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>>**CAPTIONER:** On standby for webinar.

(Recording that webinar would be starting soon stopped. Waiting for webinar audio to begin.)

>>**JEN:** Good afternoon, everyone. This is Jennifer Burnett deputy secretary of office of long term living. I am joined by Kevin Hancock our chief of staff and Pat Brady and sellers Dorsey with the logistic of the third Thursday webinars.

Welcome to third Thursday webinar.

We will start with a little bit of housekeeping that I will ask Pat to go through and then she will give it back to me for the actual program.

>>**PAT:** Thanks, Jen.

Just as in previous webinars, on the right-hand side of your screen, you will see the control panel, hopefully in a minute -- okay. There we go.

On the right-hand side of the screen you can see there is a control panel and this is where, towards the bottom, you can type questions; and you can also select how you participate, either through using the microphone and speakers on your speaker or through the telephone.

We are going to, as in the past, ask you to submit questions and comments to the question panel, then we will take time to answer those questions during the presentation.

I am.

>>**JEN:** Thank you, Pat. I am going to start out with an agenda on the third Thursday webinar. Very briefly, we will spend a little bit of time this afternoon going through an update on where we are with Community HealthChoices. The update -- we will also go through the concept paper

comments.

We have selected about five or six comment paper comments that we want to walk you through so you can see the changes we made based upon the public input we got on the concept paper to lead us to the next step.

The third thing we will cover, which I think you will find very interesting, we invited Gary Sullivan from Tennessee to speak to his experience in managed long-term services and supports in Tennessee.

We are fortunate to have Macc goaled from Sellers Dorsey facilitate that conversation with Gary Sullivan.

We are very excited and want to hear from consumers who are experienced in managed long-term services and supports. We will open it up for questions at the end of the concept paper comments. We will have a few minutes, then pass on to Gary. After Gary's presentation, he will open it up for questions and we will make sure that we have a facilitated conversation with the questions that are asked.

I want to talk briefly about the draft procurement time line.

As you know, we had the concept paper open until October 16th; at that point we closed that for comments, received many, many comments and -- so that kind of led us to our latest release, which was on Monday of this week.

I want to provide you with an update of where we are with development of Community HealthChoices. I also certainly want to talk about some of the comments that we incorporated into the RFP.

The new release on Monday the 16th of November was a -- it was a draft RFP and draft program requirements. We are looking for more input on this process; that's something we heard from people. We are issuing this in draft. This is sort of a new process for the Department of Human Services. We don't usually issue draft RFPs, but we are doing it this time because we are making changes that we really want to hear comments on.

On December 11th, we will be closing that comment period; so all of the comments on the draft release, released on Monday, need to come back by December 11th. On December 14th, we will release a second draft, which is also being released for public comment.

This will cover additional materials and more specific information on the eligibility and enrollment process, which is not part of the release that we put out on Monday.

Those comments will be due back on January 8th of 2016. So we were looking for additional comments on the draft materials and information on eligibility enrollment and what you think about what we put out on the 14th of December.

Sometime in January -- we do not have the date -- we will have the official release of the RFP. The reason we have not specified a date for that is we just don't know how many comments we are going to be getting back on January 8th. We need to make an adjustment to that official release once we have a better sense of the amount of comments we receive back.

I want to talk some about other stakeholder processes that we have been going through just by way of an update.

On November 4th and 5th, we held what we call the managed care organization and stakeholder meet and greets.

We decided to hold these meetings because of best practices from other states, and also, really, to facilitate an opportunity for the managed care organizations and interested stakeholders to meet and to begin developing those relationships that are going to be critical to the success of this program. The first day, on the 4th, was held at the Radisson in Camp Hill. At that time, we had half a day -- which was managed care organization, specific education, about long-term services and supports.

In particular, it reflected on the system that Pennsylvania has in place with long-term services and supports, including our services in nursing facilities, as well as our services in home and community-based services and the types of home and community-based services available.

Following that, we had a two-hour meeting with the home and community-based service providers. We asked the SCBS service providers to do a presentation, actually, for all of these meet and greets we did, we asked the type of provider to do a presentation about a half hour presentation on what they do and how they do it; then we asked the managed care organizations to talk about how they do their work; that managed care conversation was led by former DCW secretary Estelle Richman who asked consistent questions for each of the different provider types.

We did that with home and community-based service providers. Then we had a two-hour session with current participants, then we had a two-hour session the next day, which was held at PaTTAN, which is just on the out skirts of Harrisburg. It is a nice facility to hold a large meeting.

The second day we started with the Area Agencies on Aging coming and talking about themselves and hearing about managed care organizations and then sort of the meet and greet.

Then we did service coordination entities. They did a nice presentation on how they operate in Pennsylvania.

Then, finally, we invited the nursing facilities in Pennsylvania to come and talk with the managed care organizations about the services that they make

available for Pennsylvanians.

All together, we had over 800 participants over the course of both days. We did have very positive feedback from all parties involved and that includes both the providers, the consumers and the managed care organizations. We are planning to continue the conversation over the upcoming months. We think that these facilitated conversations between managed care organizations and other interested parties is really important.

I want to talk a little bit about our new website, if you haven't taken a look at it, please take time to go over and check it out.

Because we migrated, all of the Department of Human Services, has migrated to a new website platform in the last three weeks, I would say it has occurred. Because we reordered things, I just wanted to show you where you can find information on Community HealthChoices.

This is the homepage of the department -- the new Department of Human Services web page.

Down where the red arrow is, click on that, the live link under top issues, which takes you to the Community HealthChoices website.

I don't have it on the slide here but it is an easy navigation right on the homepage.

Once you get to the CHC website, it houses links to the draft RFP we just issued and the draft agreement we just issued, as well as summary documents that -- summary documents that outlines the customizations immediate to previously existing agreement to help mold the requirement prisoner to -- it also houses Community HealthChoices prior third Thursday webinars, other documents such as the discussion documents and the concept paper, and the third Thursday webinars -- it also has a link to the managed long-term services and supports subcommittee of the medical assistance advisory committee.

