HAS A HABIT OF NEW PROGRAM, NEW PROGRAMS AND NEW THINGS. I REMEMBER WAY BACK WHEN, WHEN IT WAS VERY SIMPLE. WE GOT SERVICES ALMOST IMMEDIATELY. THE PROBLEM IS THAT THEY RULED OUT SO MANY -- THEY RULED OUT SO MANY OF THESE PROGRAMS THAT THE CONSUMERS AND STAKE HOLDERS HAVEN'T REALLY HAD A SAY. YOU KNOW, WE HAVE

SIGN FIRSSTHAND THE AFFECTS OF THE CHANGE AND THAT ADDED STRESS ON THE CONSUMERS AND CAREGIVERS AND ADVOCATES. MY PERSONAL STORY IS VERY SIMPLE, OKAY. WHEN WE SWITCHED OVER, WHEN THAT SWITCH OVER HAPPENED WITH THE WHOLE CHRISTIAN AND HAD PPL SWITCH OVER AND THAT DISASTER A WHILE BACK, A LOT OF US WERE LEFT WITHOUT MONEY. A LOT OF PEOPLE THAT ARE IN THE DIRT EVERY SINGLE DAY WORKING THEIR ASSES OFF HAD NOTHING. HAD NO RESOURCES. WE WERE LUCKY AT THAT TIME TO HAVE DEVELOPED A UNION AT THAT POINT. AND THANK GOD FOR MANY OF THOSE SWITCHES BUT IF WE KEEP DOING THESE PROGRAMS AND MORE PROGRAMS AND MORE PROGRAMS, WE ARE REALLY NOT DOING WHAT'S IN THE BEST INTEREST FOR ALL OF USED TO. I HAVE HEARD STORIES HERE TODAY THAT MADE ME CRY AND THOSE STORIES ARE AS DISTINCT AS DISABILITIES THEMSELVES AND WHAT I WANT YOU TO KNOW IS THAT THIS YOUNG MAN WAS CHANGED PEOPLE'S LIVES. HE HAS DEFINITELY CHANGED MY LIFE AND HAS BEEN AN

INSPIRATION TO SO MANY. NOT ONLY AM I ASKING TO REMEMBER HIS THOUGHTS BUT HEAR OTHER STORIES TODAY AND REMEMBER WHAT THIS IS ALL ABOUT. THIS IS ALL ABOUT CONSUMER CONTROL. THANK YOU FOR ALLOWING ME TO SPEAK.

[APPLAUSE].

>> I'M THE DIRECTOR OF THE UNITED HEALTHCARE WORKERS OF PENNSYLVANIA AND WE REPRESENT THOUSANDS OF HOME CARE WORKERS ACROSS PENNSYLVANIA.

>> GOOD AFTERNOON EVERYONE. MY NAME IS GLORIA GRANT AND I'M A HOME CARE ATTENDANT FOR MY BROTHER AND I'M PROUD OF WHAT HE CAN DO AND LIVE INDEPENDENTLY AT HOME IN THE COMMUNITY HE LOVES.

>> I WANT TO THANK SECRETARY DALLAS AND OSBORN AND ALLOW US TO PARTICIPATE IN THE DISCUSSION IN DESIGNING AND IMPLEMENTING IN PENNSYLVANIA'S HEALTHCARE MANAGEMENT AND SUPPORT FOR PEOPLE LIVING WITH PHYSICAL DISABILITIES. UHWP REPRESENTS THOUSANDS OF HOME CARE ATTENDANTS IN INDEPENDENT LIVING. OUR MEMBERS ARE

THE CAREGIVERS THAT ALLOW SO MANY OF OUR SENIORS TO LIVE INDEPENDENTLY IN THEIR HOMES. FOR THESE REASONS, WE BRING A CRITICAL OFTEN UNHEARD VOICE TO THE TABLE. AS WE WORK TOGETHER TO DEVELOP THE BEST WAY TO DESIGN AND IMPLEMENT THE LONG-TERM CARE IN PENNSYLVANIA, WE HAVE THREE RULES. FIRST MAINTAIN THE CONTROL IN THE FIRST NEW DELIVERY SYSTEM IS THE FIRST ELEMENT NEEDED TO PROTECT THE QUALITY OF LIFE FOR OUR SENIORS. GLORIA IS GOING TO TALK ABOUT HER BROTHER.

>> WHEN MY BROTHER WAS FIRST INJURED, HE WAS PUT IN A NURSING HOME. IT MADE HIM DEPRESSED AND HIS HEALTH DETERIORATED BECAUSE HE WASN'T GETTING THE CARE HE NEEDED FROM ME AS AN INDIVIDUAL. SO LIBERTY RESOURCE WAS ABLE TO GET HIM BACK INTO HIS OWN HOME TO BE ABLE TO GET THE CARE HE NEEDED INSTEAD OF SOMEBODY SAYING YOU NEED THIS AND YOU NEED THAT. EVENTUALLY HE WAS ABLE TO, YOU KNOW, UNIQUE FOR HIM SO HE CREATED A CARE PLAN. THE KEY PART

OF THIS PLAN WAS THE ABILITY TO LIVE INDEPENDENTLY AND TO MANAGE HIS CAREGIVERS. TODAY HE LIVES AT HOME IN HIS COMMUNITY FOR HIS HOME CARE.

>> THIS EXPERIENCE IS NOT UNIQUE.

THERE IS ALMOST 22 THOUSAND SENIORS WITH DISABILITIES IN PENNSYLVANIA WHO ARE DIRECTING THEIR OWN CARE IN THE COMMUNITIES THEY LOVE. WE NEED TO CONTROL THE TRIPLE A'S THAT WILL WORK WITH CONSUMERS TO CREATE SUCCESSFUL CARE PLANS. NEXT WE STRONGLY RECOMMEND THAT THE STATE REQUIRES PLANS TO MAINTAIN HOME RATES. THE TRUTH IN ANY CUT IN PAY OR CONSUMER HOURS WOULD BE DEVASTATING. ALL TOO OFTEN, ATTENDANTS STRUGGLE TO MAKE ENDS MEET. IT'S NOT UNCOMMON FOR AN ATTENDANT TO BORROW MONEY TO GET TO WORK AND NOT UNCOMMON TO HAVE AN ATTENDANT SICK BECAUSE THEY CANNOT AFFORD TO LOSE A DAY'S PAY. WE NEED A SET RATE FOR A PERIOD OF TIME THAT WILL ALLOW CONSUMERS, CAREGIVERS AND HEALTH CARE TO RECEIVE THEM. WE WILL PROVIDE

ADEQUATE TIME TO CONTRACT WITH THE MCOS. FINALLY WE APPRECIATE THE PROCESS FOR THE LISTENING SESSIONS AND AS THE PROCESS MOVES FORWARD, WE BELIEVE THAT WORKING TOGETHER IN PARTNERSHIP WILL CREATE THE FOUNDATION NEEDED TO CREATE A SUCCESSFUL SYSTEM AND WE LOOK FORWARD TO BEING PART OF THAT PROCESS. IN CLOSING, WE WOULD LIKE TO THANK THE SECRETARIES AND WE LOOK FORWARD TO WORKING TOGETHER.

[APPLAUSE].

>> GOOD AFTERNOON SECRETARY DALLAS, OSBORN AND SECRETARY BURNETT. MY NAME IS DENISE STEWART AND I WORK FOR KOSA, SERVING DELAWARE COUNTY PENNSYLVANIA. OUR AGENCY IS A DIVISION OF DELAWARE COUNTY GOVERNMENT AND OUR MISSION IS TO PLAN, DEVELOP AND COORDINATE A COMPREHENSIVE SYSTEM FOR OUR ELDER ADULTS. THANK YOU FOR THE MLTSS FOR OLDER ADULTS AND INDIVIDUALS WITH DISABILITIES IN PENNSYLVANIA. WE HAVE SERVED A DIVERSE POPULATION IN DELAWARE COUNTY SINCE 1975. OUR AGENCY HAS BEEN

THE FIRST-CHOICE. OUR AGENCY AND COMMUNITY PARTNERS HAVE RESPONDED WITH A RICH ARRAY OF INFORMATION. SERVICES SUPPORT THEY ARE BOTH PUBLICLY AND PRIVATELY FUNDED. OVER THE PAST 15 PLUS YEARS, THE COMMONWEALTH HAS BUILT AND INVESTED IN AN INFRASTRUCTURE THAT ALLOWED COUNTLESS NUMBERS OF MEDICAID NURSING FACILITY RESIDENTS TO RECEIVE SUPPORTS IN THEIR OWN HOMES AND COMMUNITIES KNOWN AS WAIVERS. THE PENNSYLVANIA DEPARTMENT OF AGING, THE PDA HAS MADE OPTIONS TO MEET THE NEEDS OF THOSE NOT QUITE ELIGIBLE FOR MEDICAID. WE ARE BEST GIVING THE SUPPORT TO MEET INDIVIDUALS' NEEDS AND DESIRES. THERE ARE OFTEN DELAYS AND ONGOING BARRIERS TO COMPREHENSIVE AND THE CARE. PENNSYLVANIA IS WORKING ON AN AGGRESSIVE SCHEDULE TO IMPLEMENT STREAM LINE PROCESSES THAT WILL LEAD TO THE SYSTEM IN LTSS, A CHANGE FROM THE EXISTING MODEL OF CARE. DUE TO THE GROWTH, IT'S UNDERSTANDABLE THAT THE COMMONWEALTH WILL LOOK TO HELP PLAN IN

A PLANFUL AND THOUGHTFUL MANNER. I WOULD LIKE TO OFFER THE FOLLOWING COMMENTS REGARDING THE DISCUSSION IN REFERENCE TO THE FORMATION OF MLTSS IN PENNSYLVANIA BUT THE MOVEMENT TOWARDS ADRC/LINK INITIATIVES AND INTEGRATIONS, MEDICARE AND MEDICAID SERVICES, MANDATORY ENROLLMENT MAKES SENSE AS DOES THE INCLUSION WITH THOSE DISABILITIES WHO HAVE SERVICE NEEDS AND MORE COSTLY CARE PLANS. THOSE WHO PRESENTLY RESIDE IN THE NURSING FACILITIES IN MLTSS MAY PROVE TO BE MORE CHALLENGING THEN PRESENTED. WE HAVE ASSISTED MANY NURSING FACILITY RESIDENTS TO RETURN TO THE COMMUNITY THROUGH NURSING HOME TRANSITION PROGRAMS HOWEVER, THE MOST SIGNIFICANT BARRIER IS HOUSING WHICH IS NOT FULLY ADDRESSED IN THE DISCUSSION PAPER BUT THE VARIETY OF LEAST RESTRICTED OPTIONS NEEDS TO BE AVAILABLE AND FUNDED TO THOSE PRESENTLY IN NURSING HOME FACILITIES OR THOSE WHO CAN NO LONGER LIVE INDEPENDENTLY AT HOME INCLUDING

