

CAPTIONER: Hello [standing by]

>>SPEAKER: Good afternoon, everybody. My name is Kevin Hancock I'm the deputy secretary. This is the third Thursday webinar for August 15, 2019. Before we get into the could be tent I will walk you through housekeeping specifically if you have questions that you would like us to submit at any time during this presentation on any topic please feel free to type those questions into the question box which should be to the right of your screen. Those questions will be printed for us to be able to answer and it's likely that we'll have intermittent points where we will be stopping and go through some of those questions especially if they are topical for the person that is presenting at the time.

We will be covering today community HealthChoices update. And then the waiver amendments. A detail where we are at with electronic visit verification and then enrollment services update.

So starting with the CHC updates, right now we are in full implementation mode for phase 3 which is the phase pays phase for community health choices. Phase 3 covers most of the state geographically and covers the central portion of the south central portion of the station northwest and northeast. During the implementation we are focused on comprehensive participant communication which has begun. It has begun through sending out separate meals to participants and then the next major mailing is next week the pre-transition notice.

We also reason scheduling as we did with the other phases sessions where participants can attend and have is this of their questions answered about the program and what it means to their healthcare coverage. This is particularly important not only for people in need of long term services and supports and also those individuals that are duly eligible for Medicare and Medicaid so you understand the difference between Medicare and Medicaid services. Those in person participant sessions will include represent environments from the a prize as well mall independent. So there will be a lot of sizes in the room available to answer your questions.

The phase 3 implementation includes a readiness review process. It takes into consideration the composition of the provider networks for the managed care organizations as well as the MTO technical and technical readiness to take over the program. That review has already begun. So far we are seeing the managed care meet the requirements meant of the program.

Provider communication and training has also begun. We have had sessions in May and June with providers where the providers had a chance to ask questions of the department of human services as well as the managed care organizations and start developing a professional relationship that will ultimately lead to a provider contract. We will have those in the fall repeat sessions for provider communication so that providers will have an opportunity to revisit some of their questions and also raise any concerns.

The pre-transition and plan process begins very soon. The pre-transition notices will be going out next week. And they will continue to go out until the end of August. Then immediately afterwards the independent enrollment broker will be sending out an enrollment package of participants. It will go out throughout the month of September. The enrollment packets will provide instructions for participants to select managed care organization and also details about the individual managed care organizations to help inform that choice for participants.

Then we will also look at the experiences we had with southwest and southeast implementation to consider what lesson plan we need to incorporate to have the final phase of community health choices implementation that much more successful.

As part of the lessons learned we are focusing on these challenges listed on the slide, transportation, geography, participant outreach and electronic visit verification the southwest as a challenge. We looked at different ways to address that challenge. We know transportation will be a challenge in the final phase because of the rural nature of the delivery of service. So we are looking for solutions and we are looking for opportunities to be creative to not only avoid disruption but also to look for new and creative solutions to address transportation challenges.

Geography is an obvious challenge. This final phase represents most of the state geographically. We look forward to working with providers in those areas that covers a large area. Hopes are having a hard time hearing me. I hope this will improve. I put the speaker closer to my mouth. Hopefully I am not too loud now. Would

Focusing on geography

>>FEMALE: They are saying they are hearing music.

>>DEPUTY SECRETARY HANCOCK: So we did hear that some people are hearing music. We're not hearing music and we think we are on line. If people want to maybe send a question concerning that that would be great. We are just going to continue because we think we are okay. So geography as I said is a challenge because of the amount of territory that's involved in this final phase. We'll be working with providers and provider organizations across this final phase territory to be able to make sure that providers and participant needs are met in view of how much space is involved in this implementation.

Outreach is a challenge because of the rural nature of the final phase. We continue to look for and have had suggestions on the best place to reach participants. A lot of the sessions have been scheduled to address participant outreach.

Electronic visit verification is a challenge and opportunity I would say. It's definitely a challenge because it is something that is required to be implemented at the same time we are implementing phase 3.

We will be talking about how the department is planning to address some of those challenges.

So this shows the phase 3 population in total. 143,004 individuals. 96% of duly eligible for Medicare and Medicaid. As you see on the slide, in the lower left-hand corner, 17% of that total population are receiving their care in us in nursing facilities and 13% are receiving their long-term care in the community. That's very different from the rest of the state the southwest is much more 50/50 in its distribution of long-term care services and southeast was much more oriented to community long-term care. So we have an opportunity for balancing phase 3 area and we look forward with nursing facility and home and community based providers to make that happen. As you remember one of our primary goals of community health choices is to offer long-term care services in the community because it reflects participant preferences.