If you go there, you can get all of the archives of the meetings that were held so far.

I want to move into talking a little bit about the concept paper comments.

These are comments received on the concept paper, which we used to help us draft what was issued on Monday.

The comment period closed Friday October 16th. We had over 1500 commenters from over nearly 250 commenters.

These are some of the highlights of what we heard from those commenters. They wanted us to enhance participant in grievance appeals processes and give those specifics in the document. They are concerned with provider and credentialing details in managed care organizations.

We had comments to include services for the deaf-blind population.

We also had comments that we should be incorporating provider standards as part of the RFP and draft agreement.

And now we would like to share some of the specific changes with he have made as a result of that public input from both the discussion document and the concept paper.

The requirements -- the first one was on the 25% service plan reduction. The requirement for the state to approve any person-centered plan that proposes a reduction in any one service by 25% should be modified to review any plan that proposes a reduction in any one service by 10%.

The larger percentage is significant decrease that can result in significant impairment and poor health outcome.

That is a direct quote from one of the comment ators.

This particular comment asks that we change that 25% threshold to 10% threshold.

We, actually, decided to go with no there he shall hold at all. Are eliminating the thresholds.

Continuum of housing options. To support the administration's rebalancing goals, the CHC service package should include services provided to consumers in assisted living facilities and personal care homes. Such services are essential if the CHC program is to address the barrier of adequate community-based alternative to nursing home care and accomplish its rebalancing goals, another direct quote from a comment ator.

The Commonwealth is interested in the full continuum of housing options and service delivery for individuals needing long-term services and supports.

For individuals residing in nursing facility when Community HealthChoices rolls out; that's the specific geographic region, those individuals will have the option of remaining in that facility as long as they wish. We recognize the fact that this is their residence and we will leave that for the option that they choose to do so, however, we will also expect that the managed care organizations provide resources, if those individuals do not want to remain in the nursing facility. If their preference is to transition out of a facility, that would be encouraged as well.

So participant choice is really at the heart of Community HealthChoices.

Specific information on what types of housing like assisted living is really welcome in this new RFP process. We would really like to hear specifics on how we might be able to incorporate alternative living arrangements like assisted living. Please provide us with those specifics.

Community education exaifn. Another quote "launch a major education

campaign that enlists all community partners in efforts to actively inform consumers, their families, caregivers, providers and other stakeholders about the move to a managed care environment for LTSS".

The Commonwealth is working on a proposal. DHS is working on a proposal that outlines the expectations of the Commonwealth as we move forward seeking community partners to assist in an education and outreach effort. We are, actually, engaged in a process of doing that.

Our campaign goal, the goal of such community education campaign is to make sure we touch or contact all future enrollees even those not enrolled in services and support system to ensure that the first time that they hear about Community HealthChoices is not with their enrollment notice.

Participant direction language. I will just turn this over to Kevin, who is going to talk a little bit about participant direction language.

He will take us through the rest of the changes we made and open it up for 10 minutes of comments and then we will turn it over to Gary Sullivan and Marc.

>>KEVIN: Thank you, Jen, as noted for participant direction language, this commenter stated there is often confusion regarding the various entities that support a self-directed participant. In some states this lack of clarity is due to the lack of specificity in state contracts with the MCEs or managed care organizations. Or policies and procedure manuals regarding participant directed services and necessary supportive services such as financial management services.

To be clear, we will address this confusion by introducing a concept of a supports broker service.

The supports broker service will provide education and also navigation for program participants that are using participant direction as the delivery model for their personal assistant services and that support broker service is not actually going to be part of Community HealthChoices contract it will be coordinated by financial management services entity or the financial management services broker that's procured separately.

We will have a supports broker service that will address confusion, the supports broker service will part of FMS contract and it will be coordinated by the community health managed care organizations as part of the overall management of participant-directed services.

The question was DHS relating to the draft RFP release for public comments, specifically DHS should relieve Community HealthChoices before bidding is open to allow for meaningful stakeholder inputs on contracts before it is too late to make changes to the program.

To address this, Jen has already talked about this with the time line, there's a

planned inclusion of stakeholder or participant advisory committee on -- in several areas. One area specifically is the grievance and appeals development process.

In addition, we are going to, as Jen had noted, we are releasing the draft program requirements for public comment. They are currently released right now for public comment and will be made available until December 11th. Those comments will be then processed into what will be the final request for proposal and final program requirements that will be published in January as Jen had stated.

In addition to all of this, we have done everything we could to make sure that we were enhancing and public comments and having as transparent as possible stakeholder process for this process; that has included the 45 days of commentary we allowed for the discussion document we released in June, the 30 days of commentary we allowed for the concept paper we released in September as well as the RFP and program requirements be released on Monday.

We are also going to be including a four-week comment period for the remaining components of the draft agreements, as Jen mentioned, that will be released in December as well, on December 14th. We are looking forward to all of these comments developing what we think is a completely understandable -- although the program is very complex, it will be a completely understandable document and a completely understandable program that will be supporting the needs of the Community HealthChoices program participants.

Another comment we received is to expand home and community-based services menu. This would include enhancing the current menu of home and community-based services to include scerm nation, interpreter services, a robust portfolio of housing services to include assistive devices, home adaptations and alternative -- assisted living, personal care boarding homes, et cetera.

We specifically listed exterm enation services -- you will be able to see that. One example of an area where we thought it made sense to expand the services and be explicit.

For some other services, such as interpreter services, I will go into a little bit more detail about this in a minute

>> Jenn.

>>**JEN:** We had a technical givee and lost PowerPoint. Everybody should be able to see it now. Thank you.

>>**Kevin:** I promise you will will not repeat this from the beginning.