OPTIONS SUCH AS SHARED HOUSING, PERSONAL CARE AND ASSISTED LIVING. WE AGREE TO EDUCATING CONSUMERS' FAMILIES AND CURRENT PROVIDERS THAT IT'S ESSENTIAL TO HAVE A SUCCESSFUL IMPLEMENTATION TO MLTSS. THIS IS EVIDENT WHEN OUR COUNSELORS WERE CALLED UPON TO HELP WITH THE ROLLOUTS OF MEDICARE PART D AND CONTINUE ANNUALLY DURING OPEN ENROLLMENT SEASON. IN ADDITION, COUNSELORS ASSIST INDIVIDUALS IN MAKING IMPORTANT DECISIONS AND OFTEN PROVIDE ENROLLEES IN THOSE CHOICES SOME LOOK FOR A SIGNIFICANT COST SAVINGS. WITH THE CAPITATED PAYMENT, MCOS ARE TOLD TO KEEP MEMBERS AS HEALTHY AS POSSIBLE AND PROVISIONS OF PERSONS' CENTERED SERVICE PLANS WOULD ONLY FURTHER HELP PROMOTE HEALTH AND SAFETY. CONCERNS LIE WITH WHAT STANDARDS THEY HAVE TO MEET IN ORDER TO MAINTAIN HIGH QUALITY SERVICES AT A LEVEL NECESSARY TO ALSO REMAIN WITHIN THE BUDGET. THE PERFORMANCE-BASED PAVEMENT INCENTIVE

SHOULD PRIMARILY FOCUS ON THE CARE PROVIDER AND THE POSITIVE SUCCESSFUL OUTCOMES FOR THE MEMBERS THEMSELVES. THE RFP RESPONSE SHOULD INCLUDE TRANSPARENCIES ABOUT HOW THEY WANT TO INCLUDE COST SAVINGS. THIS SHOULD INCLUDE A PLAN IF NOT SATISFIED WITH THE RESULTS OF THE INTERNAL REVIEW PROCESS AND THE FUNDS SHOULD BE MADE AVAILABLE TO EDUCATE MEMBERS. CARE MANAGEMENT AND SERVICE COORDINATION SERVICES SHOULD BE INDIVIDUALIZED TO THE MEMBERS AND REQUIRE A MINIMAL NUMBER OF IN-PERSON VISITS A YEAR IN ADDITION TO SUGGESTED NUMBER OF CONTACTS. MUCH CAN BE LEARNED THROUGH FACE TO FACE HOME VISITS THAT CANNOT BE ACHIEVED OVER THE PHONE. WE ARE ENCOURAGED BY THE EMPHASIS OF CREATING COMPREHENSIVE QUALITY MEASURES AND OUTCOMES BY THE REVIEW TEAM. WE WOULD ENCOURAGE AN ADVISEMENT PANEL FOR FAMILIES BEING SERVED AND REPRESENTATIVES OF DIVERSE POPULATION AND THE GUIDANCE BY DAS. CONTINUING TO INVOLVE THOSE THAT ARE

DIRECTLY IMPACTED BY THESE DECISIONS AND THE PROGRAM DESIGN IS CRITICAL. THOUGHT SHOULD BE GIVEN TO INTEGRATING ELECTRIC HEALTH RECORDS AND A COMPREHENSIVE SYSTEM FOR DATA RESOURCE. ONE OF THE MOST IMPORTANT COMPONENTS IN ASSESSING MLTSS IS THE FUNCTION PROCESS. THIS FUNCTION IS CRITICAL TO DETERMINE WHO MEETS FUNCTIONAL AND FINANCIAL ABILITY AND THUS IS THE ENROLLMENT IN THE MCO. WE WANT THIS TO BE MAINTAINED SEPARATE FROM THE MCO BUT ITS IMPERATIVE THAT WE WORK WITH THE LOCAL CAOS TO WORK WITH THE THEM AND HELP RESIDENTS ACCESS THESE SERVICES MORE TIMELY. WAITING FOR UP TO THREE MONTHS TO GET AN OPERATION OR CARE PLAN INITIATED WILL NOT DO. WE ENCOURAGE THE GOVERN'S COMMITMENT TO INCREASE OPPORTUNITIES FOR OLDER PENNSYLVANIA'S TO REMAIN AT HOME AND STAND READY TO PARTNER WITH DHS, PDA, MCOS AND CONSUMERS WHO STRENGTHEN THE LONG-TERM SERVICES AND SUPPORT SYSTEMS. THANK YOU.

[APPLAUSE].

>> GOOD AFTERNOON. THANK YOU FOR SPONSORING THIS HEARING. WE TRULY APPRECIATE IT. I'M GOING TO MAKE MY COMMENTS AS SHORT AS POSSIBLE. WHAT I'M GOING TO DO IS FOCUS ON THREE AREAS, THE AREA OF STATE HOLDER PROCESS AND THE SERVICES. MOVING TO A MANAGED LONG-TERM SERVICES AND SUPPORT SYSTEM WILL INVOLVE SIGNIFICANT RISKS AND OPPORTUNITIES TO ENSURE SUCCESSFUL TRANSITION, IT'S VITAL TO HAVE A TRANSPARENT STATE HOLDERS PROCESS. THEY SHOULD HAVE THE OPPORTUNITY TO REVIEW PROPOSALS IN MORE DETAILS ONCE ITS WRITTEN. IN ADDITION, STAKE HOLDERS SHOULD BE ABLE TO REVIEW AND COMMENT ON THE RFP BEFORE ITS RELEASED. STAKE HOLDERS SHOULD ALSO BE ABLE TO REVIEW AND COMMENT ON ANY CONTRACTS OR AGREEMENTS THAT ARE BEING CONSIDERED. TO ENSURE MEANINGFUL CONSUMER INPUT, DHS AND MCOS MUST BE TRANSPARENT. ANY THAT INCLUDE MCOS MUST BE MADE PUBLIC. THEY SHOULD SHARE QUALITY MEASURES AND

BE ABLE TO SHARE THE FREEDOM ALLOWS IN RELATION TO MLTSS. CONSUMER INPUT SHOULD CONTINUE DURING THE IMPLEMENTATION CASE AND AFTER MLTSS IS OPERATIONAL FOR OVERSIGHT. THIS IS PARTICULARLY IMPORTANT AS MCOS DO NOT HAVE EXPERIENCE IN DELIVERING HOME-BASED SERVICES. DCH SHOULD INCLUDE MLTSS AND YOUNGER AND OLDER ADULTS WITH VARIOUS DISABILITIES. EACH MCO SHOULD BE REQUIRED TO HAVE AN ONGOING COMMITTEE AND MAKE RELATED INFORMATION SUCH AS MEETING MINUTES AND COMPLAINTS AVAILABLE TO THE PUBLIC. ON THE TIMELINE, NO MATTER DHS WANTS TO PURSUE, IT WILL ESSENTIALLY BE TAKING A WRECKING BALL TO THE CURRENT SYSTEM. THERE IS LITTLE TIME TO ENSURE THAT A PLAN MINIMIZES THE RISKS ASSOCIATED WITH THIS CHANGE. THERE ARE A NUMBER OF STATES THAT HAVE HAD DISASTROUS RESULTS. PENNSYLVANIA SHOULD ENSURE THE CONTINUITY OF CARE. THIS WILL ONLY BE IN PENNSYLVANIA DOESN'T RUSH TO THE NEEDED PROCESS AS OUTLINED IN ITS

PROPOSED TIMELINE. CHANGE, EVEN POSITIVE CHANGE IS DIFFICULT. IT'S IMPORTANT THAT CONSUMERS ARE FULLY EDUCATED AND ENGAGED IN THE PROCESS PARTICULARLY SINCE THIS IS A NEW AND CONFUSING CONCEPT FOR MOST. RELEASING AN RFP IN OCTOBER WILL NOT ALLOW ADEQUATE TIME. ONCE IT BEGINS, MOST STATE OFFICIALS ARE NOT ALLOWED TO ANSWER QUESTIONS BECAUSE OF RULES SURROUNDING THE PROCESS. IDEALLY PENNSYLVANIA COULD TEST TWO DIFFERENT MODELS TO SEE WHAT WORKS BEST IN PENNSYLVANIA AND WORK OUT ANY PROBLEMS ON A SMALLER SCALE. LASTLY, WE WANT TO BRIEFLY TALK ABOUT THE ABUDSMAN SERVICES AND OFFER A NEW RECOMMENDATIONS FOR THE NEW SYSTEM. ITS IMPORTANT THAT MLTSS CONSUMERS HAVE HELP FOR JUST AS UNDERSTANDING THEIR RIGHTS AND ENROLLMENTS AND ADVERSE DECISIONS REGARDING THEIR CARE. THEY CAN ALSO HELP IDENTITY SYSTEMIC ISSUES AND HAVE ACCESS TO STATE OFFICIALS TO RESOLVE THESE PROBLEMS IN AN

EXPEDITIOUS MANNER. IT MAKES MOST SENSE TO SUPPORT THE PENNSYLVANIA PROGRAM RATHER THAN CREATING A NEW ENTITY. PROVIDING ABUDSMAN WILL BE MORE COST EFFECTIVE FOR SENIORS NO MATTER HOW THEY TRANSITION. FINALLY WE HOPE PENNSYLVANIA WILL CREATE A THOUGHTFUL STATE PROCESS AND TAKE THE TIME NEEDED TO CREATE A SYSTEM THAT PROMOTES PERSON-CENTERED CARE INDEPENDENCE AND DIGNITY SO WE URGE YOU TO SLOW DOWN THE TIMELINE AND GET AS MUCH STAKE HOLDER INPUT AS YOU POSSIBLY CAN. THANK YOU.

[APPLAUSE].