This slide shows Lehigh capital with 66,044. The distribution shows much more of a 50/50 split between nursing facilities and nursing and community-based services. This is the most urbanized of the 3 zones that are part of phase 3. There's still lots of rural territory in this area.

This is the northwest by all accounts the most rural of the 3 phases. 27,730 individuals. Erie is the major metropolitan area and lots of open space in between.

And the northeast zone has 49,000 individuals. Scranton, Wilkes-Barre and Hazleton and Uniontown, State College, so there are some urban centers but there are lots of rural spaces in the northeast. It is the geographically largest of the 3 phases.

So what are some upcoming phase 3 activities? It we had already mentioned the July 15 mailing of the initial touchpoint flyer that HealthChoices is coming their way. August 1 was notification where the information sessions are going to be held for -- where participants can go in person to have their questions answered about community health choices.

The pre-transition notices are mailed from August 19 through the end of the month. The service coordinator and nursing facilities will begin meaningful contact activities. What that means we will ask nursing facility and service coordinators to work with the population that they support and answer questions and provide detailed information for community health choices. Also to help them understand what they need to do to do a plan selection as well. And that will begin, we are expecting that to begin in the September time frame.

From September through October, 72 participant sessions will be held. They will be held in all 3 of the phase 3 zones. Transition notices will go out as well enrollment packets. If we do not hear from participants we will let them know that want them to make an active plan selection. I don't think last day to make a plan selection before auto assignment is November 13. By that auto assignment can be in a it gated they can still make a plan choice to be effective on January 1 all the way up until December 20. So that gives participants a lot of time to be able to make a plan to be effective on January 1. Just as a reminder, even once community HealthChoices a active they can make a change at any time. It just depending on the time of the month they make the change

it's likely that that change won't be affective until the following month or the month after that.

This is the website that contains a lot of this information. I am going to turn it over to Kristin to provide information on some of the content.

>> Kristin: Thank you. We just wanted to provide a few updates as far as what has changed on the website. So when you go to our website HealthChoices.pa.gov you can see a few new links in the banner. One of those links is the link to register for information sessions that are coming up in September and October. So not only has the mailing been sent out with that calendar on it, the registration is open and it can be accessed immediately when you arrive to the website or on the next page I am going to show you additional updates.

Then this slide shows the part of our website that contains the communications to participants. For those communications that have been sent out the informational flyer and the invitation to the upcoming sessions, those are posted to the website. So if you know a participant who has lost a mail error is asking you any questions about those or want to familiarize yourselves with what participants are starting to receive, those are updated here on the website.

As other notices go out, the pre-transition notice and the enrollment packet, those will also be updated on the website. Right now you can view the pre-transition notices and enrollment packets from last year to get an idea what participants will receive. Keep in mind the dates and the locations will change to be relevant to phase 3.

With that we are going to pass it to Jen Hale to provide an update on the CHC waiver renewal.

>> Jen: Today I am going to highlight the timeline for the 1915Y waiver renewal and walk through some of the major changes that are included in the proposed waiver renewal. So the current 1915C waiver will expire on June 30 of 2020. Our goal is to renew the waiver early in order to align the waiver with the calendar year. Renewing the waiver early will allow us to align changes that occur with the community health changes agreement. Community the community health choices agreement is also run on a calendar year. That will allow us to align the review and implement the changes at the same time.

So our plan is to renew the waiver with minimal changes and have an effective date of January 1 of 2020. We have received a lot of stakeholder feedback regarding changes that individuals would like to see with the waiver. So we are also planning to complete a more comprehensive amendment in the spring of 2020 for January 1, 2021 effective date. We anticipate beginning the stakeholder process in it late fall of this year to gather feedback on some of the more substantive changes to include in that future amendment.

So I just want to walk through some -- and highlight some of the major changes that are being proposed. The first on the slide is the change to the qualifications for service

coordinators. Basically the main change here on the slide you have the current approved waiver language on the left-hand side and what's being proposed for the 2020 waiver renewal. Highlighted in bold is the specific language change that is being proposed. And this allows for more flexibility in the FC qualifications. Currently the current requirement requires all service coordinators to have a bachelor's degree. The proposed language allows for 3 years experience in place of the bachelor's degree.

The second is for the qualifications for service coordinator supervisor, again, we follow the same thought process in allowing for more flexibility within the requirements. For this we move from the strict requirement to be an RN or licensed social worker to requiring the supervisor to be an RN or an individual with a masters degree and commitment to obtain their license within the first year.

