>> ELISE GREGORY: Good Morning and welcome to the April 2024 edition of the Medical Assistance Advisory Committee (MAAC) meeting. Today is April 25. My name is Elise Gregory. Before we begin the meeting, I would like to go over a few items. This meeting is being recorded. Your continued participation in this meeting is your consent to being recorded. If you do not wish to be recorded, you may end your participation in the webinar at any time. To help avoid any disruptions, please remember to keep your microphone muted if you are not speaking. Live captioning, also known as CART captions, is available for this meeting. The link is included in the chat. Presenters should state their names clearly before speaking to assist the captioner.

Representing the Department of Human Service (DHS or the Department) today from the Office of Medical Assistance Programs (OMAP), Deputy Secretary Sally Kozak. From the Office of Long-Term Living (OLTL), Deputy Secretary Juliet Marsala. From the Office of Mental Health and Substance Abuse Services (OMHSAS), Deputy Secretary Jennifer Smith. From the Office of Developmental Programs (ODP), Deputy Secretary Kristin Ahrens. From the Office of Income Maintenance (OIM), Carl Feldman, and today with a presentation on Keystone Connected Housing and Support Strategy, Special Assistant to the Secretary, Stephanie Meyer, and William and Hannah Penn fellow, Rebekah Orlando. If you have questions related to this meeting or need any information, please visit the MAAC web page. I will now hand things over to the MAAC chair, Deb Shoemaker.

>> DEB SHOEMAKER: Good morning, everyone. Welcome to our April meeting. Just as a reminder our May meeting will be in-person so details about that will be, I think are probably already, on the LISTSERV. It's in the Keystone Building, I believe, the Forest Room, but if I'm wrong I'm sure I'll be corrected on that. That is something to look forward to and the sun is somewhat shining, so that's a good thing too. Again, my name is Deb Shoemaker, I am the Chair of the MAAC. I am a consultant for the Pennsylvania Psychiatric Leadership Council. I am also an advisory consultant for the Pennsylvania Rheumatology Society, and I am a family member of a child with lived experience. So, I'm also the Chair of the Fee-for-Service Subcommittee. I'm going through the list of our MAAC members, and welcome, there are some new MAAC members that should be here today. And I apologize if I'm going through the list, so, if you are here and I didn't see your name, I apologize. Sonia Brookins?

>> SONIA BROOKINS: Yes, present. Good morning. Chair of the Consumer Subcommittee.

>> DEB SHOEMAKER: Thank you Sonia, and Vice Chair of our MAAC. Jolene Calla? Kathy Cubit?

>> KATHY CUBIT: Hi this is Kathy from the Center of Advocacy for the Rights and Interests of Elders and one of the chairs of the LTSS (Long-Term Services and Supports) Subcommittee.

>> DEB SHOEMAKER: Thank you, Kath. Richard Edley?

>> RICHARD EDLEY: Yeah, I'm here Deb, with Rehabilitation and Community Providers Association (RCPA).

>> DEB SHOEMAKER: Okay. Joe Glinka?

>> JOE GLINKA: Morning Deb. Joe Glinka, Director of HealthChoices for Highmark Wholecare and Chair of the Managed Care Delivery Systems Subcommittee (MCDSS). Glad to be here.

>> DEB SHOEMAKER: Glad you're here. Thanks, Joe. Dr. Goldstein? Okay. Mike Grier?

>> MIKE GRIER: Hi Deb, Mike Grier with Pennsylvania Council on Independent Living. I'm on the LTSS sub MAAC as well.

>> DEB SHOEMAKER: Wonderful. New member, Mia Haney? Okay. Mia may not be here. Okay. Mary Hartley? Unless she surprised me, I think she is at a press conference. Mary? Okay. Heather King?

>> HEATHER KING: Hi, Deb, it's Heather King from Pennsylvania Medical Society.

>> DEB SHOEMAKER: Good morning, Heather. Julie Korick?

>> JULIE KORICK: Good morning, Deb. Julie Korick with the Pennsylvania Association of Community Health Centers.

>> DEB SHOEMAKER: Okay. Minta Livengood?

>> MINTA LIVENGOOD: Minta Livengood, Co-Chair of Consumer Sub.

>> DEB SHOEMAKER: Yes. Wonderful. Russ? Okay. Ted Mowatt?

>> TED MOWATT: Morning all, Ted Mowatt, Wanner Associates, also Executive Director of the Pennsylvania Association for Home and Community-based Service Providers.

>> DEB SHOEMAKER: Thank you Ted. Candice Poole, new member. Okay. Deron Schultz? Nick Watsula?

>> NICK WATSULA: Good morning, Deb, and everyone. Nick Watsula representing UPMC.

>> DEB SHOEMAKER: And former Chair. Mark Yester?

>> MARC YESTER: Marc Yester, I'm a pediatrician with UPMC over in the southwestern part of the state.

>> DEB SHOEMAKER: Thank you Dr. Yester. And Kyle Fisher?

>> KYLE FISHER: Morning, Kyle Fisher Pennsylvania Health Law Project, and council for the Consumer Subcommittee.

>> DEB SHOEMAKER: Okay. Jolene, you can hear us? I introduced you but I don't know if you can speak.

>> JOLENE CALLA: Yes, hi, Deb. I'm here, I just didn't get off mute quick enough. Sorry, but I am here.

>> DEB SHOEMAKER: No, that's okay. And then I'm just' circling back to see if Dr. Goldstein is here. Mia, I don't know if you can introduce yourself.

>> MIA HANEY: Yes, I'm here with the Pennsylvania Home Care Association.

>> DEB SHOEMAKER: Welcome. Alright. Did I miss anyone that is a member?

>> EVE LICKERS: Deb, this is Eve. I wanted to let you know that Russ had sent a message this morning that he may be late getting on the call. Probably around 11:00.

>> DEB SHOEMAKER: Okay, wonderful. When he comes on, we will let him introduce himself. Okay. First on the agenda would be to look before our first presentation that minutes of the March meeting were distributed. May I please take a motion to approve them as they distributed?

>> JOE GLINKA: They're moved.

>> DEB SHOEMAKER: Okay. Announce yourself.

>> JOE GLINKA: Joe Glinka.

>> DEB SHOEMAKER: I know who you were, but I wanted to make sure the closed captioning did.

>> JOE GLINKA: I won't do it again.

>> DEB SHOEMAKER: I'm not worried about it. Second, please.

>> JULIE KORICK: Second, Julie Korick.

>> DEB SHOEMAKER: Thank you, Julie. All in favor, please say aye.

>> [From multiple committee members]: Aye.

