

7/21/16

Third Thursday Webinar CHC Update and DHS Housing Plan Overview

>> **JENNIFER BURNETT:** Presentation on the DHS the Department of Human Services housing plan, Ben is the -- the newly appointed housing director for the secretary of Department of Human Services we're going to start out with a little, lesson on the logistics of this call and I'm going turn it over to Kevin, for that.

>> **MALE SPEAKER:** Good afternoon, before we get started we would like to go over a few items, so you know how to participate in today's event.

We have taken a screen shot of an example of the attendee interface.

You should see something on the computer desktop, upper right hand corner the left is the go to webinar viewer through which you'll see the presentation.

To the right is the webinar control panel where you can ask questions and select audio mode.

If it is, control panel is closed you see the rectangle, click on the red arrow to expand.

You are in listening mode, using your computer speaker system by default.

If you would prefer, to join over the phone, just click telephone and dial in with the information, that will be displayed.

You will be placed in a listen only mode to hear the presenters, throughout the presentation.

You will have the opportunity to, submit text questions to today's presenters, Jen and me, by typing your questions in the questions window of control panel you may send in your questions at any any time during the presentation, note the

-- your control panel will collapse automatically when not in use, to keep it open you can click on the view menu and uncheck the

1:30-3:30 Remote for OLTL Transcript

auto hide control panel.

And this gives you a closer look of the control panel how you can participate.

And you may submit text, to the text may be adjusted to suit how you want to be able to submit it.

With that I'll hand back over to Jen, who will be begin going through the agenda.

>> JENNIFER BURNETT: Thank you Kevin I wanted to start out by going over our agenda real quick.

We are going to share with you today, an updated time line.

We're also going to be talking a little bit about the Department of Human Services priorities through implementation of community HealthChoices.

We want to talk with you about our -- some of our plans for communication, and, then we're going to be turning over to our colleague Ben Laudermilch, to talk about the Department of Human Services housing plan.

This first slide here, gives you, a snapshot of our procurement status as you know we issued an RFP and, draft agreement in March, early March of 2016.

And they were due back to the department, on May second they had two months to submit them.

May second we received, 14 proposals and so, as you might imagine, that's a lot of work and we're very pleased because we believe that, competition is a good thing.

But those 14 proposals had to be reviewed by an evaluation team.

We spent the greater part of the month of May, buckling down and reading those documents and, reviewing them.

There's a process, procurement process that the department goes through to make sure we're fairly scoring them and then, every proposal is given a fair consideration.

So from May 2, which is when these proposals came in, as you can see, today, July 1 T* should say July 21st we are here.

We are in the currently in that scoring of the proposals.

It involves both oral presentations by all the managed care organizations, we have completed those.

And, our staff, has, our evaluation team has done all of the scoring.

So we're really getting ready for contacting the selected

offerers in the coming weeks.

We're hoping by early August to be able to begin the process of, what we next do which is contract negotiations and finalization.

So, there's just a lot going on here in terms of where we are. The procurement process is -- right smack in the middle of it, because that contract negotiations and finalization are all part of that process.

So we continue in this, what we call the blackout period. Community HealthChoices roll out, the roll out phases, this really does speak to some of our priorities.

And we are planning to spend a lot of time in readiness review which will begin in the southwest as soon as, as soon as, mid August.

And, readiness review is a very thorough process by which we validate the ability for selected managed care organizations to be able to function and the many things in the contract we signed with them, we make sure they're ready to enroll people, operationally ready to make the transition for folks to conduct solid service coordination and care planning and then we are also looking at long term services and supports and physical health services which includes things like hospitalization so all of those things are what we're going to be looking at as we go through the readiness review process.

We're going to want to make sure that managed care organizations are able to pay providers we're going to want to make sure that they understand how to build a state, they understand how all of our systems work we want to make sure their systems are compatible with how we're going to be managing these managed care organizations.

So readiness review is sort of that first stage.

We're hoping to complete that by April 1, 2017, so you can see it's a multi-month process.

We are then going to also overlapping with that readiness review is the southeast readiness review beginning in early February of 2017.

That will continue through November, through the beginning of November, 2017.

And then, that readiness review goes on and then, we plan to implement in the southeast in 2018, January of 2018 but we'll be

doing work with those managed care organizations in the southeast to make sure all the systems are working.

So implementation, we are -- the readiness review obviously is a really important activity.

Certainly, completing the procurement and the process we have to go through, is another big priority for office of long term living.

And then, the readiness review and then, implementing it, the actual kind of launch of community HealthChoices, so we're going to be, really looking at a very carefully, paying a lot of attention of the impact for participants and participants transitioning from fee for service to managed long-term services. We're going to look at continuity of care the importance of continuity of care.

We're going to be looking at the, how people make choices of their plans we'll be working very closely with the vendors who will be responsible for doing the enrollment in to the -- they will be functioning as an enrollment broker.

We also have, a, we will be paying a lot of the attention to how people get assessed and get into the system.

And then, once we are, sort of, along the way and, actually have, completed that launch if you will, we move into the steady state, that is

going to take

a few years while we normalize the operations of our system.

Lots to do here.

But we're really looking forward to partnering with the many provider groups, many stakeholders and certainly the participants in our program.

Because they are, it is really, really important for us, that participants get the services that they need, to continue to live independently in the community or, the services they -- the health-care services that they need, that is really one of our major goals.

Another one is our providers are getting paid and that's going smoothly.

Again, here's the phased implementation I just talked about the CHCs, community HealthChoices zones are the same as, the health choice zone, you may, recognize them.

We're planning to begin in 14 counties in South

Western Pennsylvania.

On July 1, 2017.

That will be followed by, January 1, 2018, a launch in the southeastern part of the State, which are the five counties including Philadelphia that are in the southeast part of the states.

The remainder of the States, which include the Lehigh capital morning west and northeast zones for HealthChoices, will be rolled out in January, of 2019.

So I wanted to get into talking with you a little bit about our communications some of our communications strategies, for those of you who were able to attend the last managed long-term services and services subcommittee for the medical assistance advisory committee we did have the Department of Human Services Communications Director, press secretary come and do a presentation.

And so you may recognize some of these, she really went through all of the different things we are thinking about, and going to be implementing in order to communicate make sure that, this is a smooth transition.

So, who?

Who will need to know about community HealthChoices?

We know that, the entire community, will need to know about, community HealthChoices.

I'm talking not only about the participants and, the people who are dually eligible for Medicare and Medicaid who will get enrolled in the community HealthChoices but are, all of our different kinds of providers will need to know, that includes, everything from physicians, to specialists to therapists, to service coordinators, and to -- home care providers as well as, participant directed, direct service workers so our entire, communities -- I just named a few, there's tons and tons of other provider types that are, going to be affected by this.

And, example might be a durable medical equipment providers.

So, we have, really got, to get communicate with a lot of different groups.

So our communication strategy is designed to be comprehensive and ensure that participants, providers, staff, our own staff, and the general public have been -- the information that is necessary to ensure a smooth transition to community

HealthChoices and that, to ensure long term success of the program for all Pennsylvanians that's the goal of our communication strategy.

I'm going to start out by talking about participants.

And what needs to happen, and this is a very, very high level.

We are, going to be, developing marketing materials and, working with with a variety of stakeholders and our stake holder engagement, through the stake holder engagement process to vet those marketing materials.