>> MY TIME IS ALMOST OVER BUT YOU CAN END UP JUST LIKE ME IN A WHEELCHAIR OR A NURSING HOME. SOMEBODY MIGHT PULL THE PLUG SOONER ALL LATER. WE ALL KNOW WE ARE TRYING TO GET SOME OF THE PLACES TO BE HANDICAP ACCESSIBLE. WE'RE STILL WAITING ON THAT.

[APPLAUSE].

>> I'M GOING TO TALK ABOUT SOMETHING THAT SOME PEOPLE WERE MENTIONED BUT

HAVEN'T USED THE UMBRELLA TERM WHICH IS ASSISTED TECHNOLOGY. GOING TO HOME MODIFICATIONS AND WHEELCHAIRS TO RAMPS. THE UMBRELLA ASSOCIATION IS ASSISTED TECHNOLOGY. I'M THE DIRECTOR OF THE PENNSYLVANIA ASSISTIVE TECHNOLOGY ASSOCIATION. WE HELP THE DISABILITY RIGHTS NETWORK TO HELP ASSIST ACCESS. WHAT I WOULD LIKE TO ENCOURAGE IS RIGHT NOW ALL OF THE WAIVERS INCORPORATE WHAT IS NOW KNOWN AS THE ASSISTIVE TECHNOLOGY ACT. MY HOPE IS THIS THAT THIS DEFINITION BE EMBEDDED INTO A LONG-TERM PROGRAM AND I HOPE PEOPLE UNDERSTAND WHAT IS TECHNOLOGY. IT'S MORE THAN HOME MODIFICATIONS AND MORE THAN CAR MODIFICATIONS. IT INCLUDES ANYONE WITH A DISABILITY, I'M INCLUDING SENIORS AS WELL, IT GIVES THEM WHATEVER DEVICE THEY NEED TO DO WHATEVER IT IS THAT THEY WANT TO DO. WHETHER IT'S TO GO TO WORK. WHETHER IT'S TO COME TO THIS HEARING. IT'S BROAD SO WHAT WE NEED TO DO IS THAT WHOEVER GETS THIS

CONTRACT HAS AN UNDERSTANDING OF WHAT IT TRUE ASSISTED TECHNOLOGY. THE CURRENT PROVIDERS THAT PROVIDE OUR HEALTHCARE DOES NOT UNDERSTAND ASSISTED TECHNOLOGY. THE SECOND THING IS WE NEED A REIMBURSEMENT RATE THAT WILL ENSURE AN ADEQUATE PROVIDER NETWORK AND GIVE CHOICES TO PEOPLE WITH DISABILITIES SO WHEN I SAY AN ADEQUATE PROVIDER NETWORK, I DON'T MEAN ONE PERSON OR COMPANY IN A REGION. I MEAN PEOPLE WITH DISABILITIES HAVE ACCESS TO THE DEVICES THEY NEED. THE SECOND THING WE'RE PROPOSING IS WHEN YOU'RE GOING IN THESE REGIONS, PLEASE HAVE A CONTRACT THAT BE ADJUSTED TO REFLECT THAT YOU HAVE LEARNED SO YOU HAVE AN ADVISORY COMMITTEE THAT WILL TALK ABOUT WHAT ARE HOME MODIFICATIONS. WE ALL KNOW OLTL THAT RUNS THE DISABILITY WAIVERS, THEY HAVE A GREAT NEED TO HAVE PEOPLE UNDERSTAND MODIFICATIONS AND I THINK IN 2014 IT WAS ONLY 1 POINT 2 HOME MODIFICATIONS THAT WERE CONDUCTED. THE DEPARTMENT OF AGING HAS TO DO A LOT

TO MAKE SURE PEOPLE CAN LIVE IN THEIR HOMES. WE NEED HELP FROM NURSING HOMES AND HOSPITALS TO BRING THAT RAMP IN, TO MAKE THE BATHROOM ACCESSIBLE SO THAT'S A BIG ONE OF BEING ABLE TO RUN YOUR PROGRAM, HAVE AN ADVISORY BOARD THAT CAN ASSIST SO PROVIDERS KNOW THE OPTIONS AND SO THAT YOU CAN REFLECT ON WHAT YOU FOUND TO MAKE AN EVEN BETTER CONTRACT AND LASTLY, TO HAVE AN APPEALS PROCESS THAT WORKS AND THAT PEOPLE UNDERSTAND. CURRENTLY SOME OF THE APPEALS PROCESS DON'T REALLY KICK IN UNLESS THE PERSON IS TOTALLY DENIED A SERVICE SO IF A PERSON IS GIVEN A DIFFERENT SERVICE THAT IS NOT A TOTAL DENIAL AND THEY DON'T KNOW ABOUT THAT SERVICE SO FOR EXAMPLE IF YOU HAVE ASKED FOR A WHEELCHAIR THAT HAS A STANDING DEVICE AND YOU'RE GIVEN A WHEELCHAIR THAT DOES NOT, THAT PERSON, THAT INDIVIDUAL, SHOULD BE ABLE TO THEREFORE APPEAL FOR THAT STANDING DEVICE AND BE GIVEN THOSE RIGHTS. THANK YOU VERY MUCH. ASSISTIVE TECHNOLOGY IS REALLY

THE MOST IMPORTANT THING BESIDES HUMAN CARE. IT ALLOWS YOU TO LIVE A SATISFYING LIFE. SOMETHING THAT ALL OF US WANT. WE'RE HERE TO HELP YOU. THANK YOU.

[APPLAUSE].

>> GOOD AFTERNOON. MY NAME IS HOLLY LANG. I'M THE PRESIDENT FOR PENNSYLVANIA PHILADELPHIA AGING. WE STARTED THE WAIVING PROGRAM IN 1995 SO THE AGING WAIVER IN PHILADELPHIA IS 20 YEARS OLD. I HANDED IN TESTIMONY TODAY IN LIEU OF READING SOME TESTIMONY FROM A CAREGIVER OF A CONSUMER.

UNFORTUNATELY SHE REGISTERED LATE SO SHE WAS NOT ABLE TO BE CONSIDERED SO I'M GOING TO BE HER VOICE TODAY. IN MY PROFESSIONAL TESTIMONY, I TALKED ABOUT SOME OF THE THINGS THAT YOU ALREADY HEARD ACROSS THE STATE FROM AGING SERVICING PROVIDERS AND OTHER PROFESSIONAL GROUPS, THE NEED FOR SLOWING DOWN THE TIME FRAME AND THE NEED FOR STATE-HOLDING INPUT AND THINGS SUCH AS THAT NATURE. RIGHT NOW I'M GOING TO

READ THE TESTIMONY FROM THE CAREGIVER WHO IS A GRANDDAUGHTER OF THE CLIENT AND THE CAREGIVER, SHE IS AN ACTUAL WAY OF A CLIENT SO HERE IS HER TESTIMONY. I GUESS I SHOULD START OFF MY SAYING INITIALLY MY GRANDMOTHER GOT SICK. IT WAS A BURDEN TO ALL OF A THINK IF I HAD TO DECIDE IF I WAS GOING TO CARE FOR HER IN THE COMMUNITY OR PLACE HER INTO A NURSING HOME. I DIDN'T KNOW WHERE TO BEGIN BECAUSE THE WHOLE PROCESS WAS NEW TO ME, MY GRANDMOTHER WAS ADMITTED TO THE HOSPITAL AND I WAS CONNECTED TO A SOCIAL WORKER WHO MADE REFERRALS TO A GERIATRIC MEDICAL PRACTICE WHO MAKES HOME VISITS. THE GERIATRIC PRACTICE CONTAINED NET WORKS WITH PCA SO THEY ALLOWED ME TO RECEIVE CARE FOR MY GRANDMOTHER SO I DIDN'T HAVE TO PLACE HER IN A NURSING HOME. AFTER A WHILE I REALIZED THAT TAKING CARE OF HER AT HOME WAS NOT JUST CHANGING DIAPERS AND MAKING SURE SHE HAS SOMETHING TO EAT. THERE IS ALSO A LOT OF PAPERWORK TO MAKE SURE MY GRANDMOTHER CAN STAY IN THE

PROGRAM. THE SOCIAL WORKER ALSO INFORMS ME WHEN THEY GRANDMOTHER NEEDS TO COMPLETE THE PAPERWORK. THERE IS MORE OF A PERSONAL TOUCH AND IT HELPS ME TO ASK HER THINGS AND TELL HER THINGS. WHEN SHE APPROACHES MY HOME, SHE'S ACCUSTOM TO OUR DAILY ROUTINE. SHE'S RESPECTFUL AND I KNOW THAT SHE CARES FOR THE WELLNESS OF MY FAMILY. I ALWAYS FEEL COMFORTABLE ASKING HER QUESTIONS ABOUT THINGS I DON'T UNDERSTAND REGARDING MY GRANDMOTHER'S CARE. WHEN I NEEDED SUPPLIES, ALL I HAD TO DO WAS ASK MY SERVICE COORDINATOR AND SHE FOLLOWS UP WITH THE DOCTOR'S OFFICE AND HELPS ME COMPLETE ALL THE PAPERWORK. MY GRANDMOTHER RECENTLY RECEIVED AN HOYER LIFT AND DUE TO HER WEIGHT, IT'S DIFFICULT TO MOVE HER FROM THE BED TO THE CHAIR. I DISCUSSED THE HOYER LIFT WITH THE DOCTORS AND THIS HAS MADE IT MUCH EASIER. THE NURSE VISITS MY GRANDMOTHER MONTHLY AND THE DOCTOR EVERY SIX MONTHS OR IF MORE IF NEEDED. IF ULTRASOUNDS OR OTHER TESTS ARE

NEEDED, IT HAPPENS IN THE HOME AND IT RELIEFS ME FROM A LOT OF STRESS KNOWING THAT I DON'T HAVE TO PHYSICALLY TRANSPORT MY GRANDMOTHER FROM ONE PLACE TO ANOTHER FROM THE WHEELCHAIR AND BACK. THAT'S THE END OF HER TESTIMONY. THANK YOU VERY MUCH FOR ALLOWING TO PARTICIPATE IN THE CONVERSATION. [APPLAUSE].