>> DEB SHOEMAKER: Okay. Alright. Any nays or abstentions? (no response). Okay. Perfect. First on the agenda is the housing strategy. We are fortunate to have Stephanie Meyer back with us. She presented, if you remember, on the Keystone strategy and also, we have Rebekah Orlando, who is the William and Hannah fellow. So if you would like to take over the presentation, feel free to do so, Stephanie. Welcome.

>> STEPHANIE MEYER: Good morning, everyone. We are so excited to be back and thanks for having us again. My colleague, Rebekah, is going to introduce our session today and we will get started. Thank you so much.

>> REBEKAH ORLANDO: Thank you so much Stephanie. Hello, everyone. Happy to be here to talk about our Keystone Connected Housing and Supports Strategy. We are excited for this opportunity to, we're calling it the Keystone Connected Housing and Supports Strategy. So first if you go to the next slide, I just want to go over the agenda. First, I want to talk about what you will hear from us today. First, we will provide an overview of why housing is important to DHS. We will then talk about work related to the current housing strategy. We will spend a few minutes previewing Keystone Connected and close with a few minutes for questions and discussions at the end. So, I will go ahead and pass it over to Stephanie to share the DHS overview.

>> STEPHANIE MEYER: Thanks, Rebekah. So, for today our plan is to discuss and go through an overview of why housing is important to DHS. We're going to discuss sometimes about why this matters to DHS and the prevalence of how wide this need is across our program offices. If you're able to go to the next slide, that would be great, thank you.

So, we serve over 3.5 million people directly through our many programs, such as Medical Assistance (MA), the Supplemental Nutrition Assistance Program (SNAP), and many of our other benefits and eligibility programs. We really note the fact that when we think about the Commonwealth and our wider array of supports that are offered through DHS, we estimate that we touch the lives of over 9 million Pennsylvanians each year through our licensing, protective services, and the wider array of

partnerships that we have. So, it's really important and foundational to address housing and have that be part of our strategy and we can move to the next slide. Thank you.

So, in this, we are looking at some of the work here and we are, so you have here myself, Stephanie Meyer, I'm a special assistant to the Secretary, I'm also a licensed social worker. I have worked for about 10 years in housing homeless services and intersections with health, also community mental health and really excited to dig in here. And I will let Rebekah introduce her role as the William and Hannah Penn fellow, too.

>> REBEKAH ORLANDO: Thanks so much Stephanie. Hi, everyone, again, my name is Rebekah Orlando. I'm also a licensed social worker and currently serving as a William and Hannah Penn fellow with DHS working alongside Stephanie in this housing strategy update. We want to start by sharing the vision that is driving DHS' current housing strategy effort and priority areas DHS identified for 2024 to 2029. The 2024-2029 housing strategy vision is driven by Secretary Arkoosh's goal to develop a five-year strategy the centers the needs for Pennsylvania neighbors and communities through aligning our services and partnerships that address housing. The focus is on increasing access to affordable and workforce housing and necessary supports to weather challenges. Additionally, the 2024-2029 housing strategy aims to address the following priority areas shown on the screen here, such as supportive housing, homelessness and housing stability, housing services and supports, housing affordability, housing supply and accessibility. So, for the updated housing strategy, DHS is building on recommendations from the 2016 to 2020 housing plan, supporting Pennsylvanians through housing, and it's 2018 update. And here I'll transition back to Stephanie where she will share how DHS' housing programs and DHS housing work relates to the broader Commonwealth wide challenges and opportunities.

>> STEPHANIE MEYER: Thank you, next slide, please. We like to show this slide because this is just a highlighted sample, and by no means exhaustive, overview of some of the programs, initiatives and partnerships that the Department has currently that either are directly or very closely connected to housing needs. We found it is really helpful for folks to find this wide array. We have in the Office of Income Maintenance the Emergency Shelter Allowance, we have overseen the administration of the Emergency Rental Assistance Program, where OIM worked has with our 67 county partners to deliver over $1 billion in rental assistance and housing stability services to over 200,000 Pennsylvania households who are experiencing hardships related to the COVID-19 pandemic. We have the Office of Child Development and Early Learning which through our partnership with the Pennsylvania Key, our Head Start state collaboration office, offers supports and works with continuums of care and early learning partners to ensure that families, where they might be experiencing homelessness or housing instability, are connected to high quality early childhood programs such as Head Start and also have the ability to be referred to programs such as Child Care Works to get affordable childcare while they work on employment and training goals and more. We have such a wide array, the Office of Administration, when there is a disaster around the Commonwealth, communities can let us know that they need additional support, and our Office of Administration has mass care and emergency assistance. So, when you look at this, you see there are initiatives that are DHS wide. We had the chance several months back to share with you what we are building with the proposal of a new 1115 waiver to address housing supports, reentry supports and more. This really matters to DHS. So, we're excited to talk about it.

We will move to the next slide, and we also want to do a little bit to show you some of the connections to the proposed 24-25 budget and where there are really timely implications from DHS as well as some of our sister agencies. We are excited to see that the new budget for 2024-25 proposes to increase funding for $10 million for the Homeless Assistance Program. That's a really important resource for counties and communities to support folks with emergency shelter, rental assistance for eviction prevention, and case management, so a lot of great things happen in that space, and we are really excited to give the community more resources when we have seen there are communities where there is growing concerns around homelessness. We will be able to increase the cap. This is with our colleagues at Pennsylvania Housing Finance Agency (PHFA). They oversee the Pennsylvania Housing Affordability and Rehabilitation Enhancement Program, otherwise known as PHARE. And that is another great program with a lot of flexibility that allows for development, preservation, services, so this will give a lot more resources over time. And those times of disaster that I mentioned, we often find that folks need help immediately when a crisis occurs and it can be really challenging to figure out what different other federal funding streams might be available, and this will give $5 million so there can be immediate support available through the Department of Community and Economic Development (DCED). We are also really excited that this continued support for property tax and rent rebate expansion and child independent care enhancement tax credit. So, that cuts costs for older adults, working families, as well as people with disabilities who qualify for the property tax rebate so that's a good way to keep the dollars in Pennsylvanians pockets. And we can move to the next slide please, thank you so much.

So, in this, we like to note and give a little bit of context for Pennsylvania housing needs. So according to the U.S. Department of Housing and Urban Development, an affordable home is one where rent and mortgage costs inclusive of all utility payments are 30% or less of occupant's monthly household income level and that's regardless of what your income is. And they note that when people pay more than that, they are considered cost burdened. We know when folks have that cost burden, they start to have to make hard decisions. What bills do I have to pay? How do I prioritize my needs? And they also have a harder time potentially saving for other opportunities such as homeownership. This really crosses over into other needs. The fair market rent is how folks evaluate housing affordability. It was noted that for someone affording a one-bedroom rental home at fair market rent in Pennsylvania, you would have to have a yearly take home salary of around $40,000, and we know for a lot of folks, that's unfortunately not where they're at and that's why it is so important to have a range of options to meet folks as well as ones that might be based on proportion of income and how they pay their rental payments. We like to show this because it kind of paints a picture of what the context is and what would be considered affordable currently. And the median wage in Pennsylvania is $22.98 an hour. So, for that, that would not be enough to afford a modest two-bedroom rental. That might have an effect if you are a single parent raising a child, that would put a big cost burden on your monthly budget. So, it's really important that we work to increase options in a range of income levels but especially prioritize folks that might have those low to moderate income levels. And we can move to the next slide. Thank you.