Some other changes is we flushed out and clarified the requirement around including an emergency back up plan in the person-centered service plan. This has been a long-standing requirement and we just flushed out some of the language in the requirements around this particular -- this particular aspect.

We also included and changed the service definition for our employment services. We added language that the office of vocational rehabilitation services are considered to not be available if OVR has not made an eligibility determination within 120 days. This is consistent with the recent changes that the office of developmental programs also instituted in their waiver and policy. We are also addressing the closure of order of selection of OVR indicating during the closure of the order of selection or waiting list that individuals on the waiver can receive employment services without being referred to OVR.

And those changes would be effective with the waiver amendment January 1, 2020.

We adjusted the service definition for residential habilitation. From a minimum of 12 hours to a minimum of 8. So when an individual is there for a minimum of 8 hours, the residential habilitation provider will be able to bill. Historically it was that the individual had to be at the residence for 12 hours. We changed that to 8.

Also within our waiver we have requirements around the comprehensive needs assessment. There are certain trigger events that would initiate the CHC-MCO to complete a comprehensive needs assessment. So we are adding a trigger event to the list of events already included in the waiver and that is if CHC-MCO identified that a participant has not been receiving services for 5 or more days and that the service suspension was not replanned then the MCO must contact the participant within 24 hours. The reason for the contact is just to ensure that there is nothing of concern happening with the participant. Then after communicating or touching base with the participant, if the participant has indicated that there has been a health status or their needs have changed, the MCO must conduct a comprehensive needs assessment within 14 days.

So the changes to the community choices waiver renewal. It is set to be published in the Pennsylvania bulletin on August 2019. This will initiate a 30 day comment period in which we encourage them to write them into the department use being the information that's indicated in the notice and also the RA account that is listed here.

It's RA waiver standard at PA.gov.

Moving on the other thing that we are preparing is the OBRA waiver amendment. The OBRA waiver amendment will be effective January 1, 2020. We have included many of the changes that I just can outlined for the community health choices waiver renewal will also be included in the OBRA amendment. There will be a public notice published in the Pennsylvania bulletin on August 24. That public notice will indicate or will initiate the 30 day public comment period. It will be the same method to submit comments for the OBRA as the CHC waiver renewal. It did have a question where we can provide comments, concerns about the proposed changes to the waiver renewal. So we will be sending out a list serve E-mail message hopefully tomorrow that will indicate where the public notice can be found and also where individuals can submit comments regarding the renewal.

And I believe we'll be using the same RA resource account and it is RA-waiver standard@PA.gov.

So that concludes my information on the community health choice waiver renewal and also the OBRA waiver amendment. Kristin is going to go over the information --
>> we did receive an earlier question regarding service coordinator qualifications a general comment. So it was basically that they received some conflict information about service coordinator and supervisor qualifications it was causing conviction within their agency. We will let the person asking the question know that we will provide the feedback to make sure we are providing as much clarity as possible. Now to Kristin.
>> Kristin: A few quick updates where we are at with electronic on visit verification. We are required to implement electronic visit verification by January 1, 2020 based on the 21st century cures act requirement. Electronically verify the type of service, the individual receiving the service, the individual providing the service, the date of service and the location as well as the time the service begins and ends for Medicaid services that are considered under the definition of personal care services.

For the OLTL waivers which includes the OBR waiver as well as the CHC waiver and act 150 program, personal assistant services in both the agencies and participant-directed model, participant-directed are included. DHS has decided to pursue an open vendor model. We want to make sure the providers that have already invested in the EVV systems can continue to use those Simms items.

That also means that the department is using a state contracted system. We contracted with a system through our Medicaid management information system with promise and that EVV system that will interface with the system is canned SAN data. We are working to provide a system that will be free of charge. That aggregator is going to be

consolidate all of the different EVV system data for any third party they choose to use as well as the state system.

To provide you a little more detail how this is going to work, it is really important to think about the fee for service system and community health choices program.

So the DHS aggregator is going to pull all of that data into the state MMIS system so we can use that for quality and auditing services.

On the fee for service side on our BRA waiver it is free of charge for providers will send that information to the aggregator. If providers are choose to go use their own alternative system that they have already been using they will need to work with SANDATA to make sure they can inter fate with the aggregator and send data. They will have to meet the technical specificationings we have provided on the website. This means that the fiscal employer agents that run payroll and other billing requirements will also be using their own EVV system.

So for OLTL programs that include public partnerships. They will send their data to the aggregator.