And, our plan is to begin the direct out reach to participants, in January of 2017, in a South Western part of the State.

We will be mailing a 90 day pretransition letter in March of 2017.

And we also, plan to send, 60 and 30 day pretransition letters, to the participants.

The independent enrollment broker will be mailing packets once people get enrolled, start getting enrolled.

Mailing packets, and the packets will include, things like a -- a member handbook, a -- information on how to contact them.

Et cetera 6789

They will be -- the independent enrollment broker will be mailing packets that describe what the choices are, for managed care organizations.

So, and then they will be doing some follow-up letters.

So they will have the managed care organizations, that are going to be participating in community HealthChoices they will have fact sheets on each of them so that people can begin making informed choices about enrolling into managed care organizations.

And then we'll be mailing out our notices in May of 2017.

Providers also need to be communicated with, it is our intention to work again collaboratively with stakeholders to develop fact sheets on specific topics and, we are going to be working with our variety of providers, to really figure out what the specific topics might be one of them might be for example, enrollment.

And you know what are the challenges around enrollment.

We will also be holding trainings in each zone, and webinars in each zone for providers.

And we do know that some providers serve more than one zone.

So that may be the providers are going to more than one zone training.

We will also be working with and are currently working with provider organizations to make sure we're reaching their members. And to make sure that we increase the reach that we have to those members.

We'll be doing lots of email blasts and using social media as effectively as we can to really be able to make sure all of our provide ares are well informed about what is happening.

Next, staff and contractors.

So the Department of Human Services staff, is going to need to get, some training and, communication.

We are working internally at OLTL, office of long term living to make sure all of our staff here, are aware and know what is going on with the community HealthChoices, but we will be, wanting to have a training that is available that really provides, basic information, I've already done a webinar and worked with the office of long term living staff, to make sure that they are, all at least aware of what is happening with the community HealthChoices.

But there's really a lot of intensive training that has to happen, once we start to stand this up and once we start to operationalize.

That lists out some of the different offices in the Department of Human Services that will need to get trained. And in addition to that, we'll be doing intensive training with the Department of Aging.

We'll be doing intensive training with some of other other partners and making sure they're brought along.

We have a lot of work we do with the Pennsylvania housing and finance agency we'll want to make sure they're aware of what all these changes are.

We will be working with our contractors again, we do have a number of contracts that help support our work and, we'll be working with all of those contractors to ensure their staff are trained and they're aware of, the changes and are prepared for making the changes.

We'll be developing some call scripts which are, going to be used to make sure that, people are giving out a consistent message about the community HealthChoices and then, when people

call into any of our offices, they're hearing a consistent -- hearing consistent information about community HealthChoices. And then, of course we'll be doing, email blasts to staff and contractors.

In the general public, there are a number of ways that we're reaching the general public.

And I just want to talk about a few of them, which certainly look for any input after this webinar, we'll be sending out an email to those who registered.

Please provide us with additional ideas that you may have.

With regards to ways that we can reach any of these groups that I'm talking about here today.

So, I'll start with the Department of Human Services the web site.

This is our number one mode of communication.

It is updated on a regular basis with pertinent information on community health choices.

Later on in today's webinar I'll -- I know some of you have had probably already been guided into how to use our web site, I'm going to go over it again because it really is, a key area in which to get information about the latest, that is happening, in the community HealthChoices area.

Press releases and email blasts, and, they will, when press releases go out through email and, we really do a very broad reach we just don't reach out to the press when we issue a press release it goes broader than that, and -- we will, use use press releases to note

the markable steps in the community HealthChoices process.

The example is when we come to the end of the procurement, and we make, we notify the selected offerers at that point a press release will go out to make sure that the public is aware of that communication and those decisions that have been made by the department.

We'll be doing social media posts and we are already doing many social media posts but they are used to promote trainings, used to promote webinars and other major milestones.

We have a community HealthChoices 101 trawls that is in development.

It is being developed it's really going to be used to, assist

with the staff training to be posted on the web site once it's completed so the general public can have a look at that, kind of get -- walk through the basics of community HealthChoices. Publications -- publications that are currently on the DHS, Department of Human Services web site.

They will be discussed in future slides but, just, for quick reference, there is a community HealthChoices fact sheet, frequently asked questions document, there's an acronym list. All of these were shared at the last MLTSS subcommittee of the medical assistance advisory committee I just wanted to, put them forward here.

You can find those on our web site.

And then we have a high level video that was created one of the earlier slides that I showed, has -- it is similar to what that video looks like.

It is done in a graphic format.

And it is really a high level video that is, that helps to describe the program, in very simple terms.

Once that is completed we are finishing it up, we got some good feedback on making improvements to it at the MLTSS sub MAC you'll be seeing that, that will be posted on our web site as well.

Here's some resource information, um, and I -- the reason I'm putting this here, is that, after reading through some of the comments and questions from many of the recent webinars that we have third Thursday webinars, as well as the comments from the sub-MAAC there are newcomers learning about the webinars are not that familiar with community HealthChoices as at this point in time they may have just heard about it -- we wanted to make sure they have access to that these will be posted on our web site.

But going to the community HealthChoices web site, is a really good way, to -- managed long-term services and support where is, web page, sub-MAAC web page is in a different place, linked from the community HealthChoices web site, but it's in a different page it's in a page where all of the advisory committees are -- archives and documents are posted.

So, one area, all the advisory committees, information are posted.

We also, have a Listserv that, you can click on if you go to

the Department of Human Services Listserv page there's a place to sign up for community HealthChoices.

But there are a lot of other Listservs you can sign up for as well.

We are always open for comments we have a resource account, resource account RA-MLTSS@Ppa.gov always looking for comments from there.

So, as I mentioned earlier after reading through comments and questions, from recent webinars and other times we were speaking there have been requests, to offer a high level overview of the comments.

We are happy, really happy that new people are coming on board.

And want to make sure that people, get up to speed on it, the web site, is a really good way to get up to speed on it.

I will also say these -- third Thursday webinars have been recorded they are, posted on our web site, you can go and listen to them from the beginning, to really here from July or August of 2015 we've been doing one every month you can hear sort of the evolution of community HealthChoices if you, would like to learn about it that way.

We also, encourage people to go ahead to the sub-MAAC web page all those are not recorded, those are -- we do a transcription of those, so, a written transcription is posted on the web site for you to take a look at.

You can see what kind of commentary is being made at the MLTSS sub-MAAC and what kind of feedback we're getting the topics that they're interested in.

So, I just also want to say, as you know, we have an extended time line rather than launching in January of 2017, which is less than 6 months ago, we're now not launching until July 2017.

And that has given us a tremendous amount of time, good amount of time to really do a thorough communication process with all participants providers and stakeholders that are interested and will be affected by the community HealthChoices.

So that extended time line, did give us an opportunity.

So again, here is the web site.

This is the Department of Human Services home page www.dhs.pa.gov.

And under the top issues which is, red arrow shows there's a listing of top issues.

And you can click right onto the community HealthChoices web site right there.

That's a live link.

There are a lot of other top issues.

But here's the community HealthChoices web site.

Let me go back to community HealthChoices, okay.

So under related topics on the right side of the screen, you can find a lot of archived information.