One of the things that I note here that I think is really important when I mention cost burden, there was a recent study by the Harvard University Joint Center for Housing Studies and they noted that for the first time in U.S. history, more than 50% of American renters are considered cost burdened. This is affecting a lot of people and we know there is a significant shortage of homes. So, this really paints a picture of who are these people. Who are our neighbors who are experiencing this housing instability who need deeply affordable options. And we know those might be older adults, people with disabilities.

It is also people who are actively working and in the labor force. And our friends at the United Way of Pennsylvania have conceptualized ALICE households and these are households and families that are Asset Limited, Income Strained, and Employed. And unfortunately, it's an increasing number of folks that are working but not able to meet their basic needs including food, childcare, transportation, and more. So, we really want to ensure we are thinking about those folks and get the support that they need and also reduce their risk of things like evictions. Next slide please, thank you.

In our work to develop an updated housing strategy we deeply committed to engaging with our stakeholders and making sure that we are centering the needs of people who might have that housing instability or homelessness, people who need accessible housing, and also the providers and communities who have expertise and know what local needs are. So, we had a housing survey that went out, we had over 300 responses to that, which is fantastic. Ten focus groups with over 250 participants, three public forums and we have over 1100 stakeholders on our outreach list. We are humbled by this, but it also goes to show how deeply our stakeholders recognize that this matters and DHS has a unique role to play. We had a cross sector steering committee of sister agencies as well as folks who are community leaders, county leaders, social service providers, who work in homeless services, developers, foundations, and we also have a 22-member internal steering committee made up of representatives from program offices and this has all helped us work through where we are and we've gotten so much great feedback and we are now in this process we're developing out a housing strategy document and shaping that to make sure it is the strongest version for Pennsylvania and really has action items that are goal oriented, specific that we can work to within a five-year period along with our partners, and also, in some ways, aspirational. There are areas where we want to work towards the desired future state where we know that all Pennsylvania communities have homes for people that meet their needs and that are affordable at their income levels. Next slide, please. Thank you.

So, in this, we are thinking about our vision, I mentioned that desired future state, so we are seeing that safe home foundation, stabilized health, independence, well-being, and set people up to be able to take advantage of opportunities. And move to the next slide, thanks. So, in that, if we go back one more, please. Thank you.

So, in this, we really thought deeply about equitable landscape and about the different communities in Pennsylvania. So, we engaged with folks to make sure we are understanding the needs of our urban community, suburban, and more rural communities. And I will note that rural communities and counties especially may need different strategies and not every situation and every action work for every community, so we want to have a deep context for that. We really sought to engage diverse perspectives. We are very glad that we were able to hear from folks with lived experience of reentry and how their housing needs shape them, as well as people with lived experience of homelessness. We also want to make sure we are keeping that local context as I noted. And we will move through to the next slide. Thank you.

So, in this, Rebekah noted thus far we are calling this Keystone Connected because we recognize these are independent and we have goals or high-level themes, strategies or mid-level approaches that tie them together, and we are developing specific initiatives. I will note here we were certainly influenced by our colleagues and partners over at Pennsylvania Department of Aging and their development of Aging Our Way. So, we have an array of initiatives, and we plan to identify owners, whether it be us, as DHS, or sister agencies, who are appropriate to lead some of these in collaboration with folks at all levels

of government and the public and private sector. So, for goal one we want to build abundant housing opportunities and goal two, open doors to housing stability. Goal three, align education and navigation. We have heard again and again, that understanding what resources may be available and how to access them is really challenging. Housing does not have one place or one agency where it lives. It lives in a lot of different places, so it is really important to help people to better understand how to navigate complicated systems and wherever we can try to make them easier for folks to do so. We want to work together to achieve collective housing goals and that's the collaboration piece and building capacity, at a local level where we are able to facilitate that. Next slide, please.

So, we don't have the time today to go through all of the strategies, but we wanted to provide you with some samples of what we are working on and let you know what to expect to see. So, opportunity enhancing housing options, we want to make sure, that folks who need accessible housing and that folks who are potentially older adults, who know that maybe they don't need accessible housing now but over time they want to make sure that the housing that they have meets their needs. We want to promote the adoption of visibility and potentially universal design principles and universal design is a way of developing and building so that it is accessible, but it is really available to folks at a variety of needs, abilities, and works for anyone. So, it can be really helpful to build these in and they're the sorts of things that can be helpful as far as wider doorways and really just an advantage for everyone but will help us meet the needs of those older adults and people with disabilities.

We want to work to preserve existing affordable housing. Many properties, especially those that might be developed with the low-income housing tax credit, that Pennsylvania Housing Finance Agency oversees, they have restrictive covenants and what that means is that over time maybe over 20 years, 30 years, 40 years, then it no longer has those protections and requirements to remain affordable where that rent is based on a proportion of someone's income. So, it is really important as we know there are tens of thousands of properties across Pennsylvania that we will be losing that affordability covenants over the next 10 years to ensure that we help communities to keep those wherever me can. We want to keep all the affordable housing we have now, so that's another thing we plan to work on. Next slide.

With this we want to have proactive support, so we want to make sure home modifications, assistive technology, addressing repair, and accessibility needs. The Whole Home Repairs Program, through our partners at DCED, is a great example here where it is able to meet multiple needs simultaneously, there might be opportunities to explore braided funding. We know that some of the folks on this call, especially with Managed Care, have developed some fantastic partnerships where potentially partners such as Community HealthChoices (CHC) might be able to provide with certain home adaptations and then potentially have a partnership with another entity to support around home repair needs. And a lot of times you really need both and different funding streams can only pay for one so we want to explore where we might explore partnerships and braided funding streams, boost housing crisis response systems that could be looking to ensure that we increase housing supports for people with substance use disorders who are in recovery. So, working with recovery housing programs, permanent supportive housing, and a variety of options in these spaces. And we can move to the next slide, thanks.