I will mention we are going to be adding external or services as part of expansion of all services under consideration. We have language for assisted living related services that you will note.

You will also note that the service definition for all of the waiver services are also included in the program requirement. I will go into a little bit of detail here in a moment about the supportive services that were requested.

We received a lot of requests for supportive services that would be helping specifically.

We did not explicitly state those services would be a separate service in the program. What we would like to do is include those services as part of an existing waiver service. What we would like to receive in response to the public comments for the program requirements is some suggestions or guidance from stakeholders on where the best fit would be for those types of services in the menu of services that are listed in the exhibit CDD in the program requirement section.

This is a request to stakeholders to provide the best suggestion for where those services would be a good fit.

We would like to make sure that those services are available for people, especially where they are needed and different areas including healthcare navigation. We want to make sure that the services are in the most appropriate place or noted in the most appropriate place.

We are looking for stakeholders to provide comments on where they -- where they think they would be best -- [indiscernible]

You will note here, resource information, on Community HealthChoices and on where a lot of this information should be available, you note Community HealthChoices website will have all of our published documents including program requirements and draft RFP that have been published for public comments.

I won't read the website. You can see it on your screens, but if you go to the Community HealthChoices website, you will be able to find and access those documents for submission of public comments.

In addition, you will be able to find any updates on any related program activities and any recent communications at the managed long-term services and supports subMAAC web page link.

You will be encouraged to receive updates by registering for listserv. I will read this <http://listserv.dpw.state.pa.us/>.

The email is RH-MLTSS@pa.gov.

With that, we will be accepting 10 minutes of comments for what we had discussed in our update. Then we will be turning it over to Marc, who will be

guiding us through our discussion with the person who has been engaged in a managed care program.

A question was stated in the draft it states service coordinators need to be supervised by RN. I am curious to know how that was interpreted in the -- they will not be need to be supervised by register nurse. Their role is managing the person-centered planning process. They will be coordinating services and registered nurse will be part of the person-centered planning team without a doubt as part of this program but they will not be supervised by a registered nurse. The service coordinators have a separate responsibility that will involve coordination of services with a registered nurse.

If there is a point of clarification that needs to be in the requirements document, please, please forward that to us and we will make sure that that is clearly made.

The next question we are very concerned that the draft document says MCO contracts with the state will be for five years. It is a very long time for MCOs who have never done any work or no experience with managed long-term services and supports. They strongly encourage the department to rethink this as a two to three-year contract at a maximum.

We appreciate that comment and encourage you to submit that comment to us. We will consider any type of configuration as we continue to go forward.

>>JEN: I do want to say that the department can terminate a contract at any time for due cause. If we find we are going to be doing very clear monitoring and oversight of these managed care contracts. If we find that a contract is not performing to the quality standards that we are expecting and requiring, then we can terminate that contract at any time.

>>KEVIN: Thank you, Jen.

I am pleased to see you are changing the thresholds from 25% to 10%. As you describe your proposed change having the authority to review any case, my question would be, what would trigger a review? If there is no threshold, how will the state determine what determines review. A minimum threshold requires review.

This has been brought up in subMAAC we are developing automated triggers that would require the review. It would not necessarily be based on a percentage, however. We welcome comments or suggestions for how that would occur, but we are looking for more of a holistic way to view plans that doesn't consider a specific percentage and doesn't necessarily lock us into a particular threshold that's based on a change of the overall plan.

So the trigger is going to be -- triggers will be multi-faceted. They will relate to different components of the person-centered service plan.

We are very much open to suggestions for what those would be.

>>**JEN:** I just wanted to share with you that the idea of a percentage threshold, we did hear from members of managed long-term services and supports subcommittee and medical advisory committee. In fact, one of the members made it very clear to us that one little change for her is -- she calls a domino affect. One change can trigger a whole series of changes and problems for her and therefore she would end up in an institution. She has had that experience.

So we really listened very closely to that feedback from our member; that's why we reduced this percentage threshold because it seemed artificial. Instead we are going with something that is more holistic.

>>**KEVIN:** A fourth question: How will providers easily identify which MCO each consumer has selected.

The most obvious identification material will be the person's benefit card. They will have a card that identifies which MCO they participate in. That card -- we are looking for opportunities to be -- if a person has both -- is dual eligible and has both a special needs plan and a plan from a Community HealthChoices managed care organization, we are looking for the opportunity to have that person only have one card as part of this enrollment in this program.

The easy identification would be the card. It's been proven to be effective at this point decades of experience with managed care and with coverage in general.

Another comment and then I think we are running out of time soon before we move over to Marc.

Are you saying that there is a separation of who can -- specifically between consumers opt to receive services through PPL as FEA and those consumers who want their services provided through agency.

HCBS as well as Pennsylvania's attendant care act makes no distinction between FEA and agency.

It simply states consumer receiving attendant care services has the right to manage, directly supervise, schedule and hire and fire their selected workers. My response to this -- the response that we were providing about the supports broker was specific for those individuals who are going to be enrolling in our participant directed model of services and those individuals who will be using services through our financial management entity.

So in this case the supports broker would be made available to the individuals using financial management entity. The expectation is that individuals who need support broker or this type of service and receiving services through the

agency model of services, will be both receiving the services with support of managed care organization itself and with the managed care organizations contracted provider for personal assistant services with the agency model; that's a very good question.

We appreciate you asking it.

For point of clarification, the support broker will be offered from the financial management services procurement.

>>**JEN:** The support broker service is optional service for people who need it. The feedback we received is that there are individuals who want to get on to the self-directed model using PPL as their fiscal management service and they have a very hard time figuring out how to hire, fire, advertise, supervise, train, et cetera. They are just not equipped to do it. They go back to agency model because they haven't had somebody help them in really developing their capacity to participate in self-direction. Those are the comments we heard back, which is why we have moved towards having this service available as an individual wants it. It's not going to be a required service. It's an optional service.