And, these links, these are all live links under related topics, surrounded by red there.

That's where items are posted for public comments.

For example archived information, like the concept paper is a great place to start.

To someone just beginning to familiarize themselves with CHC and even prior to the concept paper we had the discussion documents you may want to take a look at that, that really shows you how evolved over time, with lots and lots of public feedback.

So you can look at all, any of the documents that we have posted by clicking on those links.

The third Thursday webinar tab, which is, the fourth from the bottom, it includes transcripts and presentations from the monthly webinars.

And so feel free to go ahead and look at them.

And registration links for upcoming webinars are updated about a week prior to the webinar's date if you go on our Listserv, you will get those emails that give you a heads up this is coming.

And the most recent solicitation we use this web site to make it very user friendly for people to provide public comment.

But the most recent solicitation for public comment, that we had was on the community HealthChoices evaluation plan and, I'm just going to scroll to that.

This is what went up on the community HealthChoices evaluation plan.

And, while you can see, you can see from this that the public comment period is closed it is the most recent solicitation for public comment we have.

You can see it was open for public comment, for about a month, until July 8th.

That is, now closed but this is, sort of an example of the kinds of things you can find on here.

The draft evaluation plans, was, was actually released in here.

But we are, we have gotten back those public comments we have approximately 200 comments on evaluation plan.

We're currently reviewing the comments and -- going to be making edits to community HealthChoices evaluation plan based upon those comments.

Comments will also be considered as the Department of Human Services moves forward with the expansion of our statewide quality strategy as required by the managed care final rule released by CMS earlier this year.

And a link to that final rule, can be found on the supporting documents link on the community HealthChoices web site.

But I wanted to take you back to the evaluation plan and what we have posted up here on this slide.

Some of the research questions, are listed there.

I'm going to read over a couple of them I think you'll -- they will Resonate with you, you may think of other things we want to inquire about.

Does quality HealthChoices result in greater access to the home and community health care and improve coordination to LTSS physical health care and behavioral health care.

Does community HealthChoices improve quality of care and quality of life, of participants and family caregivers, et cetera, et cetera.

So the next is is the independent enrollment broker update

I'm going to turn it over to Kevin Hancock, the chief of staff has been more closely developed in the IEB and the process

>> MALE SPEAKER: Thank you Jenn as you see on your screen we have some updates on how our independent enrollment broker is progressing through taking over the aging waiver.

As a matter of background the independent enrollment broker took over the enrollment notices for the aging waiver after April 1 and, from that time period there were some service level issues that were identified, that needed to be addressed, rather quickly.

Some of those service level related specifically to the technical process of the management and also, enrollment and document processing.

In May we enacted improvement process with the independent enrollment broker and this shows, the outcome of some of that activity.

We were able to -- the enrollment enroll broker was able to improve their abandonment rate to 2 percent.

There were a few periods of time, when -- the abandonment rate exceeded 20 percent.

Who the abandon rate means is -- that when people call into a call center, they disconnect or they hang up from before they are able to talk to an individual.

That -- average is now a discipline.

That is as of July 19th at 2%.

Second measurement that has shown significant improvement is the average speed to answer.

That means how long it actually takes for a person to be able to speak to another live person on the other end of the phone. Some points that, well exceeded, our standard of 40 seconds, and went into the minutes.

But right now the independent enrollment broker is meeting that standard a 23.27 seconds.

In terms of call backs we have the standard we want call backs to be made, when people call and leave a message for a particular issue we have a standard that is, a call back will be made within one business day.

Those call backs are now, completed within one business day. They're meeting the standard.

We have some key components to independent processing. Independent enrollment broker processing for referrals and the development of new forms.

That referral processing is now within 2 business days which is the standard.

And, referral referral processing date has been developed to develop new forms those are in place and they have been published on the enrollment broker web site as well.

We have recognized that, some of the challenges in this process, really related to the different ways that the independent enrollment broker was conducting the enrollment compared to the way it was conducted, for the aging waiver with the area agencies on aging.

The independent enrollment broker adopted the processes,

under the direction of the office of long term living that much more similar to the way we enroll under 60 waivers and there were different practices in place with the area agency agencies on aging especially the way the enrollment process related to the level of care.

Standardized some of these, standard aided some of these -- the practices, two webinars were conducted with the area agencies on aging to present how the enrollment process should be working.

They were developed with partnership with the Pennsylvania Department of Aging and, were developed in view of a great deal of very helpful feedback we received from the area agencies on aging.

On how the practice could be working better for them and, we did make those webinars available on the list, we also have had published a recorded version of the webinar they're now available on the web site as well as the presentation itself.

So, what we're, what we're seeing right now we have seen significant improvement in the way, the practices is working.

We still recognize, that there are a lot of opportunities for improvement.

And, we will continue to strive to make sure that those, those improvements are made.

Areas where we know we need to -- to demonstrate, improvements in this process, include the obviously the, continued communication with the AAAs and the enrollment broker also making sure that, all follow-ups for documents that are sent by, by the AAAs or other individuals in the process, are processed and, recognized and processed by the end of the enrollment broker as quickly as possible.

We continue to receive complaints the most significant complaints we receive are on the status of the documents, it's often the case that, documents, are submitted to the independent enrollment broker.

But when a call is made sometimes those documents are not known to the independent enrollment broker system.

Recognizing that, any comment -- to reduce the time for the response, in a much more timely way to have all the documents there submitted in a way to be worked is an opportunity to -- to invest in that, we'll be continuing to speak with the

enrollment enrollment broker to make sure the process is working as quickly as possible to make sure that, people are determined eligible for services quickly as possible.

With that we have included some enrollment process time frames.

That -- the independent enrollment broker is working under. You can see these listed here.

We want the entire process, that means the entire process from the entire eligibility, which includes -- the level of care assessment and the work that is done by the county assistance office to be completed within 60 days.

And, that date, 630 day clock actually starts when the Medicaid financial eligibility application is submitted to the county assistance office.

That is the application is called the 600L and, really that is the kick off for the eligibility process, once the county assistance office, completes that -- has received that application, the 60 days.

Would be counted from that point forward.

Some of the key dates that are listed here are also, relevant they overlap with the 60 days but, these are the goals, we want the level of care determination to be completed within 15 days.

We have a goal of completing the physician certification which is also necessary for clinical eligibility, to be completed and returned within 20 days.

That is the point that is the most outside of our control but we're looking for all kinds of opportunities through education and communications to make sure that time frame is reduced as much as possible.

30 daytime period for when the independent enrollment broker is determining program eligibility which is based upon level of care determination the physician certification as well as a home visit and, that home visit would involve also, discussing which waiver would be the most appropriate for the individual.

And then, program eligibility once the program eligibility is determined which includes the physician certification, level of care determination and the home visit, they complete a document that describes that eligibility is called a 1768 and, that is sent to the county assistance office we want that to be completed within a 30 daytime period noted above.

The county assistance office has the goal to complete their financial eligibility determination within 30 days as well. With that -- those are the steps that we're, the goals we're working towards in the entire process.

But we are always looking for opportunities to improve this process, to make sure we can shorten the time frame and move people through the process as quickly and as effortlessly as possible just to note, Medicaid eligibility is a complicated process we have a lot of Federal standards we have to meet to make sure we're appropriately determining financial eligibility for long-term services and supports.