Where this changes a little bit is in the community health choices program. So for providers working with MCOs and community health choices, providers will need to work with the MCO to either use the system they are offering free of charge to providers which is HHH exchange or work with the MCO to interface their systems with the HHH exchange system. HHH exchange and MCO will act as an inter mittary between providers and the DHS aggregator. They do not need to send CHS to sandata just to the MCO. That will be the same process for public partnerships as our fiscal employer agent or providers have the option to use the free EVV system being offered by the MCO.

Just to give you a little timeline of the activities. We did release the technical specifications that outline the data elements required to interester face with the Saan data system for providers that have their own EVV system. PPL or public partnerships have already started trainings for common law employers and direct care workers. That training schedule was sent out as part of an information packet earlier this month. Those trainings will continue throughout the fall and PPL will be available in it October conducting in person sessions for additional assistance. In September and October the Sandata system being offered by DHS will also be offering trainings to providers. That announcement will be going out the end of August so providers can begin registering for those trainings if they are planning to use the sandataEVV offered by the department of human services.

There will be 3 types of training available that will include in person, classroom style training, instructor-led webinars and self-paced on line training.

If a provider is going to use the sandata system it is mandatory that they attend one of these trainings.

If a provider is choose to go use their own system to interface with sandata they must complete the certification process with sandata to make sure their system does interface. We suggest allowing 60 days to complete that process.

Then just a list of EVV resources here. We have on the DHS website we have a frequently asked questions document that.

Document is growing rapidly. We have held 2 publickings. Those questions are being addressed and will be updated in that frequently asked document.

If you have specific questions about EVV or would like to subscribe to the EVV list serve we have an RA account that you can E-mail. It is RA-PWEVV notice@pa.gov. The next meeting September 17 from 1 to 3:30. Rubbing register for that on our website and access other information and stay up to date with new updates and the spectacle specifications if you have your own EVV system.

With that, we will move on to enrollment services. An

>>DEPUTY SECRETARY HANCOCK: Before we start with enrollment services we did receive a question on transportation. The question ishow is the challenge of transportation that was identified addressed across the areas of the state. The primary way we will challenge it in the early days of health choices is to be as least disruptive as possible. So we did have transportation sessions that were directly tied to the provider session. We had dedicated transportation sessions. We did learn a lot from those sessions how transportation is currently being provided. And we are doing all we can to make sure that that -- what is currently being offered is not disrupted. At the very least the way we will address it in the early days is status quo. We will look for them to be recruiting additional transportation providers to offer non-medical transportation so that some of the transportation challenge that's currently exist can be alleviated. So thank you very much for the question.

So now we will move on to enrollment services. So enrollment services is a new concept for the way that we are planning to be able have people go through long-term care and most specifically long term for home and community based services. It will include plan selection as well as supports for completing the Medicaid financial application or the 600L. We have elected to redefine the way that enrollment services is going to be offered. Most specifically to be able to create a one-stop shop. The way we have introduced what the concept is going to look like is through 2 separate requests for information. First was the release of a concept paper it was published March 22. It outlined what we were trying to achieve. We received literally hundreds of comments from that publication and that was used to develop the draft RFA. We published a draft RFA with the comment period ending July 28. So we have the comment period, the comment period has ended. We have the comments. We have finished processing the comments. Women believe we have a procurement vehicle request for application ready for publication sometime in mid September. So we are looking forward to that. We are

looking forward to a broad interest of bidders to be able to offer services for the in new program.

The key elements of the program as outlined in the concept paper and the draft RSA include conflict free enrollment and choice counseling which means there can be no affiliation between the entity that provides enrollment service he is and the managed care organizations or providers. So conflict-free enrollment means no conflict of interest. Regional presence means that we want to have community-based approach to enrollment services. We want the services to be offered as close to where a participant lives as possible and to avoid a heavy reliance on call center options. Third key element is one in it-home visit at the onset of the process. Which means people will be having have been it their home once they let the enrollment entity know to submit an application.

They will provide and a half it gas for applicants as they go through the Medicaid application process.

The assistant with providing the LTSS will be part of that in home visit it. It will be part of the navigation components much the enrollment service center.

Efficient and effective operation speaks for itself. We want participants regardless where they live to have similar experiences. When we mean a similar experience we mean a similar positive experience. So we want individuals applicants across the state to have a positive experience and we want that experience to have similarities regardless of where people live as well as roading the geographical nuisances that sometimes may require some customized support.