>>**PAT:** Two minutes left.

>>**KEVIN:** Great. I will just ask this last question.

It was asked if we could give more notice on the meet and greet meetings that are available, we will do that.

With that being said, we will turn it over to Marc Gold who will introduce our participant for managed care services.

>>**MARC:** Good afternoon, everyone. I am Marc Gold I work for Sellers Dorsey who is assisting Commonwealth on Community HealthChoices.

I work willd in Tennessee for 30 years which included on the Texas managed long-term services and supports program known as star plus.

The last nine years I am responsible for Texas text's Olmstead money follows person and balance the center program.

The purpose of the discussion is to give all of you a consumer's perspective with managed long-term services and supports from an individual currently receiving those services in the State of Tennessee.

We all know there is a lot of questions from Pennsylvania consumers on how CHC is going to impact them.

There are concerns about their current service -- about provider base on which they currently receive those services and supports.

Individuals sometimes I've heard horror stories from other states that don't manage long-term service and supports will not be as good as where they receive them now.

A lot were frightening stories. The we were hoping today to show you, in fact, fag managed care really improves the quality of your life.

Therefore, Pennsylvania thought it was important for you to hear from an individual receiving managed care from MLTSS.

Gary Sullivan is from Tennessee. He will be responding to a series of questions that we will pose to him, listing his impressions, his realtime experience with managed long-term services and supports.

What are the benefits? What needs to be improved? What recommendations he would make to Pennsylvania as the Commonwealth proceeds with its RFP. P Mr. Sullivan will give a brief interest tongues to himself and current situation. I will then have a conversation with him followed by your questions posed directly to him.

I also want to mention Mr. Sullivan did a 15-minute video. The Commonwealth will share that link. It is an amazing video. I encourage you to download it. Mr. Sullivan is very articulate and has given great thought to his answered regarding MLTSS.

Therefore, I would like, with great pleasure, introduce Gary Sullivan.

Gary will give us a very brief introduction of himself and his current situation. Then I am start asking him a series of questions to try to get the information that we believe all consumers of long-term services and supports need to have expressed.

Gary?

>>GARY: Well, thank you, Marc. Good afternoon, everybody.

My name is Gary Sullivan. I am 75 years old. I live in the suburb of Nashville, Tennessee, with my wife. We have 8 children, 16 grandchildren. In my former life I was a practicing personal injury attorney. I had the great pleasure, after I basically retired from law, or I should say from a practice of law, I became a Court of Appeals justice and served as associate justice and six years as chief justice of the Court of Appeals.

Basically, I had MS. I was diagnosed when I was 35 years old. I knew early on I was going to have a problem. As a result of that, I sat down. I said, what is it going to take to have a very modest, you know, income and how can I protect myself and my family as best as I can.

I came up with a figure that I felt was very realistic. I was fortunate and very blessed to have doubled that figure.

When I finally gave it up, many years later, I was able to meet that goal, like I said, double it.

Unfortunately, it just didn't turnout to be enough.

By the time the costs and expenses of being as disabled as I am hit me,

basically, I woke up one morning and I was on a government program. The program that I am on in Tennessee is called the choices program. I have been with it for six years, now. Basically, I am a hands-on recipient. I consider myself a constructive quadriplegic. I can't really do anything. I can't feed myself. I can't use a toilet. I don't dress myself. When I am in bed, I have to be turned at night periodically. I guess you might say I am physically a mess. That's about it, Marc.

>>MARC: We don't think you are a mess, Gary.

I will start off by asking you, what were your most significant obstacles to community living?

>>GARY: I think one was, my wife is a couple years younger than I. I think I was 69 when I started on a program. We were getting up there in years. She was 67. We were thinking, are we going to have enough help? It was a big concern.

Of course, housing, durable, medical equipment, you know? Modifications to the home; that type of thing.

Are we going to be able to accommodate all of that; those were our biggest concerns.

>>MARC: -- [indiscernible] relocation part of your rode to community living? Were you in a nursing facility at any time? Did you have to have assistance to relocate?

>>GARY: No, actually, I was about ready to go into a nursing home. I knew that sometime that was going to have to happen. My wife just couldn't bear the responsibility that much longer.

She just didn't have the strength. She wanted to. You know, she absolutely wanted many he to stay at home but, you know, she just couldn't -- we knew she wasn't going to be able to handle it.

I am just about ready to go into a nursing facility when I decided to pick up the phone and call to see what might be available

>>MARC: When you made the phone call were you able to get the information you needed immediately? Were the state, governmental officials in the State of Tennessee responsive?

>>GARY: Well, at that time, it was the waivers program they did not have managed care. It was a little discould be lob rated.

I got to a person to help me. Once I got to that person, I got the help and on the program at that point in time

>>MARC: You mentioned you were on a fee-for-service program in the beginning, in the waiver program. I assume they were the 1915 (c) waiver

programs like many consumers in Pennsylvania are currently on.

>>**GARY:** Right.

>>**MACRRC:** What was the fear of moving to the program and how difficult was the process.

>>**GARY:** The concern was will I lose my benefits? We will have the same benefits?

We were concerned about all of it. We came on -- they had done all of the planning and so forth. When I came on to the waivers program. They got into the managed care, you know, before we even got on to the waivers program.

>>**MARC:** Were your fears realized?

>>**GARY:** No. Absolutely not. I was very pleasantly surprised. You know, I spent most of my life suing clients for their insurance money -- that's what personal injury attorneys do. I did not trust insurance company. They were, of all organizations, I trusted probably the least.

And I couldn't have been more wrong.

>>**MARC:** That's good to know. That will help resonate with the citizens of Pennsylvania.

As in most managed care organizations, we found that integration and coordination have become buzzwords in managed long-term services and supports. They are not very helpful if they just remain buzzwords. Do they really happen?