So, we talked a little bit about this several months back, but just reminding folks, we do have that really exciting proposal for these new housing and tenancy supports in our state Medicaid program with our submission to the Centers for Medicare & Medicaid Services (CMS) for an 1115 waiver entitled Bridges to Success: Keystones of Health for Pennsylvania. We are really excited that that's going to be able to

put some new tools in our toolbox to support people experiencing homelessness, people with serious mental illness and substance use disorders, pregnant and postpartum people to wrap supports around new moms and babies, and certain re-entrants to help them be set up for success as they reintegrate into communities. Next slide, thanks.

So, in this, another thing when we start thinking about the education and navigation, this is something where we very specifically, have aligned what we are noting along with Aging Our Way. They have education and navigation as an explicit role as well, and we want to work with our partners who consider state and DHS websites that might be able to consolidate information about state-funded housing programs and resources to make that navigation experience easier for folks to understand. There can be connections as well with PA Navigate, and where that is going to be a great key partner as it builds out in helping healthcare providers refer individuals to Community Based Organizations (CBOs) for support with housing, with food, with transportation, and other needs. And we note here just one other example, we are really very pleased by all of the wonderful initiatives that are happening in community-based care management. There's some great work happening already to address housing. We have seen really creative partnerships that folks have around eviction prevention, around housing stability. They've centered equity where they really look at needs of local communities where there might be black and brown folks who discriminately have issues based on historical racism, so folks have done thoughtful work in this space, and we are excited to see folks continue that and also be able to share what is working with other partners because we all learn when we share together. Next slide please.

So, in this we want to be using data to track what our outcomes might be and also help communities use data in their local planning and needs assessments. So, the Pennsylvania Housing Data Explorer is a great new tool that PHFA has made available. DHS has had and continues to have the PA Health Equity Analysis Tool, or PA HEAT, dashboard that folks can look at for data related to housing and a variety of other social determinants of health needs. We hope to create a statewide coordinating council on homelessness informed by the lived experience of people with lived experience. So that is something that we really want to work with the administration to establish to support the best practices alignment braided funding and we can move to the next slide, thank you. And for this I will just pass to Rebekah to talk a little bit about some of the next steps to come.

>> REBEKAH ORLANDO: Thank you so much, Stephanie. Yeah, so for next steps we will preview the housing strategy and announce upcoming public comment opportunities at the PHFA housing forum next week on May 1st. We will also be reaching out to our full contact list of interested stakeholders with the public comment dates as they are confirmed. We will continue to incorporate feedback from various stakeholders including public comment responses and plan to release the final housing strategy in June or latest first week of July. And we are also working to identify and prioritize action steps with initiatives we are focusing on for year 1 of implementation. So now if you go to the next slide, we would like to open the floor to you all for questions and discussions regarding Keystone Connected and the next steps we have shared today. I will put in the chat if you want to contact us with e-mail address, and if you are interested in being informed by this plan and staying up to date, also dropping a survey interest link that you can provide your name and get added to our contact list. Thank you so much and thank you for having us here and I will pass it back to Stephanie.

>> DEB SHOEMAKER: Stephanie, did you have anything else to comment? Or did you want me to open up the floor for questions?

>> STEPHANIE MEYER: We can open up the floor. Thank you so much.

>> DEB SHOEMAKER: Okay, thank you for your presentation and the comprehensiveness of it, I know this is new information for everyone, or at least the detail, so I appreciate the details. So, if everyone would look at it and definitely contact them. I have a question and then I can open up to MAAC members. It is more just about when you were talking about having some of those public sessions or the community meeting and stakeholder sessions, did you have any information? Because I know it was the first that I remember hearing it and maybe it's something I missed on my radar, but do you have details or overall themes or anything that came out of that or a document that has that information?

>> STEPHANIE MEYER: Yeah. So, with the development that we're putting out, we do have an engagement summary, that really talks about that. And we intend in the future; I will be happy to talk through it further, but we definitely have some takeaways. We plan to have an executive summary from that engagement work. I think it is no surprise that the top two identified needs that we really heard throughout the Commonwealth, from a variety of stakeholders from all sectors, was that housing supply, simply that the supply and access to housing and housing affordability were top two concerns. And that folks were having a hard time paying for or affording the housing that is currently available and that we need more housing in most communities, or they need resources to rehabilitate housing stocks that they do have. Those were some of the biggest themes, so I think that's where we want to work with all of our partners to figure out root cause solutions and address the housing supply issues with folks like the Pennsylvania Financing Housing Agency.

Rebekah noted we are going to have this 30-day public comment period so we intend when the housing strategy is ready to release, that we will have that public comment period. We have been giving the information about all of our public events and opportunities to comment to our internal steering committee members and they have been sharing further with their program offices and contacts. But we can follow up to make sure you get information on that so you can distribute with this group and with the other folks who help organize the agenda for the MAAC when that is available. So, we have that 30-day public comment period because we do want to hear, have we gotten it right? Are there pieces that are missed or that can really help us shape up the strategy a little bit further? We also plan to have a virtual public announcement or a public demonstration of it available sometime this summer. We want to make sure we can tell people about it and give ease of access. We will make sure to share that information too.

>> DEB SHOEMAKER: Wonderful, and I can tell you from my experience working in mental health and just from families, this is long -- we have been working on it, but this is definitely long overdue. So believe me, I welcome this and I'm happy about it. And as you, you know, get more information, because I am sure there are certain populations where I'm interested in hearing about it like people who are coming out of correctional facilities and what kind of information they are going to have for housing and things like that, too. So, I appreciate that. Do we have any questions from MAAC members?

>> MINTA LIVENGOOD: Yes, this is Minta Livengood.

>> DEB SHOEMAKER: You go, Minta.

>> MINTA LIVENGOOD: Well, I want to say, a positive response to the rent and tax rebate, but then I have something negative to that, okay? They did an excellent job at raising the guidelines. It has been --

has taken off in our area really well, but one thing that they didn't do is they did not raise the -- they raised income but they didn't raise the amount of money, how much you could receive and I'll just make it brief, like if you made less than $8,000 after the way they figure everything out, you've got the full amount. Okay? What has happened is that people who received the full amount before can't get the full amount now because they are $10, $20, $30 over because of our incentive of Social Security gets a percentage of raise and it has put them out of that lower amount. That's the only area that I thought that should have been changed when they changed the eligibility of income. But it has picked up people that have never been able to apply before and it has helped with their rent or their taxes.

So, then the other thing, as I heard her speak, she identified housing issues. And I was not aware until recently that the building in which I live in, I had people applying to rent low-income or I'm going to say moderate income, and here I found out they was being turned away because they didn't have three times the amount of income to rent the place in which they are applying for. So, if a person gets $1500 in Social Security or employment or whatever, they can't rent our apartment because they don't have three times that income. To cover $800 or $900, and that's cheap compared to a lot of places. So, they are turned away of renting a place even though they could have managed and then applied for Section 8 to you know become eligible or they make too much money. So, our apartments don't qualify because they are classified as low-income. So, if you make three times you could be still out because you don't qualify because you make too much. I just don't understand the concept of that.