So the products will never be as simple as we would like. That being stated we are always looking for opportunities to be automated opportunities, process or operational opportunities, to streamline the entire process.

We are always welcome to suggestion.

With that, I think we're turning it over to the housing plan I'll give it back to Jen to introduce.

>> JENNIFER BURNETT: Thank you so much Kevin that was very helpful.

We do have -- people are sending in the questions we'll get to those questions before the end of the presentation before we do that, we wanted to spend a little bit of time talking about the Department of Human Services housing plan and, Ben laud ermilch, recently joined the Department of Human Services secretary's office, he was appointed by the secretary, to be the housing director for the Department of Human Services.

So, Ben are you on?

>> SPEAKER: Yes.

I'm here.

I'm just waiting for the go ahead to share my screen.

Bu

>> JENNIFER BURNETT: If you would bare with us we're doing the screen share egg which will take a minute or two.

Hi Ben.

>> SPEAKER: HeHello.

Hi everybody.

>> JENNIFER BURNETT: There we go.

>> SPEAKER: Are you guys seeing my screen.?

>> **SPEAKER:** We are.

>> **SPEAKER:** Okay.

Is it projecting the slide

>> **SPEAKER:** It's projecting the background information, as well.

>> **SPEAKER:** Okay.

Hold on a second.

>> **JENNIFER BURNETT:** Got to get rid of the notes?

>> **SPEAKER:** Yes, I don't --

>> **SPEAKER:** I think it's good now.

>> **JENNIFER BURNETT:** No.

>> **SPEAKER:** That was good?

>> **JENNIFER BURNETT:** No.

Hit view.

You forgot to hit that.

>> **SPEAKER:** Go to the slide show.

>> **JENNIFER BURNETT:** Just slide show.

Okay.

Yeah.

Slide show.

>> **SPEAKER:** Actually a slide show tab at the top if you can see it.

>> **SPEAKER:** Okay.

>> **SPEAKER:** Go from the beginning.

>> **SPEAKER:** For some reason, I have two screens it's showing only the -- it's showing on the slide screen.

>> **SPEAKER:** I think you're okay to get started then.

>> **SPEAKER:** Came.

>> **SPEAKER:** All right.

And then maybe -- I should pop up the video here first.

Because it will give everybody kind of the context --

>> **JENNIFER BURNETT:** Great.

>> **SPEAKER:** Sound coming through?

Speak W*

>> **JENNIFER BURNETT:** No.

>> **SPEAKER:** Okay.

Let's go with the slides

All right folks I'm really new, so thank you for baring with me.

And are people seeing the slides are they seeing my notes as

well.

>> **SPEAKER:** We're seeing some notes introductions.

>> **SPEAKER:** Okay.

>> **JENNIFER BURNETT:** Hold on a second we're having technical difficulties folks Ben if you go back into the slide show and you go up -- to the settings where you were before, you should be able to unclick the notes.

It should be, presentation only, I think.

>> **SPEAKER:** Okay.

>> **SPEAKER:** Right where you are, to the left,?

>> **JENNIFER BURNETT:** Top left, display settings.

>> **SPEAKER:** That do it?

>> **JENNIFER BURNETT:** Yep, you're good.

>> **SPEAKER:** Okay.

Guys thank you so much.

Again, my name is Ben Laudermilch I've been here for over 3 months with the Pennsylvania Department of Human Services.

Prior to that, was the executive director of the Cumberland County housing and redevelopment authorities in Cumberland County if you're not familiar is, community across the river from Harrisburg and Dauphin County.

In that community, we ran a lot of programming to assist a lot of the same populations with housing.

Whether it was nursing home transition, folks with mental health behavioral health disabilities, a lot of homeless programs we had been very aggressive over the last ten years in homeless programs that is primarily why I was hired to provide housing for disabilities an persons experiencing homelessness, I became the executive director and the developed long term housing tax credit with a particular focus on behavioral health along with the units that are affordable to people at 20 percent of the area medium income.

So that just gives you a little back from where I come from.

One of the things that is great coming into this there was a ready made housing strategy, it's taking a little while to understand where the department was coming from.

But, primarily, the Department of Human Services, focuses on 3 core populations -- people who live in institutions, but could live in the community with supports, not to mention diversion of those who never need to enter a facility, could live more

independently.

The second is people and families who experience homelessness are at risk of experiencing homelessness and the third is people who are extremely low income and are rent burden.

This first, this would have been described in the video and you can see the video on our web site, www.dhs.pa.gov/citizens/housing.

If you don't want to enter all that information if you go to the department's web site housing is a hot topic you can click right through you can see the video, it's a YouTube video. It gives you about 2 minute, maybe gives more in-depth more quickly than I will here today.

But so, with that first constituent group, too many Pennsylvanians are living in institutions.

We think that 53,000 people live in government assistance nursing home and state hospitals and state centers and -- a portion of them, may be as many as two thirds, could transition out.

So, the average cost, and this is based upon national numbers we think the average cost of nursing home stay is actually much higher than that.

But in general the average cost of nursing home is \$62,750, community based setting could be 31,341 or less, so in essence, transitioning 500 individuals from nursing homes to independent living could save 15.7 million per year.

I'm not even sure that's terribly conservative given the fact that we think, we are pretty aware of that, nursing home costs exceed that.

Too many Pennsylvanians are experiencing homelessness, at the last count, 15,421, were counted every year, and the last count we have recorded is January of 2015.

So it's interesting is in Pennsylvania, the number peers to be creeping up over the years.

There are a number of reasons for that.

One of which is, in you're will a and suburban areas we're becoming a little bit more sophisticated in our approach to counting so that's a one day a year that we have the opportunity to couldn't.

Nationally we're seeing a decline.

So in some ways, this is bad news for Pennsylvania not only,

because we are seeing a growing population potentially of homeless individuals and families, but because the funding, coming from the US Department of Housing and Urban Development, seems to be tied to whether or not you're succeeding, so count at the intuitive

if

you're doing better you don't get your funding cut, we experienced a pretty severe cut to homeless funding and the balance of state which is the more rural and suburban areas in this past year.

Some indicators need no explanation is homelessness and education, children who are stably housed average test scores are 71 percent, for children who do not have a home, 45 percent, it's heart breaking and it's true.

Then moving along this is another area, at latest count, the Pennsylvania housing alliance the Pennsylvania housing finance agency estimate we have a shortage of 270,000 units of affordable housing in the State of Pennsylvania.

Took us years to get here, it will take us years to get out of this situation.

So this housing strategy, represents a M Marathon not a sprint. But in essence we're talking about being rent burdened, extremely low income, \$21,000 the maximum they could afford is \$528 a month I would argue is a little high.

Similarly a one bedroom, average fair market rent on the left side in Pennsylvania, \$739 per month.

The hourly minimum wage in Pennsylvania, 7.25, to be able to, afford that 1 bedroom you need to earn \$14.21, recent numbers, and these numbers are also fairly conservative, the State wide, we think it's more like, \$18.50 more metropolitan areas like Philadelphia it's \$23.75.

To actually be able to sustain yourself in a apartment afford those essentials for life.

So across the State, we see rent burdened infographic in the center, 46.6 Pennsylvanians are rent burdened they are struggling to stay in the housing maybe they become homeless, they cost the system more if they become homeless they are not spending money on things we might be considering to be economic development, goods and services they can't take care of the primary responsibility of their housing.