How important is your service coordinator or case manager? Your day-to-day life?

>>**GARY:** To say that she is critically important would be understating it. If I had a problem, no matter what it is, I mean, of any aspect, any area of my life, anything that affects me that might be covered by the program, I just simply call her.

One person. It's kind of like one-stop-shopping. Fully integrated. You pull down a menu and I have one number to dial. One person to talk to who already knows me.

It couldn't be better, really.

>>**MARC:** That's really wonderful. Can you expound a little bit for on the sort of activities that he or she does for you and talk about how the individual also helps keep you integrated into the community?

>>**GARY:** Well, yeah, sure. Just yesterday, I had the -- I have a hospital bed, even though I am at home.

The cord, you know, one of the buttons doesn't work on it. So I needed -- I have to have a hospital bed because that's the only way that they can maneuver me.

So I called her up, asked her, you know, where I needed to go, what I needed to do and so on.

Also asked her about my wheelchair which needs to be serviced, you know? Anything that I need, you know, healthwise or with my durable medical equipment or anything else, I call her and she gets right on it.

She may give me the answer right off the bat or otherwise, she gets on it for me and gets it done and gets back to me and tells me what I need to do or, you know, what is going to happen.

>>**MARC:** That's really wonderful.

We talked sometimes in the fee-for-service world that it is difficult to find primary physicians or service supports and providers.

Has there been easier access to primary physicians, specialists, services and support providers within the managed care environment?

>>**GARY:** Well, that got my MCO card. They sent me a card. It already had a primary physician on it.

He turned out to be a great guy who I am not utilizing for the last six years. He is involved in a network of specialist. No matter what I need, he just says, okay, here is who I want you to go see.

All of that was coordinated by the MCO.

>>**MARC:** There is an assessment process, the purpose is to see where the individual is and develop their service plan from that.

Today, fortunately, we talk about person-centered planning and that they -- the whole service plan is supposed to be geared towards the individual's goals, the individual's aspirations, what they want, plus those service and supports a person needs.

Did you feel that the assessment process was fair? Did you go through a person-centered planning process to develop your service plan?

>>**GARY:** I -- my service -- what we call a care coordinator service coordinator, she came to my house, sat down with me and my wife, asked very extensive questions, found out exactly what my needs were and so forth. I felt she was extremely fair. It turned out just beautifully for me.

Every time there's been a change, well, as a matter of fact, she checks in with me. She calls me once a month, making sure, you know, that I am okay and that, you know, things -- there haven't been any major changes.

Then she -- every three months she has a -- she comes in for a reassessment for my plan of care.

I couldn't be more pleased with that. -- consumer directed services have many different names. It's the idea that the individual gets to direct their care if they choose, this he can actually hire and direct that individual who takes care of

them.

Is that available in Tennessee? Do you use that?

>>GARY: It's available. I am telling you, that is -- that's my heaven here on earth.

It couldn't be better. I get to hire my own caregiver. I can interview her, find out exactly what she knows.

I train her myself. She answers to me. She doesn't answer to anybody else. That is the most beautiful part. Consumer direction has to be a part of any managed care program, as far as I am concerned.

That's great.

Was there any family resistance to living in the community? Supportive of your caregivers? Family members?

>>GARY: Well, the concern was, you know, was there going to be enough help and so forth.

You know, obviously, a family, you know, a family is generally very loving. They want to keep the person at home and so forth. There is a real practical question, can we do this? Are we equipped to do this? Can we sustain the burden?

That's where this managed care program has been beautiful for me because it just lifted all of the weight of them.

My wife is supported. She has a very good relationship with my care coordinator, you know. They are just buddies, you know?

So she feels lifted up.

>>MARC: That is tremendous. It is a lesson for the Commonwealth of Pennsylvania to listen to and understand how important that is.

Do you believe you are integrated within your community? Are you involved in social activities outside of just being taken care of as an individual with a disability? Has the managed care organization supported those efforts?

>>GARY: Yes, they have. I do feel very integrated with the community.

In fact, I had to tell them to back off, really. Give me some privacy.

No, they have -- as a matter of fact, Marc, they have opened up a new pathway for me. The very fact that I am here today and able to do some good, hopefully, for somebody is really a product of the pathway that the MCO opened up for me, because when I started going to them with a sledge hammer in my hand, pounding on them, this isn't right. That's not right.

Basically with the complaints I had, they not only listened, they encouraged me to talk more and then when they, instead of shutting me up, they, basically, have encouraged me to get out and talk as much as I can and speak freely.

I speak absolutely, you know, freely and without any reservation or hesitation. It's -- they've done a great job. Whether they intended to or not, I don't know.

>>MARC: I would have to say your managed care organization has been help fufl in arranging for you to do this presentation with us.

Are you receiving any value-added services.

The state contract for managed care organizations provide a set amount. Sometimes managed care organizations decide to give extra services because they feel it is relevant, it keeps a person healthy. It is part of the prevention. Sometimes they offer dental services, eyeglasses and gym memberships. Does your organization provide any additional value-added services and do you partake of them?

>>GARY: Yes, there are helpful things. I get a catalogue. From that catalogue I get so many credits, which relate to, I guess, retail dollars. I order from that catalogue a lot of the over-the-counter stuff that I would ordinarily go to the Walgreens or CVS or some pharmacy maybe Wal-Mart to get.

I just get them from the catalogue order them. They are sent right to my home. All of that is absolutely no expense to me whatsoever.

I have a -- my MCO apparently has a subsidiary pharmaceutical company. I get a lot of my drugs there. I get the drugs at much -- some of the drugs that are not covered by the plan that I need, I get them at a reduced price, even far less than I can get them at any discount drug store here locally.

So I am very, very happy about that. I have dental services, I get two cleanings every year. You know?

I get vision, ear, hearing aids. Really, I mean, I could go on and on. It's just -- I am not sure whether or not the program itself would take care of some of these, but I think most of them are like you say, extra added to the -- you know, because of the MCO.