>> STEPHANIE MEYER: That is such a good point, Minta, and it's something that we have had some conversations with our colleagues at the Pennsylvania Human Relations Commission about because they have some unique responsibilities with the PA Human Relations Code and other enforcement. And have certainly had some conversations that can be really challenging and there could be an argument made that it could be considered potentially discriminatory for folks who might be living on a fixed income, receiving Social Security disability, or Social Security retirement. So, I think you raised something that is really important, and it is on our minds, too, so thank you.

>> MINTA LIVENGOOD: You're welcome.

>> DEB SHOEMAKER: As always, thanks, Minta. You know I appreciate it.

>> MINTA LIVENGOOD: You're welcome.

>> DEB SHOEMAKER: Thank you. Do we have any other questions from MAAC members?

>> JOE GLINKA: Hi, Deb, it's Joe Glinka, yeah, if I can indulge.

>> DEB SHOEMAKER: Go ahead, Joe.

>> JOE GLINKA: So, Stephanie and Rebekah, thank you for your presentation. I always get a lot out of what you have to share. I was glad to hear, Stephanie, I think it was you saying that PA Navigate would be leveraged in some way, shape, or form productively to highlight what may be available or what's to come. Along with that, I wanted to get your thoughts on as far as additional socialization when we finally get the waiver approved and what is afforded through that. Has there been thought to making people aware of it through Labor and Industry, for instance, or Higher Ed, or the Department of Education , considering the pie graph that you had showed earlier, in addition to the ecosystem that we

are a part of which would be comprised of DHS and the provider community, and CBOs, as well as the Managed Care Organizations (MCOs). I'll stop there.

>> STEPHANIE MEYER: Yeah, I would say the great news there is that the Department of Labor and Industry, the Department of Education, and different connections, they are all on our cross-sector steering committee. So, we certainly, have connections with them and would absolutely want to make sure there is wide outreach so that folks are hearing about these different resources from a variety of different sectors and getting the word out.

>> JOE GLINKA: That's great. I mean consistency of that messaging just mitigates any confusion when you have, you know, so many people that are going to be communicating different portions of this information for the benefit of the people they are serving.

>> STEPHANIE MEYER: Absolutely.

>> DEB SHOEMAKER: Thanks, Joe. Any other questions from MAAC members? Okay. No questions from the chat unless that changed, Elise. Correct?

>> ELISE GREGORY: No questions in the chat at this time.

>> DEB SHOEMAKER: Okay. Wonderful. Well, we look forward to hearing from you on a bunch of different occasions. And I'm sure, that we will look for regular updates so thank you so much, Stephanie and Rebekah. Okay. Next on the agenda, Deputy Secretary Smith, just so people know we are trying to mix up the offices a little bit in the order you hear them so that everyone gets to have full-time for that. And I forgot one announcement that's important that I totally forgot so if you can indulge me for a minute, is that I'm sure a lot of people have heard or know that the CMS final rule came out the other day and I can let members know, attendees know, that we will have a further discussion about that in the future probably June maybe. I doubt May because as you heard, it is a thousand-page document, so unless you are reading it in your spare time, there is a lot for DHS to go over, a lot of provisions that will be changing or could be changing and have some discussions. So just wanted people to know that in case you are interested.

>> HEATHER KING: Deb, it's Heather from PA Med. Do you mean the proposed rule? So is it a proposed or final rule?

>> EVE LICKERS: The rules were released as final unofficially, but they will be out on May 10th officially.

>> HEATHER KING: Are these the standard proposed rule? Or are these specific to something, like behavioral health or is this --

>> EVE LICKERS: Yeah. So last year, CMS had issued two pretty sizeable rules as proposed and it was the Access to Care rule and also the Managed Care Quality rule.

>> HEATHER KING: Okay. That's what I was getting at. But it's not the big one that comes out once a year?

>> EVE LICKERS: Well, these are pretty large, and they have quite a few provisions that will affect across the areas and I know that the rules, or I believe, there was another rule that also related to long-term care that also was released. We have the pre-release for it so that should also be coming out on or around the 10th of May.

>> HEATHER KING: Okay. Thank you.

>> EVE LICKERS: Yes. Sorry, Deb, just wanted to jump in on that. I don't know if Deb is on mute?

>> DEB SHOEMAKER: Right now. Oh, I'm sorry, I guess I was on mute. I apologize. So right now, we will be hearing from Jen Smith, Deputy Secretary Jen Smith.

>> JEN SMITH: Good morning, thank you Deb. Can you hear me okay?

>> DEB SHOEMAKER: Yes.

>> JEN SMITH: Perfect. So you can go to the next slide for me, please. It is interesting to go first. I don't think we've had the opportunity to go first in the lineup since I've been with OMHSAS so this is different for me. I will actually keep my updates fairly short today. But there were two policy updates that we wanted to call attention to. One being the OMHSAS Bulletin 24-02, which is related to the contracting of delegate services specifically related to emergency involuntary commitments. And this was a clarification that we put out related to the fact that this function is really a government function and in fact, does involve taking away an individual's liberties. So, you know we want to be really careful and clear about who is permitted to perform that function. So, this bulletin was to really clarify who is and is not allowed to perform that function. There was a lot of questions coming to us from counties about the use of contracted entities to perform this function. So, the bulletin kind of clearly clarifies that you cannot contract with a service provider in order to perform this delegate function. However, the county can, through the use of per diem employment agreements, utilize a professional who may work for a service providing agency. But if they have a per diem employment agreement with a particular individual to perform these services, that is in fact acceptable. So, we had put that clarification out. You can actually find wording around this as a statement of policy attached to the Pennsylvania Code. That code citation is listed there on the slide for you.

So, if you're interested, take a look if it relates to you. If you still have questions, do feel free to reach out to us. But this was something that we needed to put out based on some questions coming in from counties around how they perform this function and who performs it and the arrangements that they have with those individuals or organizations. And one of the reasons that we are pretty strict about the fact that you shouldn't be contracting with a service providing organization to do this is, you know, we want to ensure that providers aren't using the emergency involuntary commitment process as a mechanism to self-refer to their own services. And so we just want to be really careful that we are taking the process very seriously because we are taking away the rights of an individual through that involuntary commitment process.