>> THANK YOU AND GOOD AFTERNOON. THANK YOU FOR ALLOWING ME TO SPEAK AT THIS IMPORTANT HEARING ABOUT MANAGEMENT LONG-TERM SERVICES. MY NAME IS MICHAEL BRODY AND I'M THE PRESIDENT OF THE MENTAL HEALTH ASSOCIATION OF SOUTH EASTERN PENNSYLVANIA. WE HAVE BEEN PROVIDING SERVICES TO PENNSYLVANIA FOR MORE THAN 60 YEARS. MHAAP IS A LEADING PROVIDER OF SERVICES AND EVIDENCE-BASED PRACTICE TO HELP OTHERS ON THE RECOVERY JOURNEY. MOST IMPORTANTLY WE ARE SUPPORTIVE OF THE GOVERNOR'S PROPOSAL TO ALLOW MORE INDIVIDUALS TO LIVE IN THE COMMUNITY AND WE'LL USE OUR TESTIMONY TO SPEAK

ABOUT OLDER ADULTS. THE QUALITY OF LIFE OF THE OLDER ADULTS IS NEGATIVELY IMPACTED BY WHAT GOES UNIDENTIFIED AND UNTREATED. DEPRESSION IMPACTS APPROXIMATELY 15 PERCENT OF THE POPULATION IN THE UNITED STATES. IT DOUBLED AFTER INDIVIDUALS REACH AN OLD AGE. IT'S A MAJOR HEALTH PROBLEM. RESEARCH INDICATES THAT AS HIGH AS 20 PERCENT OF OLDER ADULTS DEAL WITH ANXIETY. IT AFFECTS LONG-TERM PHYSICAL DISABILITY. DESPITE POPULAR THOUGHTS, IT'S NOT A NORMAL PART OF AGING EXPERIENCES. THESE MENTAL HEALTH ISSUES ARE OFTEN REVERSIBLE. SADLY LEFT UNTREATED, IGNORED MENTAL-HEALTH CONDITIONS CAN LEAD TO THE DECREASED QUALITY OF LIFE, DELAYED MEDICAL SURGERY AND INCREASED HEALTHCARE COSTS. WE KNOW THAT BEHAVIORAL HEALTH AND COSTS ARE CONNECTED. PEOPLE THAT HAVE A CONDITION UNTREATED ARE LIKELY TO HAVE POOR PHYSICAL OUTCOMES. THESE STATISTICS ARE SHOCKING BUT SUPPORT

ALONG WITH INTERVENTIONS, CAN HELP. PROVIDING PEER SUPPORT TO OLDER ADULTS CAN DECREASE DEPRESSIVE SYMPTOMS. OTHER STUDIES FOUND THAT THE ADULTS WERE LESS LIKELY TO REQUIRE HOSPITALIZATION. MHA IS SUPPORTIVE OF THE ADMINISTRATION'S PROPOSAL TO FOCUS ON TIMELY ACCESS TO BOTH PHYSICAL AND BEHAVIORAL HEALTHCARE WHICH IS BOTH PERSON CENTERED AND PERSON DRIVEN. MHA ALSO RECOMMENDS USING OLDER ADULT PEERS TO FILL OR ASSIST IN THE ROLES OF THE INDIVIDUALS HAVING MENTAL HEALTH CONDITIONS. UNFORTUNATELY THE COMMONWEALTH HAS A PAYMENT METHOD TO SUPPORT THIS. IT IS WELL-KNOWN THAT ISOLATION AMONG SENIOR ADULTS LEADS TO MANY OUTCOMES. MHA HAS LONG RECOGNIZED THAT A PEER SUPPORT CAN HELP PLAY A GREAT ROLE IN AN OLDER ADULT MANAGING THEIR CONDITION. MENTAL HEALTH ASSOCIATION OF PENNSYLVANIA WOULD LIKE TO INCREASE THE NUMBER OF PENNSYLVANIA'S AGING IN PLACE, WE BELIEVE THAT THE INTEGRATION IS

IMPORTANT TO IMPROVE QUALITY OF LIFE OUTCOMES. WE WANT ADULTS TO MANAGE THEIR CARE AND ENJOY A HIGHER QUALITY OF LIFE AS THEY AGE IN THEIR COMMUNITIES. THANK YOU.

[APPLAUSE].

>> GOOD AFTERNOON, EVERYONE. THANK YOU FOR ALLOWING ME TO BE HERE. I'M THE IMPACT DIRECTOR AT UNITED WAY. WE FOCUS ON LONG-TERM SOLUTIONS THAT IMPROVE EDUCATION FOR CHILDREN, FINANCIAL STABILITY FOR FAMILIES AND GOOD HEALTH FOR ALL AS WELL AS THOSE WHO STRENGTHEN THE NONPROFIT SECTOR AND ENSURE THAT BASIC HUMAN NEEDS ARE MET AND WE APPRECIATE THIS OPPORTUNITY TO PROVIDE FEEDBACK THAT WILL HELP SHAPE PENNSYLVANIA'S LONG-TERM CARE SYSTEM. BY 2020, IT'S EXPECTED THAT 25 PERCENT OF THE STATE IS GOING TO BE ELDER AND WE KNOW THAT A LARGE MAJORITY WISH TO STAY IN THEIR COMMUNITY AS THEY AGE. THEY WANT TO REMAIN DIGNITY IN THE COMMUNITY ALONG WITH THEIR FAMILY AND FRIENDS. A NETWORK IS NECESSARY TO

MEET THE NEEDS OF AN ADULT GROWING POPULATION. THE UNITED STATES HAS GIVEN 2 MILLION DOLLARS TO COMPILE A COMMUNITY HEALTHCARE SYSTEM THAT WAS FUNDED BY AND DEVELOPED BY THE DEPARTMENT OF AGING AND IT'S BASED ON NATIONAL BEST PRACTICES ON AGING AND PLACE MODELS AND TODAY YOU HEARD FROM ALL THREE OF OUR IMPLEMENTATION PARTNERS THAT ARE PILOTING IN DIFFERENT AREAS OF THE GREATER PHILADELPHIA REGION. SENIOR COMMUNITY SERVICES IN DELAWARE COUNTY AND ALSO IN MONTGOMERY AND ALL OF THESE AGENCIES WERE SELECTED. THERE IS A BIDDING PROCESS AND THEY ARE WELL-RESPECTED SERVICE PROVIDERS IN THEIR COMMUNITIES. THE TRADITIONAL AGING SERVICE SYSTEM IS EXPENSIVE AND WE KNOW THAT GAPS EXIST. IT BECAME CLEAR WHICH SERVICES WERE NEEDED TO HELP KEEP SENIORS SAFE AT HOME AND I'M GOING TO TALK ABOUT THE MOST FIVE IMPORTANT CONCEPTS THAT WOULD BE IMPORTANT TO INCORPORATE. AND THE FIRST IS THAT SERVICE DELIVERY MUST BE

PERSON-CENTERED. SERVICES NEED TO BE TAYLORED, WELCOMING, INCLUSIVE AND EMPOWERING TO OLDER ADULTS TO PRODUCE POSITIVE HEALTH OUTCOMES. THE SECOND IS THAT COMPREHENSIVE INTEGRATED CARE MUST GO BEYOND BEHAVIORAL HEALTH TO INCLUDE THE ENVIRONMENT SUCH AS ONE'S HOME. THE THIRD THING IS THAT OLDER ADULTS ARE OFTEN OVERWHELMED BY AND PLACED IN NURSING HOMES BECAUSE THEY CANNOT COMPLETE EVERYDAY CHORES SUCH AS LEAKS, SNOW REMOVAL WHICH IS NOT COVERED BY THE TRADITIONAL AGING SYSTEM AND THE FOURTH IS THAT HOME REPAIR AND TRANSPORTATION NEEDS ARE BY VAST MAJORITY THE NUMBER OF SERVICE REQUESTS THAT WE NEED AND LOCAL AFFORDABLE CONTRACTORS ARE GREATLY NEEDED AND LASTLY AND THE FIFTH LESSON LEARNED IS THAT THE VAST MAJORITY OF OLDER ADULTS TOUCHED BY THE AGING HOME PROGRAM HAVE NOT PREVIOUSLY BEEN CONNECTED TO THE SERVICE SYSTEM SO WE NEED TO MAKE SURE OUTREACH IS CONDUCTED BY TRUSTED ROLE PROVIDERS. THANK YOU AGAIN FOR THE

OPPORTUNITY TO SHARE OUR THOUGHTS AND UNITED WAY LOOKS FORWARD TO CONTINUING IN THIS CONVERSATION AS WE MOVE TOWARDS SUCCESSFUL IMPLEMENTATION OF MANAGED CARE. THANK YOU.

[APPLAUSE].

>> GOOD AFTERNOON. MY NAME IS JENNIFER KAYE AND I'M AN ATTORNEY IN THE AGING AND DISABILITIES UNIT HERE IN PHILADELPHIA. EACH YEAR WE REPRESENT OLDER ADULTS IN CONNECTION WITH ISSUES WITH KEEPING HOME-COMMUNITY BASED SERVICES AND SUPPORTS. THE CO-DIRECTOR OF MY UNIT WILL BE SUBMITTING COMMENTS BEFORE THE JULY 15TH DEADLINE BUT WE APPRECIATE THE OPPORTUNITY TO SPEAK HERE TODAY. MOST IMPORTANTLY WE ARE EXTREMELY CONCERNED THAT THE INITIATIVE IS BEING DONE TOO QUICKLY. THERE IS NOT ADEQUATE CONSIDERATION FOR WHAT'S INVOLVED. BECAUSE THE DEPARTMENT IS PLANNING TO RELEASE THIS IN OCTOBER IT APPEARS THAT THE MOST IMPORTANT COMMENTS ARE DONE IN THE NEXT FEW WEEKS. WE HAVE TO ADDRESS

A WIDE VARIETY OF ISSUES. WE ARE CONCERNED THAT THIS WILL RESULT IN THE DEPARTMENT TAKING A VAST ARRAY OF SUGGESTIONS AND THEN TAKE A PLAN THAT WILL NOT BE SUBJECT TO MORE STATE INPUT. THIS IS ESPECIALLY FOR AN INITIATIVE THAT WILL CHANGE THE LIVES OF THOUSANDS OF PENNSYLVANIANS. IT'S ESSENTIAL FOR THE DEPARTMENT TO PROVIDE MORE OPPORTUNITY FOR COMMENT THROUGH STATE HOLDER MEETINGS AND PUBLIC COMMENT OPPORTUNITIES. IN THE 2014 REPORT, THE PENNSYLVANIA LONG-TERM CARE COMMISSION CALLED UPON THE DEPARTMENT TO ASSIST THE COMMONWEALTH THROUGH ALL PHASES OF DEVELOPING A LONG-TERM CARE PROGRAM, SPECIFIC GEOGRAPHIC AREAS, CARE MANAGEMENT AND THE TYPES OF FINANCIAL ARRANGEMENTS TO BE TESTED. WE STRONGLY URGE THE DEPARTMENT TO FOLLOW THIS RECOMMENDATION TO PROVIDE DETAILS AND FOCUS. IN PARTICULAR, THE DEVELOPMENT OF ANY RFPS MUST BE A TRANSPARENT PROCESS. WE ALSO URGE THE DEPARTMENT TO CAREFULLY CONSIDER THE

APPROACH TO INTEGRATING AND SUPPORTING THE CARE RATHER THAN GO DIRECTLY INTO A PLAN TO PURSUE CERTAIN ORGANIZATIONS. THIS MUST BE UNDER TAKEN BY CAREFUL BY CONSIDERED BY THE BEST POSSIBLE APPROACHES. THE LONG-TERM CARE COMMISSION CALLED UPON THE DEPARTMENT TO CREATE DEMONSTRATION PROJECTS TO ADDRESS FINANCING. WE URGE THEM TO UNDERTAKE A PROCESS WHERE ALL THE GOALS ARE MET BEFORE IT'S EXPANDED TO A WIDER AREA. WE ARE VERY CONCERNED ABOUT THE DEPARTMENT'S PLAN TO MAKE THE ENROLLMENT MANDATORY. IN CONCLUSION, WE WILL BE PROVIDING MORE DETAILED COMMENTS BEFORE THE DEADLINE BUT WE APPRECIATE THE OPPORTUNITY TO ADDRESS THESE POINTS WITH YOU HERE TODAY.