>>MARC: Right. It is a great answer.

Now, I know that you've had your house that has your community housing been an issue?

>>GARY: No.

>>MARC: Um --

>>GARY: One thing I want to say about that, my MCO has been kind of -- they have been a leader. They have created what they call a CLS, community living support. A friend of mine who is a registered nurse, she has been -- she has MS. She has been a quadriplegic in a nursing home for 13 years. She had two grown children, one of them is out of the country. The other is

on the west coast.

She had no family around, but she wanted out of the nursing home. The MCO took it upon themselves, got permission from the agency here, we call it TennCare.

They got permission and piloted a program where this gal is now out of the nursing facility for the first time. She is sharing her apartment with another person that wanted -- that basically had the same desire. It is just remarkable.

>>MARC: The managed care organization was responsible for her assisting her in that relocation.

>>GARY: Absolutely. They were bold enough to push it. They knew that she wanted out. She was a member of their, you know, she was one of their charges. She said, you know, I want out of here. She kept after them. They went to TennCare. Got permission to start this pilot program. I think it is something that may eventually go nationwide because it is working.

>>MARC: That's great. Do you have non-medical transportation, around town for activities and supports other than just medical stuff?

>>GARY: No.

>>MARC: Does the managed Kara sift in that.

>>GARY: They would if I needed it, yes.

>>MALC: Does managed care organization have consumer advisory company and if so do you participate?

>>GARY: They do. I have been on the committee for six years now. About five years, I think. They came on about a year after I was on the program. It's a great thing. I found out that, you know, a lot of the restrictions, a lot of the impositions that are placed upon me as a recipient, do not come from the MCO. They are the frontline person that I deal with, but I found out that basically, they are not always the ones that are imposing that rule or regulation, that's something that is up above them I feel they partnered with me and tried to advocate, you know, for me in that regard. So through the advisory committee, we have a collective amount, you know, of peers will, who basically voice their concerns. They take those concerns to the agency and then it's evaluated.

It has a little bit more weight when you are talking about numbers. You know, rather than individual.

>>MARC: Great answer.

Was everything clearly described to you, your rights? How the system work? Who to call? Emergency procedures? Grievance procedures? The appeals process?

>>GARY: Yes.

It was a little bit foggy at first, but, you know, as every new program kind of refines themselves and they find out where the bugs are, it worked out very well.

I do, you know, -- all of the answers -- again, if anything is unclear, I have one person I can call and say, here. I am confused about this. I don't understand this. What -- you know, what is this all about? She either knows and tells me or she says, Gary, I don't know but I will find out for you and get back to you. So I have to answer, you know, that question with a question.

>>**MARC:** Good.

What would you believe remains the biggest barrier you still encounter? Is your service coordinator, managed care organization supportive?

>>**GARY:** What I have is different from what I first joined the program.

I was fearful with all of the different layers. You know, you have the federal government. You have the state government, then you have an MCO and all of the, you know, the participants, the providers and so forth.

With that, you have a whole stacking of a lot of rules and regulations.

Well, I have found that, you know, that that's not always the case. A lot of it is stuff that comes directly from the federal government, a lot of restrictions there and so forth.

So my biggest fears are, you know, when they come out with something, they want to -- I think their heart is in the right place. They want to change things for the better. They want to make my life more qualitative. But sometimes it is more misguided. My biggest fear is being able to communicate with them.

>>**MARC:** Can you use your consumer advisory committee to voice some of these concerns?

>>**GARY:** Absolutely. That's exactly -- I feel like I got a partner in the MCO.

>>**MARC:** That's the way it is supposed to be working; it's great to hear that.

What would you say has been the biggest advantage to being part of a managed long-term service system?

>>**GARY:** I think the -- well, the consumer direction program and having my own, you know, caregiver, being able to hire them and deal with them myself, and not have them worry about, you know, their employer of agency or whoever it might be, generally it is an agency. I think that is the biggest advantage, although the integration of services, you can't -- I mean, how can you beat that? I mean, that's really terrific. Such a blessing to have one person to go to for a full menu of services.

>>**MARC:** They support I being consumer directed and the process. Correct?

>>**GARY:** Right. Exactly.

>>**MARC:** What has been your disappointment in managed care, if any?

>>GARY: I think, probably, they are willing to listen and, you know, a lot of times they will come right alongside of me and advocate with me, but I think it's the slower response of some of the folks who are imposing policies and rules and regulations.

I think they are well-intentioned. It is not that they are trying to hurt anybody. They think they are protecting somebody when in reality, it is just adding more burdens.

>>MARC: What recommendations would you make to improve the program and what recommendations would you give the Commonwealth of Pennsylvania as it develops its program?

>>GARY: Well, I think therein lies the great question.

I think the biggest concern that I have is some of the nonsensical bureaucratic rules that come down.

When they first started in Tennessee -- Tennessee, by the way, is a leader, you know, in the healthcare industry and in LTSS. They are pioneers. They have some really great programs and they are very progressive.

They have a lot of bureaucratic none nonsensical rules and regulations, which are a big problem.

A lot of the folks who are involved in it, people like myself within their own family; that's one of the reasons why they are in the business as a career.

So it isn't that they are trying to hurt anybody, but they want to protect and in that hope of protecting, they are being more restrictive.

What I would advise is the Commonwealth of Pennsylvania to do is to first of all get a very clear vision of what they want to do. I would suggest, you know, if I could, just for a moment, a good clear vision might be to give the recipients greater flexibility and control. Nothing will elevate the quality of their life than to have the greater flexibility and control over that life.

So have a clear vision of what they want to do.

Then come up along member and view everything they do from the member's perspective.

For example, if they are going to establish a policy or a rule or regulation, ask themselves, is this going to burden or is it going to benefit the folks that I am trying to be of service to?