We are also going to be including improved communication and follow up with participants we won't want participants to understand where their application is in the process. Better customer service and improved better customer service speaks for it environmental enhanced accountability and quality control speaks for itself. We also have the question does enrollment services include the assessment? It the answer to that is yes. The financial eligibility determination will still be made by the department of human services through the county assistance offices. The enrollment service entity will help people every step along the way. And the feedback we received throughout the publication of the concept paper and the draft RFA has been invaluable to what we think will be a very solid procurement vehicle and program. We are grateful to all of those who commented. With that, that is our third Thursday presentation. We will leave the lines up for another 10 minutes and we will wait for your questions.

>>SPEAKER: We did receive a few questions. The first question is if a provide senior in the process of implement an evv system but they experience delays beyond the soft implementation in October, will they be sanctioned for missing the soft start. We are at the state approaching a soft implementation. We want providers to begin using EVV in October. So that by January 1 all systems are fully operational in time with the compliance deadline. The intention of the soft launch in October is to allow us time to

do an lit ticks through the agent gator and identify providers who have not been able to start using EVV or appear to have difficulty using EVV consistently so we can reach out and provide additional technical service. The same will be true for MCO. This will give them time to do outreach to make sure their system will be fully operational and their providers fully understand the system by January 1. That being head. There will not be sanctions throughout the fall if a provider for some reason is not able to use the system starting in October. But it is the expectation that providers begin using the system in October. So we will probably reach out to you if it does not appear that you have start today use the system to figure out what to get you up and running.

Another question is whether or not the free system being offered by the managed care organizations is available to all providers contracted to provide any service in CHC. So if you are interested in providing or using EVV with the MCOs for services beyond the ones we have been discussing today which is personal assistant services you, unlicensed hrespit you will need to reach out to the MCO to spoke to them for their other options and whether or not that is something that they can work with you on. That is something outside the current EVV implementation.

With that we will wait a few more minutes for questions.

>>SPEAKER: A question about not being contracted with the all 3 of the managed care organizations how do they handle residents if their insurance is not with -- if you don't have a contact with them. We need more information for this question. We are going to explain the way the program works from a facility perspective. If you are part of phase 3, and you are Medicaid enrolled nursing facility your participants who are receiving Medicaid funded long-term care will be asked to move. So what that means is the nursing facility will have to develop in it network or out of network contact. They have a responsibility to have some sort of a contractual relationship with those nursing facilities for any individual that is part of the implementation and at the point of go live for community health choices. If you are part of phase 3 and those individuals are enrolled in Medicaid and receiving services in your facility, they will not be asked to move. MCO will be developing an in network or out of network contact for you. If the individuals are enrolled after CHC goes live, they will most likely be receiving services in it network nursing facility. But one thing I would recommend to the person asking this question to reach out to the MCO to state they are not developing a contract with you, again, this really hasn't been as much of a problem in any other regions. So recommend additional outreach because it could be quite possible that this is a communication issue.

The second question relates to emphasize transportation for phase 3. The question was CHCs are not covering transportation so the question is is CHC covering transportation or not. Does that mean the local transportation vendors need to enroll with CHC. CHC covers as part of the home and community based waiver non-medical transportation. So it could be possible that the person who is submitting the question is confusing this

with the medical assistance transportation program. But CHC will cover non-medical transportation will be looking for contracted providers to be able to support this service. So my answer to the question about contracting is that I would encourage that individual to reach out to the MCO to be able to begin the contracting process. There was an additional request to confirm the 3MCOs that are participating in the final phase of community health choices they are UPMC, community health choices. Ameri health and Pennsylvania health and wellness.

>> We received additional questions. One the questions is whether or not -- whether or not a provider who is using the HHA exchange EVV system because they are participating in CHC if they need to use the sandata system or participate in the soft launch in October. So the first part of that question if you are using the EVV system with the MCOs and you do not have any participants in the fee for service programs through ODP, act 150 or OBRA you do not need to use the sandata.

For the second part if you are using or plan to use HHA exchange do you still have to start in October? If you are already in CHC you should begin using the EVV system with the MCOs by October. If you are not yet in the CHC but you are a provider who is transitioning to CHC on January 1 of 2020, then you need to be working with the MCOs at this time to schedule training to learn about their system if that is what you want to use origin work being with the MCOs to make sure your EVV can interface with their system so you can be up an running on January 1 of 2020.

You do not have to implement Sandata EVV system for attendant care, aging and independence gaver participants who are trance significancing. You should be spending your energy implementing EVV for CHC for those participants on January 1 of 2020.