THANK YOU

[APPLAUSE].

>> HELLO. I'M A GERIATRICIAN. I WANT TO THANK EVERYONE FOR SPEAKING HERE TODAY AND ENLIGHTENING ME AND TELLING US ABOUT ALL THE COMPLEXITIES. I KNOW THIS IS GOING TO BE A DIFFICULT THING

TO TAKE ON BECAUSE I THINK AS HAVING LIVED IN PENNSYLVANIA FOR OVER 20 YEARS NOW, I REALIZE HOW IMPORTANT IT IS THAT WE CARE FOR THAT WE DO THE RIGHT THING TO CARE FOR OUR ELDERS. WE'RE A LITTLE DIFFERENT IN THAT WE HAVE -- WE'RE A SMALL PROGRAM. WE'RE AN INSURANCE COMPANY AS WELL AS A PROVIDER. WE HAVE 435 MEMBERS IN OUR PROGRAM. UNLIKE TRADITIONAL HEALTHCARE THAT IS ONE OF THE THINGS THAT I ACTUALLY SPENT 19 YEARS WORKING UNDER, LIFE PROGRAMS ARE ACTUALLY TAKING CARE OF FOLKS BECAUSE WE REALIZED THEY NEED A MORE COMPREHENSIVE WAY FOR THEM TO BE CARED FOR. MANY OF THE PROBLEMS ARE OVERCOMING BY THE INSTITUTION. SO WE HAVE 435 PEOPLE. WE ARE IN WEST PHILADELPHIA AND HAVE BEEN AROUND SINCE 1998. LIFE HAS BEEN SHOWN TO SAVE MONEY BECAUSE WE ARE NOT ONLY COMPREHENSIVE AND WE PUT MONEY WHERE IT NEEDS TO GO. THE THINGS WE'RE CONCERNED ABOUT AND THE THING I'M HERE TO ASK FOR IS TO UNDERSTAND THE

DISTINCTION BETWEEN LIFE AND THE HEALTH CARE MANAGEMENT-BASED CARE. CONSIDER A FRAIL ELDERLY COUPLE WHERE THEY NEED ASSISTANCE WITH THEIR DAILY ACTIVITIES SUCH AS GETTING READY IN THE MORNING, TAKING MEDICINES AND PREPARING MEALS. THEY ARE ISOLATED BECAUSE THEY HAVE DIFFICULTY NOT ONLY TRAVELING BUT ALSO GETTING OUT OF THE HOUSE BECAUSE THEY HAVE DIFFICULTY TRAVELING. THEIR DAUGHTER IS STRUGGLING TO CARE FOR THEM AS WELL AS THEIR GRANDCHILDREN. WE PROVIDE NEEDED ASSISTANCE WITH PERSONAL AND HEALTHCARE AND TRANSPORTATION AS WELL AS SOCIALIZATION IN AN ADULT DAYCARE CENTER. WE ALSO PROVIDE NONTRADITIONAL SERVICES SUCH AS HANDRAILS. FOR EXAMPLE THE OTHER DAY, ONE OF THE BUILDINGS WE WERE IN HAD PROBLEMS WITH AIR CONDITIONS AND WE PROCEEDED TO TRY TO GET THAT AIR CONDITIONING WORKING. NOT ALL HEALTHCARE PLANS ARE CREATED EQUAL. I'M PLEASED THAT MEDICINE IS CHANGING

THAT FACING MORE EMPHASIS ON
PRIMARY-CARE PRACTICE AND CASE
MANAGEMENT. AGAIN, THIS IS STILL
FRAGMENTED CARE. WE HAVE A CASE
MANAGER AND A TEAM THAT CONSISTS OF
PHYSICAL THERAPIST, OCCUPATIONAL
THERAPIST, SOCIAL WORKER, PRIMARY CARE
PROVIDER, DRIVER, DIETICIAN. WE HAVE
COMPREHENSIVE CARE SO AGAIN THINGS I
RECOMMEND IS MAKE SURE THE FRAIL
SENIORS ARE INFORMED ABOUT OUR
PROGRAMS. THAT THERE IS UNIVERSAL
ELIGIBILITY AND DETERMINATION IS
SEPARATE AND INDIVIDUALLY AND NOT BASED
ON SOMEONE WHO IS ALSO ASSESSING
SERVICES SHOULDN'T BE PROVIDING THEM AS
WELL AND ALSO WE MAKE PAYMENTS THAT
SUPPORT INCENTIVES AND IT'S IMPORTANT
FOR THE ELDERLY TO LOOK AT FALLS AND
QUALITY-SPECIFIC MEASURES THAT WE TAKE
CARE OF. THANK YOU SO MUCH.

[APPLAUSE].

>> GOOD AFTERNOON, SECRETARY DALLAS,
OSBORN AND DEPUTY SECRETARY BURNETT.
MY NAME IS ABIGAIL RIDDER AND I HAVE

BEEN EMPLOYED BY LIBERTY COMMUNITY CONNECTIONS SINCE 2009. IN MY TIME WITH LIBERTY, I HAVE WORKED AS A COORDINATOR AND A MANAGER. IN THE PAST YEAR AND A HALF, I HAVE BEGUN TO SEE NURSING HOME TRANSITIONS PROCESS. AS A SUPPORTS COORDINATION PROVIDER, LIBERTY CONNECTION DOES NOT ONLY SUPPORT PEOPLE IN THEIR HOME BUT ALSO ASSISTS IN THE NURSING-HOME TRANSITIONS. THAT'S A VERY SPECIAL TIME TO OUR CONSUMERS WHERE THEY ARE ABLE TO PICK WHAT THEY WANT INDEPENDENTLY AND NOT WHAT'S DESCRIBED IN A NURSING HOME. IN 2010 THERE WAS A RULE THAT IMPLEMENTED THE INDIVIDUAL SERVICE PLANS AND CARE MANAGEMENT INSTRUMENTS. SUPPORT COORDINATORS ARE THE MOST PERSON-CENTERED ASSESSMENTS IN IDENTIFYING NEEDS BEYOND THOSE THAT ARE MEDICAL IN NATURE. WE LOOK AT THE PHYSICAL, EMOTIONAL AND SOCIAL NEEDS OF THE CONSUMER. DUE TO OUR INTENSE TRAINING, WE ARE EQUIPPED TO LOOK FOR

PLANS AND LOOK FOR RESOURCES TO ALLOW THE CONSUMER TO LIVE WITHIN THE COMMUNITY. WE WANT TO ASSIST ANY NEGATIVE IMPACT AS THE COMMONWEALTH MOVES TOWARDS A SYSTEM OF MANAGED CARE. AFTER REVIEW OF DHS'S DISCUSSION PAPER, IT APPEARS AS IF THE STATE IS PROPOSING A SYSTEM WHERE CONSUMERS ARE LIVING INDEPENDENTLY WITHIN THE COMMUNITY. WE WANT THE LEAST RESTRICTIVE SETTING THAT IS REVERSING THE COMMONWEALTH BIAS. WE ARE REQUESTING THAT THE COMMONWEALTH CONTINUE TO PRIORITIZE CONSUMERS TO BE ALLOWED TO LIVE IN THE SOCIETY THEY WISH. I WANT TO SHARE A STORY ABOUT A TRANSITION FROM 2013. TOGETHER WITH HER SUPPORTS COORDINATOR, SHE WAS LIVING ALONE, NONMEDICAL TRANSPORTATION SO SHE CAN ATTEND CHURCH, COMMUNITY OUTINGS AND DURABLE MEDICAL EQUIPMENT. UNFORTUNATELY ALONG THE WAY THERE WERE MANY OBSTACLES TO HAVE HER TRANSITION. ONE OF THE MAJOR DELAYS IN THE TRANSITION WAS BECAUSE THE NURSING HOME

BELIEVED THAT BECAUSE SHE SMOKED CIGARETTES, THIS WOULD LEAD TO HER HARMING HERSELF. BASED ON THE PRINCIPLES, WE BELIEVE SHE SHOULD BE ALLOWED TO SMOKE JUST LIKE ANYBODY ELSE IN THE COMMUNITY. WE HELPED HER TO ACCESS THE RESOURCES IN THE EVENT SHE WANTED TO QUIT BUT THAT WAS ULTIMATELY UP TO HER. BECAUSE OF THIS BARRIER, SHE HAD TO WAIT ALMOST EIGHT MONTHS TO FINALLY TRANSITION TO THE COMMUNITY AND TODAY SHE IS LIVING IN HER COMMUNITY AND SHE IS HAPPY WITH HER TRANSITION AND HAS BEGUN TO SPEAK TO GROUPS ABOUT HER EXPERIENCES OF LIVING IN A NURSING HOME. THE CONSUMER'S CHOICE HAS ALLOWED HER TO DIRECT HER OWN DECISION WITH THE SUPPORT OF SERVICE COORDINATOR WHO TREATED HER AS A PERSON AND NOT AS A MEDICAL DIAGNOSIS. THANK YOU FOR THE OPPORTUNITY TO ALLOW ME TO PROVIDE THESE COMMENTS AND WE LOOK FORWARD TO WORKING WITH YOU AS WE MOVE TOWARDS THE MANAGEMENT CARE MODEL OF DELIVERY. [APPLAUSE].