Then the second item here is an awareness for you, so it's something that's coming out but has not yet come out and that will be a bulletin regarding the forms that are used for the 302 involuntary commitment process. So, over the years there have come to be a number of different forms that are used by counties for this process. And the reason was that the original form that was developed didn't meet everybody's needs so counties were coming to us asking for approval to slightly tweak things and adding things and so, we have kind of gotten to a place where we have way too many versions of this particular form. So, we are standardizing that form. We have gotten input from lots of different folks to ensure that we are accounting for the variations that had been out there. So, this will make it easier knowing that there is one form available that everyone is using consistently, and it makes it easier for

example for entities like law enforcement folks who kind of cross county lines perhaps who might have been unfamiliar with different look forms, now it will be a consistent form. So hopefully this will help reduce some confusion. We're also going to make the form available in Spanish which is a good and necessary change for us in terms of, you know, being a little more friendly for populations that speak languages outside of English as their first language. So, we are in the midst now of getting the final approvals within DHS to get all of that finalized but want to make folks aware that that standardized form is on its way. And you can go to the next slide.

So, Deb stole my thunder just a little bit, but for those who were asking about the CMS rules, they did release two -- they released them as final rules. They will officially be published in May. They are very significant and I'm guessing that OMAP may discuss these as part of their slides too. So, the MAAC members understand, they really are pretty far-reaching impacts in both of these final rules. And so, DHS is forming various teams and workgroups to comb through those final rules and assess impacts for each of the program offices and collectively what it will mean to DHS and to some of our programs. So, there will be lots to come on that, but Deb mentioned, you know, it's a thousand pages so it's going to take a little time, not just to read through it, but then to really assess the applicability of those rules to our current programs, services, funding arrangements, et cetera. So, lots more to come on those, but just wanted to make you aware that, you know, we are participating as the other program offices are reviewing all of that and trying to take a look at how it relates to our current operations.

And then I also wanted to mention that the Biden-Harris administration just recently released their National Strategy on Suicide Prevention. That was just released on Tuesday. So, this strategy contains some pretty concrete recommendations from the Biden-Harris administration to address some gaps and meet needs of some various, what we would call, at risk populations. It identifies something like 200 actions to be implemented over the next three years. Some of those actions, just to give you a few examples, are looking at ways to address substance use and suicide risk together in a clinical setting. It talks about things like funding a mobile crisis locater that can be used by our 988 call centers. It looks at increasing support for survivors of suicide loss or others whose lives have been impacted by suicide. And also includes things like evaluating community-based suicide prevention strategies to see really what is working and having an impact at the community level. So similar to what I said about the CMS final rules, we are combing through this pretty extensive and specific strategy for suicide prevention. And you know, taking a look at that with our folks who work on suicide prevention efforts and trying to see how that aligns, hopefully aligns with Pennsylvania's suicide prevention strategy. And where it doesn't, seeing what we can do it marry those two things up. So just wanted to put that on your radar. Again, it's a pretty lengthy strategy document that we will need to look at and assess in more detail so I'm sure we will report more on it in future MAAC meetings but wanted you to be aware of it and there is the link on the slide if you're interested. Then you can move to the next slide.

Last but not least, just wanted to make MAAC members who work with us pretty closely aware of a staffing update. We have a new Acting Bureau Director in our Policy, Planning and Program Development area. That individual is Jill Stemple. On the slide is her direct email address, but we've also included a resource account for the Bureau of Policy, Planning, and Program Development. So, you can certainly feel free to reach out directly to Jill, you can also use the resource account that a number of different people have access to if you're trying to reach that bureau. Some of you probably recognize Jill's name. She worked in OMHSAS for many years within that policy bureau. Most recently she's worked in the DHS policy office where she was assigned to OMHSAS and OMAP. She is extremely

familiar with our work, with our current initiatives. She was already part of the development and review of all of our policy documents and regulatory documents, so a pretty easy transition for her into that acting role, but I will ask for your patience as we make that staffing transition in a really key role within our office. Feel free to reach out to Jill if you need anything or have any questions but also the resource account is available if you'd prefer that route. So that was all I had today. Deb, I don't know it there are any questions.

>> DEB SHOEMAKER: I know, and I would never steal your thunder, Jen so I apologize. I want to thank you personally. This makes my heart very happy that there has been a look at 302. I think this is a great thing and I think that we don't really need to have a reminder because you understand the importance of 302s and that denial of that individual's rights and liberties, so I appreciate that and look forward to seeing the bulletin along with the form. I know that is something we've been working on with different administrations and with OMHSAS for a while and there are a lot of questions, so thank you for that and for the look about the consultants because I know that's a question that you know that I totally get, so I appreciate that. So that is just the comment, I guess not a question. So, thank you for that. And I'm sure I will be talking with you offline about a couple other things. So, are there any questions from any members of the MAAC? Okay. I think Elise said there is one question in the chat.

>> ELISE GREGORY: Yes. From Andrew Kunka. In regard to the CMS Medicaid Managed Care rule, will OMHSAS be sending guidance to MCOs on requirements that may go into effect for Behavioral Health Managed Care Organizations (BH-MCOs) on January 1st, 2024, effective date?

>> JEN SMITH: For January 1st, 2025, maybe? So, the short answer is we will definitely be communicating if there are any changes to requirements. I think it is really too early to say what those might be because we haven't had a chance to read through everything yet. But I think is safe to say that because it is such a far-reaching rule that there will definitely be some guidance coming out to MCOs. There will have to be just because the extent of some of the changes is pretty significant. I think what we need to assess in addition to what the changes are, is the timeline for making those changes. I want to reiterate to our stakeholders in that when the federal government puts new requirements in place for the states we appreciate how difficult it sometimes is to try and meet the timeline requirements of that and so we are very cognizant of that when it comes to us issuing guidance or requirements down to whether that is counties, whether that's providers, whether it's managed care, and so you know, we do our best to ensure that timeline and deadline adherence is reasonable to the extent that we can. But we will just have to read what is laid out in that final rule and you know when certain things take effect, and we will definitely be communicating the impact of all of those changes to the relevant stakeholders as soon as we possibly can.

>> DEB SHOEMAKER: Thank you. Do you have anything else, Elise?

>> ELISE GREGORY: There is another question from Lloyd Wertz. One of the final rule requirements is a ten-day waiting period for outpatient mental health services. Any comments?

>> JEN SMITH: No, Lloyd, we haven't had a chance to really even look at it, honestly. I think one of my staff members said they were on page 25 of the thousand-page document as of yesterday. We will certainly look at it if it's in there, I definitely believe you and we will make sure we take a look at it and provide what feedback we need to if there is an impacted change.

>> ELISE GREGORY: Lloyd says thank you and there are no more questions in the chat at this time.

>> SALLY KOZAK: This is Sally. Let me just share this. I know folks have lot of question about the final rule and as Deputy Smith just noted, it is over a thousand pages, and it just came out on Tuesday. So, our plan is to do a much fuller briefing about it at probably the June or July MAAC.