To think it through. If they don't know the answer, get an answer.

The Commonwealth of Pennsylvania is doing a terrific job. Not because they are hearing from me today but they are listening to the consumers and are taking the time. It shows me they care about the services they are giving. They want them to be of the highest quality and are asking the right people. They are asking the folks who have actually gotten the services and, quite frankly, if

they will just come up alongside that person and ask that question, is this going to burden or benefit?

And then, be mindful of what a fellow who I have a great deal of admiration for, Winston Churchill said, 10,000 regulations and people lose all respect for the law.

What I take that to mean is that, you know, if you burden people with a lot of regulations, just dump a lot of regulations on them, they are going to look for ways to get around them.

They are going to be people who are going to defraud you. They are -- just like Jesus said, the poor will always be with you. Those who defraud you will always be with you.

You want to minimize it and so forth.

Go back to your vision. Is that your vision to prevent fraud or is it to service and to try to raise the quality of life of the person that you are trying to help? Keep on that -- don't let vision slip away. Educate their people, educate their partners, make sure that everyone involved wants to do the same thing that they want to do. And that they understand that clear vision, and I think they will wind up having a very good program.

Being willing to listen--

>>MARC: I wish we had another hour or so to listen to you, but we want *6 do want to get to people's questions.

I have one last question. My last question for you before we turn it over to the public asking you questions is, please to me, maybe the most important question.

What would you tell a peer, as they started in the enrollment process, with what would you say to the people of Pennsylvania, the consumers of Pennsylvania, who are fearful and rightfully so, about this change and their service delivery system, what advice would you give to those individuals who are about to eventually enter the system or in the system and about to go through the change and service delivery model.

>>GARY: First of all, I would say, you are doing the right thing. You are absolutely doing the right thing. It's a great way to receive your healthcare services, your MTLs or LTSS. Knowing that, relax, and then I would say, try to find out which of the MCOs are going to be available. Who is your state going to contract with?

They will usually contract with two, three, four different ones. Find out which ones. Maybe contact them. Contact the different ones. Find out who is knowledgeable. Find out what extra-added services that basically you are going to get from each one. Evaluate those, and then pick the one.

Now, it may very well be that the Commonwealth will establish -- they will assign one to you, but generally speaking, they will allow you to change, if you want to change, you know -- if you don't have the MCO that you prefer, they will allow you to take another one.

I would say, find out which ones are going to be contracting with your state, what they are going to offer, and then evaluate that and basically pick the one that you want and go from there.

>>**MARC:** I just want to say, on behalf of the Commonwealth of Pennsylvania and Sellers Dorsey, we have so appreciated this very thoughtful, insightful and honest conversation by you regarding managed long-term services and supports.

We will turn it over now to individuals who are listening in. Hopefully you will be responding to their questions.

Let's hear the questions from the people listening into the webinar.

>>**JEN:** Hello. First of all, I want to thank Gary for that very thoughtful presentation. I think I learned a lot. I am really excited to have the opportunity to hear some of your responses in regards to what kind of things you would recommend that our participants do in advance of us moving to managed long-term services and supports.

I also appreciated the comments you made -- I appreciated all of your comments, but in particular, the recommendations you gave me, as the state official doing this or leading this, to make recommendations for Pennsylvania as we move into managed long-term services and supports as we move into our program.

I really appreciate your comment around the vision. We certainly working as hard as we can to make sure that we are responsive in listening to consumers in this whole process.

We have -- because there are so many people participating in this, we have over 300 people today. The lines are muted. Instead people are sending in questions.

What I am going to do is read off the questions.

We would appreciate if, Gary, you could respond to that.

>>**GARY:** Sure.

>>**JEN:** Terrific.

The first one is, is your service coordinator with managed care organization or is she with a separate service coordination entity? Did you get a choice of either choosing to have a service coordinate cooer through managed care or separate service coordination entity?

If so, why did you choose the one you chose?

>>**GARY:** My service coordinator or care coordinator is employee of managed care organization. I didn't get a choice. I would see no need to have a choice. She worked for the managed care organization.

Even though she is loyal to them and she obviously has her own position to worry about, she is also worrying about me.

>>**JEN:** Okay. Great. Thank you.

The second question, when you switched to managed care, how did you choose which MCO to go with, assuming you had options? What kinds of services/issues were of interest to you in determining which MCO to select?

Was there competitive marketing by the MCO?

Those are three separate questions.

>>**GARY:** The first one, I didn't have a choice. I was assigned my MCO. I only found out later that I could change. I had no reason to change.

One thing about competition, I think we worry about, you know, MCOs are in it for profit. We think, well, they are worried about their profit. They will worry more about their profit than me.

Well, I have learned over this, is they have to worry about me. I am their consumer. If they don't listen to me, if they don't satisfy me, they are not going to be around. There is a lot of businesses that find that out after a while.

Really contrary to worrying about, you know, them worrying Mr. Their profit and so forth, they really are more worried about me than anybody else is.

>>**JEN:** Okay. Thank you.

The second question was, what kind of -- I would just respond to that as well in Pennsylvania we are envisioning that people will have a choice. We are really going to work hard to get people to sign up for their managed care organization on their own.

However, for those who do not sign up, we will be auto enrolling them using some logic that helps us make the right choice. We are trying to give choice.

>>**GARY:** That's a great thing, Jen. Great job there.

>>**JEN:** The next question from same asker is what kind of services/issues were interest to you -- that's irrelevant you didn't have a choice.

Was there competitive marketing by MCOs and that is irrelevant because you didn't have a choice at the beginning.

Today in the more mature program, is there competitive marketing?

>>**GARY:** There is. That goes on with any they have to be competitive. It inspires them and forces them to be innovative. They have to be more efficient. They have to look for new ways to do things and better ways to do things.

Otherwise, if they give a certain amount of money and they can do whatever they want to do with that, you know, then, you know, they don't have any incentives. Competition really drives them, you know, to be better.