So that's what we're experiencing here E across the population gives you a little bit of ideas of the business case for having a housing strategy in the first place.

Just to let you know, the out look is not much better for wage earners in PA who make between 12 and \$13 an hour, so, even if folks are not rent burdened are still not necessarily able to afford things, beyond the essentials.

Yeah. The housing strategy I think as I mentioned before, talks about, efficiencies in the system and certainly a lot that we can do to improve, collaboration at the local state and Federal level.

But at the end of the day we have to generate new housing in order to really overcome th these issues.

The strategy itself, if you go to our web site and, take a look at the plan, the strategy itself begins on page 9 really gets into the meat and potatoes what we're trying to achieve here. The 811 program, strategy number 1, expand access and create new affordable integrated and supportive housing opportunities.

Goal number 1, is a very concrete goal under this strategy and has to do with the program called -- the HUD's section 811 it's a Federal rent subsidiary grant for people with disabilities for 18 to 61, pay up to the fair market rent for a apartment, tenant only paying up to 30 percent, not 40, 50, but 30 percent, towards rent and utilities.

So our partners at the Pennsylvania housing finance agency are the primary grantee and the Department of Human Services, serves as a partner in our roles to build that referral network we know there's need, what we have not done well traditionally is connected the folks who need these units and these subsidies to the actual units and subsidies, that's been left to local property managers and they have varying levels of success in connecting the right individuals to the units.

The current status is over 40 counties have been trained on the referral network in PHFA has obtained commitments from property owners and developer pours 87 units doesn't sound alike a lot, initial pilot is 200 units took us a few years to get this off the ground, the second 2013 grant is another another 200 units we have commitments from local public housing authorities for an additional number of, 300 more units so we're leveraging 700,

statewide, I would consider to be a pilot.

So as these units, these 87 units become vacant, so the property managers, owners of the properties have only committed the units they weren't necessarily vacant.

So as these units became vacant the rule network for applicants to the property manager and the person can tour the apartment and apply if they choose.

So there's a choice element to it as well.

So again I think we're holding out a lot of hope this is a -- a great new strategy.

811 is a new way of using funding that was originally designed to build housing.

So section 811 is I actually ran in the 811 property in Pittsburgh a couple of years ago.

You used to be able to build a 25 unit project with 811 or a larger project with 811, now, today they're using to plug into other kinds of projects.

Very innovative.

Goal number 2 is to maximize housing communities for extremely low income populations we talked about that earlier.

I think many on the call may be familiar with the low income housing tax credit program and 20 percent, median income units that was something that didn't always exist in that program, typically, we look at 50-60 percent AMI the unfortunate part, those units are not affordable to persons at 18-20 percent of the area median income unless they have some sort of subsidiary they are bringing.

This is a way the subsidiary is plugged into the program we want to map that process and attract the individuals who are using those units because, and neck totally we believe the units are not occupied by people who need the features, but definitely occupied by people who meet the income requirements we also, at the same time want to, increase the number of 20 percent units if we're able.

PA housing search, goal number 3 is to provide tools to designate lead county base agencies through information technology enhancements.

There is a -- you can use it yourselves, if you log onto the web and go to pahousingsearch.com you can search for units with

characteristics the money that made that web site, portal is called social serve they created a system, for the 811 program and then, will also be in the fall, creating a new system for the 20 percent units and the reason that is good news is, that a provider will be able to log on and, input some of their information to see what they're eligible for.

Another individual will monitor the waiting list and then, it connects directly to the property manager.

So hopefully this expands beyond 811 and 20 percent units to a larger process where people are able to identify units, that are funded by section 8, that are affordable, that people are not paying more than 30 percent of their income.

We're just hoping to grow and, remove the barrier of not knowing, where the units are or if they're available.

And goal number 4 is explore new and expanded funding opportunities to increase the supply of affordable integrated and supportive housing this is a real trick right now we live in a time where, there isn't a lot of money available for housing. Some bright spots, some of you may be aware of the national housing trust fund -- the national housing trust fund derived from a portion of the Fannie and Freddie Mac, this year, Pennsylvanians is getting 3.8 million, the expectation is that amount will grow over time, but, it's at least a start and initially, the understanding is that, 3.8 million will go towards existing properties to make unit that is are affordable to 50 and 60 percent area median income, affordable to someone who at the 20 percent area median income.

Not a lot of innovation, it does generate greater opportunities for people who are on a fixed income even older adults, that's something to think about for the future.

One of the brighter spots, even brighter than the national housing trust fund is the State housing trust fund.

I was involved with the Pennsylvania housing alliance I was on their board and worked for them for many years to try to get the legislation passed it was actually, passed during the time where the last year's budget impasse was very strong.

So, it was a bright spot and the legislative world and, it is another excellent resource for PA which we should thank the alliance and many other folks who may be on the call today we're

hearing this year's allocation could be, 3 or 4 times larger than the national housing trust fund.

So that's another bright spot.

They will be looking for innovative housing projects.

It gives you a idea of the housing strategies.

Number is, strengthen the and expand housing housing related services a end supports n is where, there's innovation around the thought of how we use Medicaid and other dollars that have not necessarily traditionally been used for housing related supports and services.

Our goal here, goal number 1 is to expand access to housing related services and supports through community HealthChoices.

And that's probably, something very near and dear to everybody on the call.

We could require or incentivize community HealthChoices MCOs to identify, individual housing needs and develop innovative housing strategies partnerships, something that I've been thinking about, and we've been talking about here in the office, some way to incentivize investment in housing so we can actually generate new units of housing.

So look for some of that to happen in the near future.

Goal number 2, is increase housing opportunities and services for individuals in the criminal justice system, with serious mental illness and/or substance abuse issues we have partnered with criminal justice agencies to expand housing opportunities and targeted areas to provide necessary supports to better ensure the tenants success, pardon me.

There are some great pilots already out there, we can study we've been invited by the Department of Corrections to participate in their strategic planning process around housing so we're very excited about that.

And there may be some overlap with you folks on the call here today.

Goal number 3 is maximize Medicaid funding for housing related services and supports I touched on that earlier, but the goal here is very important to the success of the strategy.

Some of you may be familiar with last summer's bulletin, that, detailed how, Medicaid funds could be used for housing related services.

Following that bulletin, CMS issued a notice of technical

assistance through the innovation accelerated programs exploring the use of housing related services funded by medical assistance. And so we're really in the process of, getting down to the brass tax there and identifying across all of our offices how we might be able to implement some housing strategies and make them, uniform across all services.

The office of social programs of which the housing team is a part of, is leading the charge internally.

To develop information tool that helps us to analyze where we are, now and where we need to go in the future with that.

So again that's another important part of the strategy and look at the funding we receive.

Strategy number 3 is to assess new and existing programs to determine future needs and measure outcomes.

This is a particular importance to me.

I believe secretary Dallas thinks this incredibly important.

We have to set milestones and benchmarks so we understand where we are today and so we can measure our progress.

So goal number one is to assess and improve existing DHS housing related programs.