>> DEB SHOEMAKER: Yes. I think I said it a couple times, too, it is and as excited as everyone in the audience is, so is DHS, but they want to do it right as always. So, I appreciate everyone's patience and indulgence and giving them the time to do that. Thank you, again, Deputy Secretary Smith. I'm glad that it was good to put you in the front. So, we are going to do some mixing around. I would like to hear you at front at times so hopefully that worked out for you.

>> JEN SMITH: Thanks, Deb.

>> DEB SHOEMAKER: Yep. Okay, next is Carl Feldman from OIM.

>> CARL FELDMAN: Hello and good morning. Can you hear me?

>> DEB SHOEMAKER: Yes.

>> CARL FELDMAN: All right. Thank you. This is Carl Feldman, Director of the Bureau of Policy for the Office of Income Maintenance. I'm going to talk with you today a little bit about information on unwinding updates, some other kind of questions around the unwinding. I think there were some questions around the MAWD program we can go over that were shared yesterday and the information that we have available on children's data and the Children's Health Insurance Program (CHIP) transfers during the unwinding.

So, I'm going to start with a general unwinding update which is that we're in a strong position to finish all unwinding related renewal activity by our deadline of June 14th. In fact, I think we only have around 60,000 renewals related to the unwinding left to be processed. Doesn't necessarily mean that will all happen immediately where we will set aside until the mid-June because we knew that the final portion, the last 5% for example, could require more substantial activity. But overall, the point is that we're likely to complete our unwinding-related activity in the amount of time we expect to complete them and with the conclusion of the unwinding related activities, all policy approaches to handling eligibility, will return to status quo processing requirements. There will no longer be a population who is in the maintained group which requires special handling as opposed to someone who has already had a renewal conducted during the unwinding period. E14 waivers will continue until the end of the calendar year. That right now is information that is allowing us to conduct ex partes where there is zero income. It is allowing us to use information from MCOs to update addresses and it's also, our ex parte activity that's occurring after the renewal packet has already been sent out. Ultimately, we will need to be in compliance with CMS's guidelines by April of 2026. So those mitigations will continue until we reach full compliance either by April 2026 or earlier.

We are in the process of doing a survey of cohorts of people that have been disenrolled throughout the unwinding to understand better what they believe is occurring with their Medical Assistance and the actions that they are willing to tell us that they took related to that. We hope that will inform our policy and system outreach design in the future so that we can continue our kind of incremental approach of cranking down on unnecessary procedural closures. We don't have information to share about the

outcome of that survey today. We expect to have information that we can share in the month of May. And we also are doing an ongoing ad hoc review of procedural closures for each month in the unwinding period. What we are finding is that the error rate is fairly low. The most common error that we have occur is that the worker may not be submitting what we call our 042 checklist, which is a checklist that you have to have in order to close someone for a procedural reason and imaged on to the case. For the month of February, for example, out of the 50 cases that were included in the sample, only 2 of them were improperly closed. So, while it certainly has room to continue to improve, we think that our workers are doing a good job of managing the kind of constant flux of policy that has been required of us over the unwinding period and frankly will continue until we reach the stage of full compliance. That's the unwinding update that I wanted to provide, and I will foster questions around the unwinding.

>> DEB SHOEMAKER: Thank you, Carl, for those updates. Does anyone have any questions for Carl? Thank you for your dedication. 60,000 is a lot so if you can make it through it, you're a champion. I appreciate that.

>> CARL FELDMAN: Our workers are very committed to moving past the unwinding period and back into normal processing. They've done an outstanding job throughout the unwinding period of managing various challenges and changes of policy. I'm sure that they will continue to do so.

>> DEB SHOEMAKER: Oh, I have no doubt. They've been doing amazing.

>> JOE GLINKA: Hey Deb, it's Joe Glinka. I do have a question if I could.

>> DEB SHOEMAKER: Go ahead.

>> JOE GLINKA: Yeah Carl, thank you for your update always appreciate those. Just a point of clarification on the error rate that you had mentioned, does that pertain to the -- is that in general of improper closure or is that in the context of the procedural terminations?

>> CARL FELDMAN: That's in reference to procedural terminations. To give you more information about this ad hoc review that we are doing, we are pulling a sample of 50 procedural closures in each month of the -- each renewal month of the unwinding cohort and we're trying to determine, did the worker conduct the procedural closure appropriately? And what we are finding is that the vast majority of the time they are. And when there are errors, the error is typically because they have not submitted a 042 checklist to be included in the case. We have a document that says these are all the steps you need to take before you can conduct your procedural closure and it is required that the worker scan that and attach it to the case before they do so which is something that they need to do but obviously in terms of the overall outcome of the case, while we want everything followed to a tee, I would certainly, you know, prefer it to be the case while the worker forgot to upload that document, then the worker inappropriately closed someone, which is something we are not finding a significant amount of.

>> JOE GLINKA: Yeah, I appreciate that. And the ad hoc group, how long will that group be in place?

>> CARL FELDMAN: This is being conducted for each month of the unwinding period.

>> JOE GLINKA: Okay, okay. Thank you. Thanks, Deb.

>> DEB SHOEMAKER: Do we have any other quick questions? I want to make sure; I know we are a little behind, but some of that was me. Do we have any other questions from MAAC members in the chat? I can probably take one more.

>> CARL FELDMAN: I just wanted to mention, regarding some Medical Assistance Benefits for Workers with Disabilities (MAWD) Issues that we were asked about. We had a discussion about this yesterday that was productive, and there are a set of people who are receiving base funding services that were asked to continue to look at which we are going to take a look at. There are about 10 of those individuals and then there's about 16 additional ones for whom we believe a review for MAWD was conducted, but the Consumer Sub MAAC is asking for a little bit more information about that. So, we are going to look into that case category grouping, and we are also going to be sending a letter to about 2,000 additional individuals who were closed, and we can't determine if they were evaluated for MAWD or not. That will give them more information about MAWD, if they were to say yes, I would like to receive this benefit, we would connect them to that coverage.

And then the last item I wanted to say is that we got a number of questions on the Consumer Sub side around children's information. And one of those was around CHIP transfers, which I think would need to be taken up with CHIP. But how many children were reopened in MA and as part of ex parte mitigation activity that occurred throughout the end of 2023. And I don't think this had been shared before but it was 21,323, so it was a little under half of the number of re-openings that occurred for children. And we were asked about knowledge about who was closed with third party health coverage and that's not something that we have information on. Generally, we'd encourage you to take a look at our unwinding final outcomes webpage and also our unwinding federal report webpage for information about people being processed throughout the unwinding. On the final reports page, we're updating each month of the activity by gender, county, demographic, and age bracket. We're a little bit behind, I think we only have up to November posted right now so we need to jump in and continue to update that, but I think that will be a useful resource for that group too.