>> GOOD AFTERNOON SECRETARY DALLAS, OSBORN AND DEPUTY SECRETARY BURNETT. I'M EXECUTIVE DIRECTOR OF LIBERTY COMMUNITY CONNECTIONS WHO WORKS WITH OVER 3,200 CONSUMERS IN 22 COUNTIES THIS PENNSYLVANIA. THROUGHOUT MY 22 YEARS OF WORKING IN THIS FIELD, WE HAVE SEEN MANY CHANGES IN THE COMMONWEALTH AND WE UNDERSTAND WE ARE MOVING TOWARD A MANAGEMENT CARE SYSTEM. WE FIRMLY BELIEVE IN THE INDEPENDENT LIVING PHILOSOPHY AND ADVOCATE FOR CONSUMERS EVERY DAY TO RECEIVE THE SERVICES AND SUPPORTS THEY NEED TO LIVE SAFELY WITHIN THE COMMUNITY AND THEIR OWN HOME. IN ORDER TO ACHIEVE THIS, MCOS MUST OFFER CONSUMERS FOR CHOICES OF PROVIDERS FOR THEIR SERVICES. WE SEE NEED FOR ACCESS FOR QUALIFIED PROVIDERS IS IMPORTANT. WE WANT TO CONTRACT WITH APPROPRIATELY QUALIFIED PROVIDERS. NA SERVICES RECENTLY UNDERWENT A THOROUGH VALIDATION PROCESS TO SEE IF THEY CAN CONTINUE SERVICES. THERE SHOULD BE NO DISCUSSION WHY THESE

PROVIDERS SHOULD NOT BE PART OF THE NEW PROVIDER NETWORK. WHAT IS TO HAPPEN WITH THE CONSUMER WHO HAS BEEN RECEIVING SERVICES THROUGH A PROVIDER WHO IS NOW NOT PART OF THE NEW PROVIDER NETWORK? WE MUST ENSURE THAT THE MANAGEMENT CARE MAINTAINS THE CURRENT LEVEL OF SERVICES OUR CONSUMERS NEED AND DOES NOT RESULT IN A LOSS OF SERVICES. CONTINUITY IS IMPORTANT IN PROVIDING CONSUMER RELATIONSHIPS. AS YOU CONSIDER MOVING TO MORE COORDINATED CARE, WE ASK THE COMMONWEALTH NOT CHANGE THE CURRENT QUALIFICATIONS AND EDUCATIONAL REQUIREMENTS FOR SERVICE COORDINATORS. WE LOOK AT PEOPLE WITH DISABILITIES AS MORE THAN JUST A MEDICAL DIAGNOSIS. WE SEE THEM IN TERMS OF ALL OF THEIR NEEDS; MEDICAL, SOCIAL, EDUCATIONAL AND EMOTIONAL. WE HAVE A SERVICE COORDINATOR GOT A CALL FROM A NURSING HOME AND THEY WANTED TO PUT HIM BACK IN. THE COORDINATOR WENT TO THE HOSPITAL OVER THE WEEKEND AND ARRANGED FOR A SAFE DISCHARGE. ANOTHER

EXAMPLE, THE SAME COORDINATOR GOT A PHONE CALL WHERE THE CONSUMER WAS ATTEMPTING TO PURCHASE LUNCH MEAT BUT THE CLERK WOULD NOT UNDERSTAND HIM. IN 2012 ACT 22 CHANGED THE QUALIFICATIONS FOR SERVICE COORDINATORS AND ALSO ELIMINATED THE LIFE EXPERIENCE AS AN ACCEPTABLE ALTERNATIVE TO EDUCATION CAUSING SERIOUS DISRUPTIONS TO CONSUMERS AND THEIR FAMILIES. AT THIS TIME THIS WAS THE ONLY WAY FOR CONSUMERS TO CONTACT WITH THE WORLD AND IT WAS TAKEN FROM THEM. THE NEW ACT 22 ENVIRONMENTS MAKES SURE THE PROVIDERS HAVE CERTAIN EDUCATIONAL AND MAKE SURE THEY HAVE A HIGH LEVEL OF EXPERTISE. IT'S IMPORTANT TO HAVE BOTH CONSUMERS AND MLTSS PROVIDERS AT THE TABLE IN ORDER TO UNDERSTAND THE UNIQUE NEEDS OF THIS POPULATION AND THE IMPORTANCE OF PRESERVING AND MAINTAINING CONTINUITY AND CARE. THIS IS CRITICAL VERY EARLY ON IN ORDER TO PROVIDE THE EXPERTISE NEEDED TO SHAPE THE RFP THAT WILL BE RELEASED IN OCTOBER. THANK YOU FOR THE

OPPORTUNITY TO PROVIDE THESE COMMENTS AND WE LOOK FORWARD TO BE ACTIVE WITH YOU AS WE MOVE FORWARD.

[APPLAUSE].

>> HELLO. MY NAME IS KENNETH PERRY. I'M AN ACCOUNTANT WITH LIBERTY RESOURCES. AS I SAID, I'M AN ACCOUNTANT WITH LIBERTY RESOURCES. OVER THE LAST 15 YEARS, I HAVE SERVED WITH ORGANIZATIONS SUCH AS MENTAL HEALTH ASSOCIATIONS, COMMUNITY COUNSEL AND THE HEALTH FED RATION OF PHILADELPHIA. I AM ALSO A CONSUMER. I HAVE A UNIQUE UNDERSTANDING OF THE IMPACT THAT WILL ENDEAVOR WILL HAVE ON THE COMMUNITY. WHILE I STAND HERE AND DISCUSS THE EMOTIONAL IMPACT, I WOULD PREFER TO DISCUSS THE IMPACT THAT THE FRAMEWORK YOU ESTABLISH WILL HAVE ON THE SERVICE PROVIDED TO -- I'M SORRY, ON THE SERVICE PROVIDING ORGANIZATIONS. REMEMBER, DISRUPTION TO THESE ORGANIZATION'S OPERATIONS RESULT IN INTERRUPTION IN SERVICES TO THE COMMUNITY. PLEASE UNDERSTAND THAT THE

INFRASTRUCTURE YOU DESIGN AND PUT INTO PLACE WILL DIRECTLY IMPACT EVERY ORGANIZATION'S ABILITY TO EFFECTIVELY AND EFFICIENTLY SERVE THE COMMUNITY.

NOBODY IN THIS ROOM WANTS DISRUPTIONS IN THE SERVICES. PLEASE THINK ABOUT THE COMPLEXITY OF THE BILLING INSTRUCTION. THE MORE COMPLEX THESE ARE, THE MORE THE SERVICES MUST GET OTHER RESOURCES. LASTLY, PLEASE BE SENSITIVE TO THE TURN AROUND TIME FROM BILLING TO PAYMENT. MANY OF THE ORGANIZATIONS PROVIDING THESE SERVICES ARE WORKING WITH VERY, VERY LIMITED RESOURCES. IF THEY ARE FORCED TO WAIT FOR CASH TO RUN THEIR ORGANIZATIONS, THEY RUN THE RISK OF INTERRUPTING SERVICES. THANK YOU VERY MUCH.

[APPLAUSE].

>> THANK YOU. I'M NANCY SLANDO. I'M A MEMBER OF AN ACTIVIST ORGANIZATION AND WE HELP ABOUT 450 CONSUMERS AND WHAT I WANT TO TALK ABOUT HOW THIS PROGRAM WENT OUT WHERE CONSUMERS DID NOT KNOW WHAT WAS GOING ON. THERE WAS NO 800

NUMBER TO CALL. THERE WAS A 717 NUMBER AND A LOT OF PEOPLE CAN'T AFFORD TO CALL 717. MOVING FORWARD, THERE NEEDS TO BE A LOT MORE INVOLVEMENT GETTING TO CONSUMERS AND NOT JUST PROVIDERS. THAT'S REALLY IMPORTANT. EVEN IF YOU SOMEHOW HAVE TO HELP PEOPLE GET THERE FINANCIALLY, THAT'S REALLY IMPORTANT. THE NEXT THING IS WHAT MUST BE INCLUDED IS ALL DISABILITIES. DO NOT EXCLUDE ANY DISABILITIES. FIRST YOU NEED TO INCLUDE THE COMMUNITY CHOICE OPTION. INCLUDE THE BALANCING INITIATIVE. YOU MUST INCLUDE NURSING HOMES AND ALL INSTITUTIONS UNDER MANAGED CARE SO WE CAN MAKE CERTAIN THAT PEOPLE ARE ABLE TO GET OUT. I HAVE HELPED PEOPLE GET OUT OF INSTITUTIONS IN THE LAST 37 YEARS AND WE WANT TO SEE THIS TON TO HAPPEN AND IN A WAY, THIS IS NOT AS DIFFICULT AS IT IS, HAVE YOU HEARD THE STORIES? WE WANT TO SEE MORE PEOPLE NOT GOING INTO NURSING HOMES AND THE NEXT -- A LOT OF THINGS HAVE BEEN SAID BUT WHAT WE WANT TO INCLUDE IN CONSUMER-DIRECTED

PERSON CENTERED, DELIVERY OF SERVICES IN THE INTEGRATED SETTINGS, PLANS FOR ENROLLEES INCLUDING THE NETWORK AND OUT OF NETWORK SPECIALISTS. WE WOULD LIKE PEOPLE TO OPT IN AND OUT UNTIL IT BECOMES A VERY THOUGHTFUL PROGRAM AND ALSO TO INCLUDE LIVING WAGES FOR ATTENDANTS IS IMPORTANT AND I JUST WANT TO THANK YOU FOR THAT. WE WANT TO WORK WITH YOU MOVING FORWARD BUT IT HAS TO BE A PROGRAM THAT'S GOING TO INCLUDE THESE THINGS AND WE WILL SEND IN A LOT OF STUFF. THANK YOU.

[APPLAUSE].