When we're in the process of improving the program like the home modification broker, multiple programs are coordinated across the State, not coordinated necessarily, with each other we know of four offices four departments where there is a mod program DCED the department of community economic development, the Pennsylvania housing finance agency, the Department of Human Services, and the office of vocational rehab, where we have sort of, we recognize the moment during our initial launch of the housing strategy, that the secretaries and leaders of the organizations were not aware that the other departments and agencies had a similar program.

That is a little bit of a defining moment in our discussion about better coordination.

Tenant based rental assistance program which is, through the nursing home transition program, the office of long term living, we want to really expand that and grow that, I think we can see a lot of success there.

We have a great partner in the department of community economic development, they have committed home investment partnership dollars to match the dollars that we're using.

And of course looking at the home assistance program, modernizing some of that.

So that's our goal number 1 to take a look internally what we're doing.

Goal number 2, to complete a housing gaps analysis.

This is, absolutely essential for us to understand where we are today.

I don't think we have a good handle yet, on where the gaps are.

We know we have a problem.

We have anecdotal information we know we need to produce more housing I keep saying that.

But goal two is a reflection of the DHS's commitment to measure progress.

We're working with our consultants at the technical assistance collaborative, also known as TAC, the substance of that need.

This can't be done in isolation.

We performed environmental scans last year, heading into the fall and we spoke to a -- maybe some people on the call today, during that process in the fall of 2015.

We continue to need to hear from our partners the State and local levels, advocates, we have some ideas about what this might look like, but -- we'll actually be discussing that a little bit more here in a moment.

Goal number 3 is to establish and continually assess desired outcomes of the department's strategy.

We discussed a number of concrete initiatives like the 811 program, that mapping the 20 percent units and connecting people with units that are available.

We have some low hanging fruit.

Things that can be improved and measured within DHS and in between state agencies so once we understand the gaps we have yet to identify, we can begin to set aggressive goals and regulate assess how far we have come, some areas we're thinking about not only including the 811 program and replacements and the 20 percent units but also, the production of new affordable integrated and supportive housing opportunities for common constituents.

We talked about moving folks from institutional settings to

community based housing that's incredibly important.

I think we, you have a -- a mechanism for measuring that.

But, we want to see that improves.

We believe there's an opportunity to reduce homelessness through a greater coordination between DHS and DCED and PHFA and HUD and the Department of Corrections real opportunities to collaborate on housing issue, including those re-entering from jail and prison.

But, the interesting thing about strategy 3 is it can't be done without teamwork collaboration and input from all stakeholders so we can go the measurements we need to talk to other colleagues and other areas not at the state but at the local and Federal level.

Strategy number 4 promote teamwork and communication in both state and local government to develop housing opportunities for all populations served by the DHS.

I hope I'm not going over too long here.

But this is, probably one of the most important strategies contained within the plan.

Some of may recall participating in the environmental scans.

>> **JENNIFER BURNETT:** This is Jen you have time, don't worry about that.

>> **SPEAKER:** Okay.

Great.

Thank you.

So -- under the strategy, we need to continue those environmental scans we need to continue listening sessions and understanding, what everybody is thinking about, what people are saying.

And what we might be able to replicate at the local level, even in other states.

As well as here in Pennsylvania.

Goal number 1 strengthen our designated lead county basedtion agencies as described previously we're building and strengthening the local network and consisting of the regional housing coordinators, local lead county county based agency and other county based organizations I think our local partners have a lot of answers and, if we can, begin to organize that information, and replicate it in other areas that will be great.

Because I think, we are not going to be able to achieve success at the state level exclusively.

We need to align policies and coordinate with county and state agency this is important, I can't tell you about the number of conversations we've had, talking about the same thing, with each office, of the department, but also, individual state agencies and then different localities talking about things using different language, they have different approaches. And if we can, somehow look at aligning policies and coordinate regularly, I think we can achieve a different kind of result.

Streamlining, create greater efficiency.

Goal number 3, also incredible will be important the successful localities have done it, to develop public and private partnerships we're looking to work closely with developing new public partnerships with foundations and non-profits we've had a number of housing foundation that have come to us historic issue where hospitals don't -- necessarily foundations don't necessarily see the connection between house egg and health outcomes.

I think folks are beginning to see this.

There are resources and evidence based practices out there, that we can, and need to, leverage and replicate.

This is an exciting area because there seems to be greater understanding, of housing as a social determinant.

And then, goal four to provide ongoing communication of stakeholders and advocates on the progress of the housing strategy.

This is incredibly important.

Because -- plans tend to get shelved they collect dust on the top shelf where they're ignored and accolades and ignored.

We're building a public web site dedicated to the DHS housing initiatives and information how to access housing regardless whether or not someone is, participating in DHS.

Programming or otherwise.

Housing strategy is not intended to be set in stone, we, it's short.

It's about 20 pages we have a lot of work to do, to build the action planning around it.

But we can also modify it, if we're seeing something is not

working if we have brand new ideas and concepts.
Must evolve already, I must evolve as it already has, every
year we're committed to providing status reports and updates on
the goals we met along the way.

And updates along the way on general strategy.

We look forward to working with everybody on the call in
essence.

So happy I was invited here.

Again today.

To give you a new update, last time I met with some of you,
you may recall, it was the day after, we announced the plan, I
had been working at the department for -- about a month and a
half, and -- had not internalized a lot of the information here.

I can answer any questions if folks may have any, I did
mention earlier, to read the five year housing strategy you can
navigate to our web site.

Be remiss if I did not mention, our core partners, the
Pennsylvania housing finance agency, and the Pennsylvania
department of community and economic development.

But veterans military veterans affairs department of
constructions, aging -- health department they're all going to be
key partners in this along with you, folks, and advocates local
government, local organizations.

We really need to, all work together, and again, Marathon,
not a sprint it will take us some time to build this.

Contact information for our offices might be office of two.

So for more information you can contact me directly.

Or, some of you may know, Jonathan McVey, executive
housing coordinator, we work closely on the housing strategy and,
like I said -- I can, entertain any questions I'm not sure how
you're handling this

>> JENNIFER BURNETT: Thank you Ben, it was very thorough.

One of the questions I'll go ahead and answer, is will we
make your presentation available.

And we will.

We can post, we will post that with the -- third Thursday
webinar archive for today.

So you'll just have to get that, if you can get to Georgia
that will be great we have a few housing -- we have a few housing
questions have come in through the web process we have here.

And, if you would, can you stay on the line for a few minutes I'll read them to you and, you can maybe respond with that be Okay?

>> **SPEAKER:** That's wonderful.

>> **JENNIFER BURNETT:** Okay.

Great.

All right, so here's the first question that came in.

As far as housing I have suggested before, and will continue to suggest, take the houses that are on the tax rolls turn them over to Centers for Independent Living or someone so we can use the home mods to make them accessible, and sell them to people with disabilities that will increase housing for disanded people, take homes off the tax rolls they start making taxes stop the city and counseling from spending money on upkeep and use the income from payments to fix any homes there's a -- a point that this is a win/win situation because people living in the community, generally cost about one half or one third of the amount they are in nursing facilities I think that's really just more of a comment.

But it's something that we may, want to consider as we engage in this whole process of the housing plan itself.

>> **SPEAKER:** Oh, absolutely, I heard this one, I think, the person brought this up at our last meeting.

And, it is a very innovative approach I think, the other thing to recognize is that, it's going to take, you know it is not going to be the tax credit program a loan that fixes this issue.