With that we will answer any other questions.

We received a question about whether or not RFI comments for the last RFI period for the enrollment services procurement have been posted anywhere yet. They have not at this time. We are still evaluating those comments to be used in the RFA. A summary of those comments will be posted in the future.

>>SPEAKER: We received a question what would you need to do to prepare residents for this change. So we recommend as Kristin highlighted earlier you go to the HealthChoices websites and go to the CHC page and go through the nursing training module that will give you information what you need to do to prepare your residents for this change. You should -- the recommendation would be to work with participants to go through the advanced change process so they select the best change organization that best meets their needs. You will want to work with the participants to match the network of providers that they are currently using with the managed care organization that is most aligned with their requirements.

Another question, who will be enroll being the participants at the regional level. The independent enrollment broker will enroll the residents. The enrollment packet will provide instructions to know what they need to do to make an advanced plan selection.

>>SPEAKER: Additional question the transportation question that was asked before we received clarification that that was related to the skilled nursing facilities. So for transportation for nursing facilities the nursing facilities will still be coordinating residence for the residence and working with the MCOs. That is something you want to discuss with the MCO from a nursing facility standpoint the way you are managing transportation for your residents should not change.

What should you be doing right now prepare nursing facility residents for this? If they have received their information flyer and they are asking questions. So yes E those initial touch flyers did go out to all participants and as Kevin had stated, the pre-transition notices will be going out the end of this month. Kristin had identified on the website that we have provider training out. There is information, there is a narrated training segment specifically for nursing facilities to tell you about how to assist your participants.

So I do encourage everyone to go out to our website if we can go back to the website and show everyone where the website information is. Go out to the website and under the provider side, on the provider resources side when you click on that you will see some training segments. There is a CHC overview that's good for everyone to take. You have the time commitment listed there so you know how long the presentation is. There's one specifically for nursing facilities, one specifically for servicing providers. And one specifically for service coordinators. So that information should help you in it being able to speak with your participants. Also, we are finalizing a narrated segment specifically for participants that we will be releasing the beginning of next month. We have a module for people that are currently residing in nursing facilities, one that is for nursing facility ineligible participants and one for participants that are receiving home and community-based services.

So those will be available on the web the beginning of September. The next question is after the phase 3 implementation for CHC will the department have any access to the CHC MCO system for billing inquiries or should providers contact the MCO only after the time transition? So once the implementation occurs in phase 3 just as for the southwest and the southeast, the providers should be contacting the managed care organizations for any billing questions. So that will be the same for phase 3. Any community health choices participants that are providers they should be working with the MCOs regarding any billing issues.

Another question regarding EVV will providers be able to access HHA exchange before the January 1 implementation in order to comply with CHC and EVV? If so when you contract with the managed care organizations this fall you should begin discussions with them as to how to access training and start learning about the systems. The managed care organizations HHA for more than EVV they will conduct trainings throughout the fall on the entire system. You want to make sure that you are able to participate in those

and learn about the system and what your expectation is when you can begin using the system on January 1.

With that we will wait for a few more minutes for any additional questions.

>>SPEAKER: One additional question did come in. The individual asked if we could please review the service coordinator and service coordinator supervise criteria again. I don't know if we want to go to the slide so the individual can see it. So the current approved waiver language for service coordinator indicates a service coordinator must be an RN or have a bachelor's degree in social work psychology or other related field and at least 3 years of experience in a social service or healthcare setting. The proposed 2020 waiver renewal the qualifications would be that the service coordinators must be a registered nurse or have a bachelor's degree in social work, psychology or other related field practical experience or have at least 3 or more years of experience in identify social service or healthcare related setting. The major change is having flexibility having 3 or more experience in lieu of a bachelor degree. The current approved qualification in the waiver is that the supervisor must be an RN or have a PA licensed social worker or PA licensed mental health professional with at least 3 years of relevant experience. For the 2020 waiver renewal the proposed qualifications are that the service coordinator supervisor must be an RN or have a masters degree in social work or in a human services or other healthcare related field and 3 years of relevant experience with a commitment to obtain either a PA social work or mental health professional license within one year of hire. We haven't received any further questions I think we will hold for a few more minutes to see if anything comes through.

>>SPEAKER: Well we appreciate all of the questions and feedback we received from the call today and we will continue next month's Thursday webinar at this point we have not received any additional questions so we will close it out a little bit early. We look forward to your continued participation and involvement in this program. Thank you and have a great rest of August. And we look forward to talking to you again in September. Thank you.