>>**JEN:** The third question is, is family able to be hired in your state?

>>**GARY:** No.

Well, they are -- if I had, say, had an adult child who did not live with me, I could hire them. If they live with you, no. Like my wife actually works outside of the home because we don't have enough money to sustain ourselves. She makes less money than my caregiver does.

>>**JEN:** Number four is, how do you keep active in your community? Does the MCO help? If so, how?

>>**GARY:** Well, they want me to get involved with all kinds of community activities that go on and so forth. Quite frankly, I wasn't really interested. I do stay active, though, in the advisory group. I, actually, serve on a national committee for them as well.

So beyond that, I really have no interest. If I did, they would -- they would have me involved in all kinds of stuff.

>>**JEN:** I remember in your comments through the questions that Marc asked you, you say, get away from me. I want my privacy.

>>**GARY:** Exactly.

[LAUGHTER]

>>**JEN:** The next question is, how many hours per week do you receive and have you had any home modifications done in your home?

>>**GARY:** I receive 56 hours a week. I have had ramps and I have had some bathroom modifications. I think my program allows up to \$6,000; that's where the MCO comes in handy. They shop around. They carry a lot of weight. People know they are big insurance companies. Let's face it. They are big powerful companies.

They can get collective of contractors and so forth who they will supply with certain amount of business at a discount. They can get a lot more done sometimes than just an average guy who goes out and picked up the phone and calls somebody to come out and remodel my bathroom.

I have had, you know, the ramps and the bathroom modification and --

Jenn: Okay. That's great. Our current fee-for-service waiver program does have home modification. We are planning that that will be one of our requirements for our managed care organizations as well to make sure that they are able to provide home modifications and provide durable medical equipment and supplies.

The next question we have here in Pennsylvania is, how do you find staff to

work for you?

>>**GARY:** I advertise on Craigslist. There is a website care.com. They are a pretty good organization. They have -- they show a picture and profile of all of their applicants. For \$25 a month, you know, what I do is when I need one, I will go ahead and sign up, \$25. Then during that month I will interview a number of their people and usually have plenty from the Craigslist and between the caregiver or Care.com folks.

>>**JEN:** That's a great resource.

Another question here from Pennsylvania, what happens if you need to be hospitalized? How long does it take to get services to be turned back on and what happens to the consumer -- I am not sure about what happens to the consumer, what happens to the consumer and workers in the meantime? What happens if you need to be hospitalized and how long does it take in our fee-for-service we have to turn the services back on when you are discharged. What happens in managed care in that situation?

>>**GARY:** Well, the managed care continues. There is no break in it. The problem is with the caregiver. The caregiver is out of work; that's the problem. I'd have to deal with her on that or him, basically I have not had that happen. I have gone into the hospital, you know, for a short period of time overnight or a couple days, which is not problematic.

If I had to go in for an extended period of time, I would have to work -- really, unless it's going to be for months, it shouldn't really present much of a problem, because I would just, simply say, you know, well, by the time you go out and interview and get somebody else, I will be back out of the hospital and so, since there isn't any break in the managed care service, she can come right back to work the very first day I'm back at home.

>>**JEN:** Okay. All right. That's very helpful.

This next question is it looks like it is a question for me, actually, what is the percent of dual-eligible I will dual-eligibles in the State of Tennessee and does it mirror Pennsylvania?

Penitentiaries, both Tennessee and Pennsylvania have 18% of duals as a percentage of all medical enrollees and duals as a percentage of disabled and medical enrollees Pennsylvania has 50% and Tennessee has 60%.

This question is asked because we are looking at Community HealthChoices westbound fully integrated dual Medicaid/Medicare program.

This is a question, though, for you, Gary, is the fully integrated with Medicare and Medicaid?

>>**GARY:** Yes, yes, it is.

>> I.

>>**JEN:** Next question, reflecting on the comment you made of advice to Pennsylvania in thinking about how we roll this out. The question is, what are the bad regulations you are talking about?

>>**GARY:** In giving you an example, they had different kinds of services they had personal care, attend ants care, housekeeping and in-home respite. They all had different pay scales different rules and regulations surrounding them. Yet they had one common thing. That was you could do the same task regardless.

That made no sense to me at all.

>>**JEN:** Okay. So has that been removed?

>>**GARY:** Yes. Yeah, they have done the best job they can.

I guess the bottom line, Jen is, keep it simple, stupid. Make it as simple and generic as you possibly can. Don't go into any fancy stuff, which I think the State of Tennessee did initially and they regretted that.

>>**JEN:** Okay. Great advice. I appreciate it.

One last question and then our time is up and there are other people waiting to get into this room.

How does your caregiver get paid? Where would a home care agency fit into a managed care organization?

>>**GARY:** Well, they -- my caregiver gets paid through PPL, the federal employer agent. They serve all of the financial things, none of the money comes to me, obviously.

The gal takes her instructions from a me. My name appears on her W-2. All of the problems are taken care of by PPL, the FEA.

>>**JEN:** Okay. Do you have any experience, have you had any experience in the agency model where home care agency might be involved?

>>**GARY:** I haven't. My understanding is that they are just -- they are paid -- I think probably through PPL as well, they just bill, like the ordinary would bill either the managed care organization or the FEA and that would be it.

>>**JEN:** I really appreciate, Pennsylvania really appreciates the time that you've taken with us to walk us through how managed care is working in your life and how it works in Tennessee.

We might be checking back in with you from time to time, if that's okay.

>>**GARY:** Any time. As a matter of fact, Jen, feel free to give my email address to anybody that would like to comien indicate with me. I would be happy to communicate with them.

>>**JEN:** We really appreciate that.

Now our time is up here. That's the end of today's third Thursday webinar. Look for the next one is December. Thanks so much.

>>**GARY:** Thank you

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Notes