Alone will fix this shall uwe'll need shared living opportunities -- we have heard about other innovations and small homes there are a lot of different things, that you know one thing to consider is that the homes that are located in places where, the taxes are not being paid tend to be in economically distressed areas you want to create areas homes in areas of economic opportunity.

So I mean I think we're going to need an approach that includes not only the strategy, as a referenced in the comment but other strategies, that, bump up against work force investment initiatives that, going where the jobs are.

Improving, downtowns where, there are vacant or unused properties.

So, it is going to take a whole host I love that idea.
I forget who brought it up it's a great one.

>> JENNIFER BURNETT: Yep that's one of our MLTSS sub-MAAC members another question, another issue is landlords that charge more than, fair market rent so that, they don't attract the low income consumers best making more apartments unavailable. I think that's an issue we probably need to -- we'll be paying attention to.

>> SPEAKER: Yeah we had a case study in the Marcellus shale region what happened, many of you know this, is, the gas drillers came in and all of a sudden, landlords could charge 3-4 times the rent we had this case study over the last several years, fortunately for the folks impacted that is subsided a bit in some of those regions but in essence what it really, extenuated is the fact that we don't have, we have a really -- we have an affordability crisis you can create all the subsidies you want, if the landlord, if there's no incentive for the landlord, there's no reason to take the subsidiary.

So, if you have mission driven groups like mine in Cumberland County, that works.

But, we were beginning to see in Cumberland County as rents went up landlords could attract higher rents, that our vouchers were not working as they did ten years ago

>> JENNIFER BURNETT: There's just a couple of other ones one is, I think I can answer this, community HealthChoices be taking over HUD function in terms of housing or will the two entities co-exist or work together.

The response is, HUD will continue to do its work and, we are partnering with them, I had a call with HUD last week, I know that Ben and Jonathan had been meeting with HUD it will continue in its role.

Building on that one, here's a good question that I think is an interesting one is one that we would want to go back to HUD to talk about, are there plans to apply for grants are there any grants coming through soon to help the homeless or rent burdened elderly, similar to the project 811?

They are very needy population often don't have the same family support of adults age 18-59, on average, adult children live 280 miles away.

That's a really good question.

I know that the 202 program has been language wishing that's the program of housing for seniors.

But I know that HUD has been, discussing kind of dusting it off and, reissuing 202 similar to what they have done with 811 do you have any other information on that, Ben?

>> **SPEAKER:** Well you brought up what I was going to bring up, some folks have been critical of the 811 program, restricting age.

And, I actually share their concerns.

You know I think, there could have been a good argument for meshing 811 and 202 together and making it a program that serves multiple populations.

That being said, I think that 202 is the answer.

If they could, you know because we really in the day and age are not going to be able to build a 30, 50, 130 unit 202, everywhere and is that really model we want, to give people as many choices, you build a 202, that's where it is located.

There's 130 units at the corners of Hanover and Penn? n in Carlisle.

That person lives there, their family moves away to another area, they had a job opportunity in Tennessee or Florida, I know that person is living -- yeah I think we need to come up with the most flexible solutions ones that actually achieve a result, I'm hoping that's the story we tell with the 811 program and the decision-making around 202.

>> **JENNIFER BURNETT:** Uh-hum.

Okay.

That's all the housing questions do you want to go check one more time, before you leave Ben.

Georgia is going to check to see if we have any or housing questions but, while she is looking I think, I'll -- go ahead and, do a few of the questions that we have before you presented.

Ben --

>> **SPEAKER:** Sure w.

>> **JENNIFER BURNETT:** Please tell us about the HealthChoices injunction and what effects if any, it will have on community HealthChoices?

The -- this is riverring to a court -- Commonwealth Court decision that came down yesterday and, the result of that is, it's related to the HealthChoices procurement and the result of that is that, the Department of Human Services, is canceling

the current HealthChoices procurements and, they will be issuing a new RFP in the very near future.

We don't anticipate it will have much of an effect on community HealthChoices we're continuing along with our own deadlines I don't know if you want to say anything about it Kevin

>> MALE SPEAKER: Pretty much covers it, we'll have evaluate -- the procurement schedule for HealthChoices and, to do all we can, to make sure we're accommodating our office of medical assistance programs, to get through the process, but at this point we're not anticipating any changes in our time line.

>> JENNIFER BURNETT: Okay.

The list of companies that responded to the proposal available, yes that is available, on our MCO, managed care organizations responded to the RFP and draft agreements, that was issued in the spring.

They are -- actually in the winter, and into the spring, those are available on the web site, that I pointed to earlier.

And, the slides are there.

The slides will be posted on -- all of these slides will be posted on our web site.

Ben looks like I have a couple more questions on housing?

>> SPEAKER: Okay.

>> JENNIFER BURNETT: Okay.

So let me go ahead and go back to these.

There's a recommendation that the Department of Human Services has a strategy, to use existing single family homes as a source for housing.

And example is the agency model domiciliary care program that Massachusetts and Virginia uses, it does not require captial and new money since the housing and primary caregivers are existing.

So -- that is a very interesting idea, that, we should definitely look into.

And -- especially particularly on the office of long term living, is looking into this I know we have looked into it, several years ago at OLTL we really should go ahead and dust that off.

>> SPEAKER: Yes buffer were I don't think we have talked to you about that Ben we can definitely go into that.

>> SPEAKER: I'll look into that model I'm not familiar with

that, so thank you.

>> **JENNIFER BURNETT:** Okay.

Great.

Great.

Another one for Ben -- how is the plan a message being communicated to housing thought directors and staff, are they receptive it partnerships with service providers?

Great question.

>> **SPEAKER:** Yes absolutely great question I think one -- one of the -- we have attended one of the 3 associations conferences PARA, Pennsylvania housing redevelopment agencies associations conferences so we, have spoken about not only housing strategy but the 811 program.

I am, formally a housing authority director so informally that gives me a little bit of, street cred with my brothers and sisters in their executive roles of other agencies I know a lot of the housing and redirecting authority directors I hi that's helpful.

There's lessons to be learned in the mid 2000s work with housing and redevelopment housing and other housing agencies we did with the office of mental health substance abuse services where they implemented a housing strategy, and engaged a lot of the authorities across the State.

At various levels of success, but that's primarily how, the housing and redevelopment authorities in Cumberland County became engaged in behavioral health services in Cumberland County I think there's some lessons to be learned from that model.

I think the out reach, has to be through not only the associations but direct contact but many authorities that don't actively, engage in the association of events, so we're going to have to take a look at that because so many of these authorities are the only game in town especially in the more rural areas.

I've had various levels of success in the past, doing that, but we're going to keep working on folks.

We have to create incentives to get them to the table.

I think that's the key.

Can we develop housing with them?

>> **JENNIFER BURNETT:** Yep.

Absolutely.

Another question, do you feel that shared housing will be a viable option to prevent homelessness, unnecessary institutionalization et cetera, has there been research on this?

Also, what about incentives for landlords to open their homes to those, who are low income?

>> **SPEAKER:** Yeah. Well, the biggest incentive, has been the voucher and that has very great limitations because, typically you're hovering around fair market rent we know that rents can be volitiled in different areas so, we should look at different ways to incentivize I just spoke to some folks in Philadelphia and one of the things that they are doing there, that's really innovative around incentivizing, is -- there's a subsidiary for the first 12-24 months, they turn into a Lisa den dumb additional agreement with the landlord they will work with the tenant after that 12-24 months is up.