>> HI, MY NAME IS DAYMOND MARTIN AND I PROMISE NOT TO KEEP YOU HERE MORE THAN THREE MINUTES. I'M A DISABLED PERSON WITH CP, CEREBRAL PALSY AND I'M GOING TO AGREE WITH WHAT NANCY JUST SAID BUT I DO WANT TO SAY WE AS DISABLED PEOPLE WANT TO HAVE CONTROL OF OUR LIVES THROUGH MANAGED CARE. HAVING THINGS IN PLACE LIKE SELF-DIRECTED ATTENDING CARE IS VITAL -- IT'S VITAL TO US AS WE COME PRODUCTIVE IN OUR OWN COMMUNITIES

SO WE ASK THAT JOBS OR THOSE WITH DISABILITIES BE CREATED SO WE DON'T HAVE TO DEPEND ON GOVERNMENT ASSISTANCE. ALSO WITH SELF-DIRECTED CARE, ATTENDED CARE SERVICES, HAVE A 24-HOUR EMERGENCY ASSISTANCE WITHIN ANY SELF-DIRECTED -- WITH ALL AND ANY TIMES OF ASSISTANCE, FOR EXAMPLE, IF SUDDEN CHAIR BREAKDOWN HAPPENS WHEN YOU ARE CROSSING THE STREET OR SOMETHING HAPPENS AS YOU GET OUT OF THE TUB OR YOUR VOICE COMMUNICATOR STOPS WORKING AS YOU'RE TRYING TO RECORD SOMEONE OR MAYBE YOUR ATTENDANT OR ATTENDANTS CAN'T GET TO YOU BECAUSE OF SEVERE WEATHER OR SNOW. A DISABLED PERSON IN NEED WOULD EXPLAIN THIS SITUATION TO THE EMERGENCY-ASSISTED PERSON. THAT PERSON WOULD THEN, IN A TIMELY MANNER, SEND OUT THE APPROPRIATE HELP TO ALLEVIATE THE SITUATION. IN THE CASE OF FAILING DURABLE MEDICAL EQUIPMENT, THE DME PERSON WILL BE GIVEN THE CHOICE TO KEEP -- THE PERSON WITH THE DISABILITY WOULD BE GIVEN THE CHOICE TO

KEEP THE MEDICAL EQUIPMENT OR GIVE IT
BACK TO THE COMPANY, SORT OF LIKE A RENT
A CENTER. THAT'S IT. I'M DONE.

THANK YOU.

[APPLAUSE].

>> I APPRECIATE THE OPPORTUNITY TO BE
HERE TO SPEAK ON THIS ISSUE OF SERVICES
UNDER MANAGED OCCASION FOR LONG-TERM
CARE. MY NAME IS DEBORAH RUSSEL AND I
WAS BORN WITH MY DISABILITY OF CEREBRAL
PALSY AND IN RECENT YEARS ALSO REQUIRED
MORE. AS A PERSON WITH A DISABILITY,
WHEN I WAS BORN, DOCTORS SAID I WASN'T
GOING TO BE ABLE TO DO ANYTHING AND THEY
PROMOTED FOR MY PARENTS TO PUT ME IN AN
INSTITUTION AND I'M THANKFUL I DID NOT
DO THAT. MY PARENTS FOUGHT FOR ME TO
LIVE IN THE COMMUNITY AT HOME WITH THEM
AND FIGHT FOR EQUIPMENT I NEEDED AND
FIGHT FOR EDUCATION BECAUSE NOT ONLY
DID I HAVE PHYSICAL DISABILITY BUT I
ALSO WAS LABELED AS RETARDED AND SLOW
SO THERE WERE NO A WHOLE LOT OF
ANTICIPATIONS FOR ME TO HAVE A LIFE AND
BECAUSE OF MY PARENTS, HERE I AM. I

FOUGHT WITH COUNSELORS WHO SAID I WASN'T GOING TO BE ABLE TO EDUCATION OR EMPLOYED AND YES I HAVE BEEN EMPLOYED FOR 30 PLUS YEARS OF MY LIFE UNTIL RECENT YEARS WHEN MY DISABILITY AND ECONOMIC CIRCUMSTANCES FORCED CHANGES FOR ME AND I AM A PROUD MEMBER OF ADAC, PENNSYLVANIA ADAC, A PROUD MEMBER. AND I HAVE WORKED IN THE SOCIAL SERVICE FIELD FOR ALL PEOPLE WHO HAVE BEEN MARGINALIZED AND CONSIDERED NOT VALUABLE MEMBERS OF SOCIETY INCLUDING ABLE-BODY AND INCLUDING CHILDREN AND IN MY LAST 21 YEARS, RESOURCES SENT FOR INDEPENDENT LIVING. IT HAS BEEN MY DESIRE AND STILL MAINTAINS TO BE MY DESIRE TO HELP ALL PEOPLE NOT TO BE MARGINALIZED AND THAT SOMEONE ALREADY SAID, WE ALL ARE AFFECTED BY THIS ISSUE WHETHER WE'RE DISABLED FOR NOT BECAUSE WE ARE ALL GOING TO GROW OLDER. IF WE KEEP LIVING, WE'RE GOING TO GROW OLDER AND WE'RE GOING TO NEED SUPPORTS AND WE'RE GOING TO STILL WANT TO LIVE OUR LIVES. THE MAJORITY OF US DO NOT WANT

TO BE INSTITUTIONALIZED AND THE MAJORITY OF US WHO HAVE SERVICES THE IN COMMUNITY, WANT TO KEEP WHAT WE HAVE AND MAINTAIN THE SERVICES AND THE SUPPORT AND THE ATTENDING CARE AND THE ACCESS TO ADAPTIVE EQUIPMENT. I'M A SISTER, I'M A NEIGHBOR, I'M A GIRLFRIEND, I AM A PERSON WHO IS A PART OF A CHURCH COMMUNITY. I'M A PART OF A VOLUNTEER COMMUNITY. IF I WAS INSTITUTIONALIZED, I COULD NOT BE ALL THAT. I DON'T GOT MOTHER. I HAVE FAMILY. I HAVE FRIENDS AND IF YOU'RE INSTITUTIONALIZED, WE CANNOT BE ALL THAT. WE NEED HEALTHCARE THAT'S ACCESSIBLE. WE NEED AFFORDABLE HOUSING THAT'S ACCESSIBLE. WE NEED NURSING HOME TRANSITIONING THAT IS ACCESSIBLE. MOST OF ALL WE NEED TO HAVE CONSUMER DIRECTION AND CONSUMER CONTROL AND CONSUMER INVOLVEMENT IN WHAT IS HAPPENING IN OUR LIVES. WE DON'T NEED TO SEE THINGS WRITTEN ON PAPER WHERE WE ARE NOT PART OF THE CONVERSATION AND THE IMPLEMENTATION.

WE NEED TO BE AT THE TABLE WHERE THESE THINGS ARE DESIRED BECAUSE IT IMPACTS ALL OF OUR LIVES AND WE NEED WAYS IN WHICH WE DON'T NECESSARILY HAVE TO BE IN INSTITUTIONS TO LIVE OUR LIVES AND IF WE ARE, WE NEED TO HAVE MEANS TO GET OUT AND THOSE OF US WHO ARE FORTUNATE ENOUGH TO BE IN THE COMMUNITY, NEED TO BE ABLE TO STAY IN THE COMMUNITY WITH THE RIGHT SUPPORT. THANK YOU FOR THE OPPORTUNITY AND I HOPE THAT YOU WILL GIVE US OPPORTUNITY TO BE AT THE TABLE WHERE INFORMATION IS HAD ON AN ONGOING BASIS.

[APPLAUSE].

>> I'M 63, VERY POOR AND NEED CARE. I'M AN MEDICAID AND MEDICARE. THE FUTURE REALLY WORRIES ME AND MANAGED CARE TO ASSIST ME IN ALL OF MY ACTIVITIES.

[INAUDIBLE]

I MAY NOT BE ABLE TO TIE MY SHOES BUT I'M A GEEK ON THE COMPUTER. WE NEED TO FIND A WAY TO GET HELP TO HEAR OUR WORD. I'M NOT A BURDEN OR HELPLESS, IN FACT,

WE HAVE CIVIL RIGHTS. WELL, I WANT TO BE IN SOCIETY. I CANNOT BE A MINORITY. YOU'RE A LIGHT IN A DARKENED ROOM WHEN YOU DIE. YOU WORK AND STAY HOME AND PAY TAXES, IT'S PART OF A SOLUTION. I WANT TO BE ABLE TO FEEL INNOVATED IN SOCIETY AND BY THE WAY, I WILL.

[APPLAUSE].

>> THANK YOU VERY MUCH FOR STICKING AROUND SECRETARY OSBORN, DALLAS AND BURNETT, THANK YOU FOR BEING WITH US TODAY AND LISTENING FOR THE LAST FEW HOURS ABOUT OUR CONCERNS. I'M FADI SAHAR. I'M CEO FOR LIBERTY RESOURCES WHERE WE ENCOURAGE TO MAKE THE DISCUSSION DOCUMENT SUCH A LIVE DOCUMENT THAT WE WITH PARTICIPATE IN PARTICULARLY FOCUSED ON PERSON-CENTERED APPROACH AND BALANCING THE BIAS SO INDIVIDUALS CAN LIVE IN THE COMMUNITY. I WANT TO STAY THANK YOU TO MANY OF OUR COLLEAGUES AND FRIENDS ACROSS THE STATE THAT TALK ABOUT TRANSITION OF CARE AND MAKE SURE WE DO NOT REDUCE SERVICES TO INDIVIDUALS AND

ALSO TO THANK THE PROGRESS THAT WE HAVE MADE WITH OUR WORKFORCE IN THE LAST FEW MONTHS WITH THE SUPPORT OF THE GOVERNOR. LIBERTY RESOURCES HOME CARE SERVICES HAS BEEN ABLE TO DEMONSTRATE OUR ATTENDANTS, OVER 400 ATTENDANTS AND BE ABLE TO PROVIDE CARE. WHAT I WANT TO BE FOCUS ON TODAY IS REBALANCING. IT'S ESSENTIAL TO MAKING THIS MANAGEMENT CARE PROGRAM WORK AND AS WE HAVE LOOKED AT IT, WE'RE NOT GOING TO GO THROUGH THE ECONOMICS AGAIN. YOU KNOW THAT IN ORDER FOR REBALANCING TO WORK, YOU'RE GOING TO NEED TO HAVE AGENCIES AND ORGANIZATIONS THAT ARE IN THE COMMUNITY THAT HAVE BEEN ABLE TO COMPLETE TRANSITIONS FOR PEOPLE OUT OF NURSING HOMES SO THEY CAN LIVE IN THE COMMUNITY AND ALSO HAVE TO REDUCE THE NUMBER OF NURSING HOME BILLS. THE LAST YEAR THE ADMINISTRATION FOR COMMUNITY LIVING IN WASHINGTON RECOGNIZES THE UNIQUE ROLE THAT PEOPLE HAVE IN MAKING SUCH TRANSITIONS SUCCESSFUL BY DESIGNATING NURSING TRANSITIONS AS A

CORE SERVICE. SOME ARE FEDERALLY MANDATED TO WORK WITH CONSUMERS AS THEY TRANSITION INTO THEIR DESIRED COMMUNITY-BASED SITUATIONS. A WELL-FUNDED TRANSITION NEEDS TO BE APPROPRIATELY FUNDED TO AFFORD THE CONSUMER'S ABILITY TO GO THROUGH THE STAGES. I AM HERE TO TELL YOU TO MAKE SURE YOU INCORPORATE THAT.