So the landlord gets the set rent, guaranteed for the first two years and then there's a lease addendum as needed. The goal is to grow -- more on the homeless side, to grow someone's ability to earn more money, in that first 24 months, and hopefully then they will be able to afford the rent but the back stop is, either getting another subsidiary like a housing choice voucher or renegotiating the rent if there are no other opportunities.

So that it's still affordable for that individual and hopefully they have a good tenant, burden in the hand is worth two in the bush.

So that's the -- they said that's starting to work.

I'm sorry Jen what was the first request, first part

>> **JENNIFER BURNETT:** First part of the question, do you feel that shared housing would be a viable option to prevent homelessness unnecessary institutionalization, et cetera?

>> **SPEAKER:** Yes, six months ago, I would have told you that I didn't think it was.

Our shared living situations with the exception of the evidence based fair weather lodge model have not been terribly you can is successful in Cumberland County I begun to believe that has to do with the rural nature of where we place some of our mod rehab single room occupancy, common spaces I'm hearing,

from some of our larger you are ban area partners, that is viable I would like to look at the data, I've no the done the research necessary to have -- have a real informed answer there, I'm hearing from some of our larger urban partners that they're making it work and that it's a way to sort of skirt around this lack of Federal funding like safe funding for housing I think it is something we have t to closer look at that

>> JENNIFER BURNETT: Great.

We'll turn to -- Ben I want to thank you for participating on today's third Thursday webinar I think the information you provided was very helpful.

And I just want to remind everybody that this, we just published this housing plan and, one of Ben's slides talked about it not being something that is going to sit on the shelf, it's going to be a driver to help us really move in the direction of partnering with housing around the State.

Office of long term living along with my other colleagues in the other offices, of DHS, are really, actively involved in helping our housing director and our executive housing coordinator, to do this work.

So we look forward to partnering with you Ben, thank you

>> SPEAKER: Please invite me back any time I enjoy speaking with you all.

>> JENNIFER BURNETT: Yeah I think what we'll do, we'll probably in the maybe six months or maybe less if we have anything to report back that you're working on which I'm sure you will in six months, we'll bring you back.

>> SPEAKER: Absolutely.

Sounds good Jen thanks everybody.

>> JENNIFER BURNETT: Thank you.

>> SPEAKER: Thanks Ben.

>> JENNIFER BURNETT: Okay.

If with you ask bare with me, there were a few questions that came in, about making sure asking whether or not things are going to be posted.

Again our web site, has a link to the third Thursday webinar.

And, if you go to the third Thursday webinar, they are archived by date or by month and year.

And, so, you would go to the July 2016 webinar in a few days it's not going to be posted immediately it takes us about

five days to get it posted.

But all of these, all of the slides that you saw today, will be accompanying the actual recording of today's webinar. And let me go back to some of the questions that, we received. Does OLTL still have final approval on the waiver application?

I don't think, I don't see that in the enrollment process. We do not have final approval on the waiver application. In fact we did not actually, put in the community HealthChoices waiver application yet.

However, we have a bunch of amendments for our existing waivers, that are in process with CMS right now but we don't have final approval on that.

Let me look at those questions --

>> SPEAKER: Question was asked, did I say, that the 60 day process for waiver enrollment, it's actually that entire enrollment process, does it start of the determination it's when the CAO receives the financial determination, when they receive the 600L determination that's when the 60 day clock starts continues with the AAA assessment in the 60 day process or does it happen between the 60-day time frame.

It depends is the answer to that question.

The level of care assessment which is what they are talking about here, in some cases could take place, before the 600L is submitted to the county assistance office.

And, in many cases that is, is what happens.

And, but in some cases it happens after the financial eligibility application sent to the county assistance office.

Next question I see that the 1768 form is now available, electronically in Hixus, is it now being able to be submit the forms online, training available to do this?

>> SPEAKER: The form is normally completed by the IEB I'll get back to you on what role, the service coordination entity, the service coordination services would be able to have with the 1768, we'll do some follow-up on this, and, that will be available in the next third Thursday webinar.

>> JENNIFER BURNETT: Okay.

I'll go back to a one of these -- what will be, what will the relationship between community HealthChoices and the options program?

There will not be a direct relationship, between the two, however, if an individual, older Pennsylvanian goes through the nursing facility clinical eligibility process determined, nursing facility ineligible we will, anticipate that the area agency on aging would, either, have that individual go onto a waiting list for options or, discuss what the different programs are, that are available either through, Penn care the lottery fund or, through the older Americans act.

So, I would think there's a -- the other thing is that we are continuing, to use a process where people, who are on options become waiver available can make a smooth transition.

We have a process for that, we work very closely with the Department of Aging to make sure that continues.

The next question, when will we know who the MCOs are -- we are anticipating that decision to be made very soon.

I don't know, we don't have an exact date on it.

But, it shush

>> **SPEAKER:** Two weeks.

>> **JENNIFER BURNETT:** Should be within a couple of weeks.?

Speaking of communication, how will providers know which managed care organizations each of their existing consumers has se selected?

>> **SPEAKER:** I'll answer the question in terms of continuity care of period if a provider is currently providing services, to someone who is enrolled in a home and community based waiver or referring services through the nursing facility, the managed care organizations are going to know, who is the provider for the services for their participants.

So, couple different ways that will be communicated.

We'll make sure that, that -- that we'll look for opportunities to communicate directly with the providers, from the Department of Human Services.

Also make sure that the managed care organizations also, are aware of which providers are providing services to their enrolled participants so that the continuity of care process, can go throughout the six month time period without any interruptions.

So, two channels we have identified from the Department of Human Services correctly, and also through the managed care organizations themselves.

And, if we're always open to suggestions for any other way that could be available, for the providers to know, as well.

>> **JENNIFER BURNETT:** Thank you.

We just have a couple more minutes here I want to touch on -- one that has been asked by several people.

And, it is, sounds like some providers are being contacted by insurance companies and told they need to finalize a contract by the end of July and, the question is, is this accurate?

And, either that is for HealthChoices, which again, that procurement is starting all over again, they're doing a reboot of that procurement, but in community HealthChoices we have not even notified selected offerers, so, health insurance companies that have, bid on community HealthChoices, do not know whether or not they have been selected.

>> **SPEAKER:** It's my, my assumption that would be for HealthChoices not community HealthChoices.

That's my assumption.

At this point, it's unlikely that the managed care organizations they have been researching out to providers, I'm not aware of any managed care organizations that are going through the contracting process at this point.

Unless they're already participating in HealthChoices.

>> **JENNIFER BURNETT:** And just one last question, the IEB will mail information packets will you review this again?

Are these being mailed to all community HealthChoices eligible or just those who have already enrolled, those will be mail to people who are enrolled and identified to be transitioned from fee for service to community HealthChoices.

With that our time is up and I thank you very much for your participation and, we look forward to talking with you next month.

Those of you who submitted questions, we will try to get to them either in a frequently asked question or we'll get back to you individually.

Thank you so much.

And have a nice afternoon.

Good-bye.

[webinar concluded]

Notes