TRANSITIONS ARE VERY TIME CONSUMING AND COMPLICATED AND CONFUSING. SOMETIMES WE HAVE TO WORK WITH THE CONSUMER TO FIND THE BIRTH CERTIFICATES AND GO AS FAR AS TO HELP THEM LEARN TO MANAGE A BUDGET. CONSUMERS NEED TO RECEIVE CLEAR COMPREHENSIVE ACCESSIBLE EDUCATION AND TRAINING AS WE GO THROUGH THE CHOICES THEY HAVE TO MAKE. THESE ARE VERY DIFFICULT CHOICES AND I DON'T KNOW ABOUT YOU BUT WHEN I DEAL WITH MY INSURANCE AGENCY, IT TAKES ME HOURS TO FIGURE OUT WHAT SOME OF THOSE STATEMENTS NEED AND OUR CONSUMERS NEED TO HAVE THAT SAME LEVEL OF DETAIL AND WE NEED TO MAKE SURE WE PROVIDE THAT

SAME LEVEL OF TRAINING. SALES AND AAAS HAVE BEEN DOING THAT. YOU KNOW WHAT OUR CORE SERVICES ARE. YOU KNOW WHAT WE ARE MOST CONCERNED ABOUT AND SOME OF US, AS WE LOOK AT THE QUALITY ISSUES THAT YOU HAVE IDENTIFIED AS BEING PIVOTAL, I'M NOT GOING TO HEAL. I'M NOT GOING TO GET BETTER. WE NEED TO THINK ABOUT THE QUALITY OF LIFE. THAT'S GOING TO MAKE THIS REALLY WORK. WE WILL WORK WITH YOU TO HELP BRING THE DIMENSIONS. WE HAVE BUILT THOSE DIMENSIONS INTO THE SERVICES WE PROVIDE EVERY DAY AND WE WANT TO BE YOUR PARTNER AS YOU DO THAT FOR SERVICE COORDINATION, AS WELL AS LIVING HOME SERVICES. FINALLY IF I DON'T SAY THIS, I WILL PROBABLY BE MISSING MY CALLING. YOU CAN'T DO ANYTHING ABOUT US WITHOUT US. WE NEED TO BE AT THAT TABLE SO AS YOU'RE PUTTING TOGETHER THIS -- AS YOU'RE PUTTING TOGETHER THIS RFP, PLEASE ARE TRANSPARENT. THE TRANSPARENCY IN THIS RFP IS GOING TO BUILD A LOT OF CONFIDENCE AND WE WANT

TO BE YOUR PARTNER AS YOU GO THROUGH AND BUILD A SUCCESSFUL PROGRAM. WE ARE DOING IT BECAUSE WE BELIEVE THE CONSUMERS DESERVE THE BEST POSSIBLE PROGRAM THIS IS AND WE'RE CERTAINLY GOING TO MAKE THAT HAPPEN.

[APPLAUSE].

>> GOOD AFTERNOON, EVERYONE. GOOD AFTERNOON SECOND DALLAS, OSBORN AND BARNETT. I'M A SUPPORT COORDINATOR WITH LIBERTY. I HAVE WORKED FOR ALMOST FIVE YEARS NOW. I HAVE SEEN CHANGES THAT AFFECT THE LIVES. ONE EXAMPLE WAS THE CHANGE IN THE ENROLLMENT PROCESS. WE KNOW THAT WHEN WE ALL SWITCHED OVER, IT WAS A BIG DEAL AND WHILE THE PURPOSE WAS TO FACILITATE AND STREAMLINE THE ENROLLMENT AND ELIGIBILITY PROCESS, WE HAVE SEEN HOW PROVIDERS FIRSTHAND HAVE SEEN A SINGLE POINT ENTRY SYSTEM HAS BECOME OVERWHELMED WITH ENROLLMENT REQUEST. AT TIMES, CONSUMERS HAVE FALLEN THROUGH THE BRICKS. WE HAVE NOTICED A DELAY IN SERVICES, NURSING HOME PLACEMENTS AND EVEN THAT. I WANT

TO SHARE A QUICK STORY WITH ONE OF MY CONSUMERS. IN MARCH OF 2014 I RECEIVED A REFERRAL. LIBERTY COMMUNITY CONNECTIONS AS HER SUPPORT AGENCY. WHEN I RECEIVED HER ON MY CASE LOAD, I CALLED HER AND SHE WAS ALREADY IN A HOSPITAL. HER CAREGIVER TOLD ME AS SOON AS SHE GETS OUT OF THE HOSPITAL, SHE WILL GIVE ME A CALL BACK TO START HER ENROLLMENT PROCESS. FRIDAY SHE TOLD ME SHE WAS DISCHARGED AND SHE TOLD ME HOW LONG SHE WAS WAITING FOR HER SERVICES AND I MADE AN APPOINTMENT TO GO OUT TO HER HOME. I WENT TO HER HOME AND SHE WANTED TO USE PPL AS HER AGENCY AND MY SUNDAY SHE GAVE IT AWAY. BECAUSE OF THE LONG PERIOD OF OVER A YEAR TRYING TO GET THE SERVICES, HER CAREGIVER COULD NOT GIVE HER THE CARE SHE NEEDED. THIS IS DETRIMENTAL TO HEALTH AND SAFETY AT TIMES. HOW CAN WE ENSURE THAT CONSUMERS ARE NOT LEFT WITHOUT SERVICES? CONTINUITY IS KEY. I'M REQUESTING THAT THE COMMONWEALTH PLEASE CONSIDER WAYS TO ENSURE THAT

ENROLLMENT IS IMPLEMENTED SO NO CONSUMERS ARE NOT LEFT BEHIND AS THE STATE MOVES TO A MANAGE CARE APPROACH. THERE IS NO TIME THAT WILL MEASURE THE SUCCESS AS PROBLEMATIC FROM THE ROLE OUT. AS WE HAVE WITNESSED CHANGES SUCH AS THESE, IT FAILS AT TIMES BECAUSE OF LITTLE OR NO CONSUMER FEEDBACK. I THEREFORE REQUEST THAT THE COMMONWEALTH ASKS FOR A CONSUMER AND STATE HOLDER FEEDBACK PRIOR TO THE NEXT REGION'S ROLE OUT. THIS WILL ALLOW THE COMMONWEALTH TO ADDRESS ANY CONCERNS AND ALLOW FOR THOSE DIRECTLY INVOLVED TO SHARE THEIR EXPERIENCE AND HELP SHAPE SUBSEQUENT ROLE OUTS. I THANK YOU FOR OPPORTUNITY TO CARE MY FEEDBACK AND COMMENTS AS THE COMMONWEALTH PLANS TO MOVE FORWARD IN THE MANAGEMENT CARE SYSTEM.

[APPLAUSE].

>> ON BEHALF OF SECRETARY DALLAS AND DEPUTY SECRETARY BURNETT AND MYSELF AND ALL OF THOSE FOLKS AT THE DEPARTMENT OF HUMAN SERVICES AND FOR YOU WHO

JOURNEYED WITH US FOR THE PAST FEW HOURS, THAT PASSION IS GREAT. I WILL TAKE YOU BACK TO THE VERY FIRST SPEAKER THAT SAID WORDS THAT STUCK WITH ME WHICH IS WHY I'M GOING TO NOW SHARE WITH YOU AS WE CLOSE UP BUT IT ALSO WAS A THREAD THROUGH EVERYONE'S COMMENTS TODAY IN TERMS OF ENSURING THAT WE HEAR VOICES OF CONSUMERS AND FAMILY MEMBERS AND THE WORDS THAT ARE SPOKEN IN THE VERY BEGINNING AND THE THEME FOR ME AS I LEAVE TODAY AND HEAD BACK TO HARRISBURG IS THAT AT THE END OF THE DAY, LIVES ARE AT STAKE. THAT WAS THE WORDS BY THE FIRST SPEAKER. I HAVE FOUR BROTHERS AND ONE OF THEM WORKS IN A FACTORY. HE HAS A VERY CRITICAL JOB IN MAKING WIDGETS. THOSE OF YOU WHO STOOD UP AND TALKED ABOUT IT TODAY AS CONSUMER OF SERVICES AND PROVIDERS, WE UNDERSTAND THAT AND IF WE DIDN'T, WE WOULD NOT BE HERE. WITH THAT BEING SAID, THANK YOU FOR EVERYTHING. THESE DIALOGUES AND CONVERSATIONS NEED TO CONTINUE. AS SECRETARY DALLAS MENTIONED THAT WE HAVE

A DATE ESTABLISHED FOR THESE OPEN COMMENTS, OUR DIALOGUE WILL CONTINUE. PLEASE STAY IN TOUCH WITH US. CALL US, WRITE US, TACKLE US AND DO WHATEVER YOU NEED TO DO IN TERMS OF ENSURING THAT IF WE ARE NOT LISTENING TO SOMETHING AT THE END OF THE DAY, THEN WE ARE NOT DOING OUR JOBS. THIS CONVERSATION IS CRITICALLY IMPORTANT. I THANK YOU FOR YOUR TIME AND THOSE OF YOU WHO SPOKE SUCH COURAGEOUS WORD, TRUST ME, I'M TAKING THAT BACK TO HARRISBURG. IT'S THE VOICES AND HOW WE NEED TO MAKE THE CARE BETTER FOR EVERYBODY INVOLVED. I WISH YOU A GREAT WEEKEND. THANK YOU EVERYBODY. IT'S GOING TO BE A WET ONE. TRAVEL WELL AND THANK YOU.