>> DEB SHOEMAKER: Wonderful. Thank you, thank you for the information and I look forward to hearing about the MAWD as well because I know that is Minta's special discussion and I appreciate always when she brings it up. Since we are running late, if there are any questions, put them in the chat. We will make sure to get them to Carl. Next up would be, Deputy Secretary Ahrens. Go ahead, Deputy Secretary Ahrens. Was I muted? Maybe I was. But if I was, go ahead, Deputy Secretary Ahrens.

>> ELISE GREGORY: Her mic is open, but we are not hearing you, Kristin. We see that your mic is green but we're not hearing you.

>> DEB SHOEMAKER: Elise, is there any way to fix that? Or should we jump ahead since we're running short? Whatever you guys want to do.

>> ELISE GREGORY: Looks like Kristin Ahrens switched the audio. Can you hear us now, Kristin?

>> DEB SHOEMAKER: While we're waiting, do you want to go to, is OMAP next or OLTL and then come back to Kristin? I want to be cognizant of time because I know that closed captioning in done at 12.

>> SALLY KOZAK: So, go ahead and let Deputy Secretary Marsala go. Oh--

>> KRISTIN AHRENS: Can you can hear me now?

>> DEB SHOEMAKER: Yes, Kristin, we can hear you.

>> KRISTIN AHRENS: Okay, yeah I had to call in and my computer is not connecting. You can go ahead to the next slide. So, April 20th, ODP had two publications in the PA Bulletin. I'm going to talk about one of them today. So, we published both the proposed rates. Our fee schedule rates go into place on July 1st if the general assembly passes the Governor's budget. And then we also published a whole package of documents related to our proposal to move towards performance-based contracting for residential services. And then we do have a couple of other waiver amendments that are not related to performance-based contracting that are out for public comment. So, you can go ahead to the next slide. I'm going to cover both just the performance-based contracting and then the highlights from the nonperformance-based contracting waiver. Go ahead to the next slide.

With the performance-based contracting, there are four documents that are important. One, is this will be ODP's first application for a 1915(b)(4) and that is specific to residential services - our residential habilitation life sharing and supported living and in our consolidated and community living waivers. The 1915(b)(4) authority is specifically related to where we are asking to waive the requirement to allow every willing and qualified provider. Again, this is specific just to residential services. We also put out for public comment the proposed amendment that we will do the corresponding amendments that will go with those changes for residential services in the community living and consolidated waivers. Then, because those are pretty high level, I think most people's interest is a little bit more in the detail, what does this look like operationally? What are the timeframes? What are the performance standards that you are going to implement? We also published an implementation plan, which includes all of those things. So, the kind of operational details and the actual performance standards that we are proposing. There are also some rates that are going specifically with performance-based contracting so those were also published in that package. In this package, it really will give stakeholders - we've got 45-day comment period - and it will give stakeholders the opportunity to look at both sort of the policy level, operational plan, and the fiscal tools that will be accompanying performance-based contracting. Alright next slide.

I think it is important here in this context that this proposal has a long history and quite a lot of stakeholder engagement in this. Those just impact those three services, our residential services and two of our waivers. This is a pretty significant change in ODP's systems, so we began stakeholder engagement a year ago with our information sharing and advisory committee, and did many, many public sessions with our different stakeholders between April and June that helped refine and shape a concept paper that we published for public comment. We made a number of changes at that point and we also took a lot of what we learned from that set of bullet comments to our residential strategic thinking group which met over a number of months to hammer out the specifics of the performance standards that are now published as proposed. And then, you know, we are here in April with the 45-day public comment period with all of those documents. The intent here is that we will submit to CMS and have those waiver amendments to be for application for implementation January of 2025. Alright, next slide.

The whole why, the reason that ODP has proposed this change in how we approach and manage our residential services. The primary aims here are to improve quality, build the system capacity that we need to meet the needs of individuals coming to us for service, and align our payment with the kind of outcomes that we want in our systems. So, to that end, there is, you know, obviously a very significant

focus on what the performance standards are that we will then be expecting as part of this performance-based contracting. So, there are four primary areas of focus that you can see here on the slide - sustainability of workforce; reinforcing, building, stabilizing our workforce; clinical capacity; and access. So those are the sort of four organizing areas that we have built some performance standards around. If you take a look at the performance standards document, you will see everything from, we've got new standards related to staff credentialing. We know that credentialing can support better retention of staff. We also know it can improve the quality of the support they provide. We've got, in terms of access, some that are different. We know we need to build additional clinical capacity in our system to meet the needs of people coming to us who have sort of increasingly acute needs. We also know we've got a lot of work to do around provider referral and discharge practices, acceptance of referrals and conditions under which people are discharged from service. I will leave it there with a couple of examples.

I know we are behind time here, but one of the other things I want to point out, you know again this is a pretty significant change for ODP. And so we've got, there is quite a few performance standards, performance areas and one of the things that's important to understand about it is that it sort of phases in over time, the expectations, really into this. So many of the new performance measures are actually things that are required now, but we may not have a performance, specific performance target or you know benchmark that providers have to hit related to that requirement. So, if you look through the standards you will see a lot of, you know, many of these are areas that are already expected. We've got you know one of the provider groups will have no new expectations related to some of those. And then the top tier providers will be expected to meet those benchmarks.

Go ahead to the next slide, I will talk a little bit more to help kind of flush this out. But the other kind of component of sort of phasing in this move to really looking at performance of our residential providers, is another sort of feature or theme you will see throughout this first contract period that we are looking at is that we are relying heavily on provider attestations and provider reporting. Many of these areas will be about reporting and collecting data versus having to meet a specific standard related to some of those performance areas. With the help of that residential strategic thinking group, I think we've, you know, laid out something that we can really, that will lay a foundation now and help us build over time to a system that really aligns our payment with both individual and system outcomes.

So, kind of basic structure here, you've got a set of performance standards and we then will have providers, based on their performance related standards, that will be put into four different tiers or classifications. So, at the bottom end of that we've got conditional providers. We will be bringing all providers in. All currently enrolled residential providers that are providing services that are currently rendering services to individuals will be brought in when we roll over on January 1st into performance-based contracting. The conditional providers are providers that are operating under either provisional or revoked license. So, they will be brought in under a conditional status. We've got primary providers which is going to be, we anticipate, our largest class of providers and as I said, for many of the performance areas, there really isn't a change from what the requirements are now. And in some cases, there are some new reporting requirements and then there are some additional new requirements, but not many for the primary.

Then we've got the two top tier provider classes, our select residential, which is characterized by meeting some additional performance standard, those benchmarks I talked about and providing a continuum of services, so they provide life sharing or supportive living and the residential habilitation

service. So, they've got sort of the least restrictive, you know they've got options within less restrictive, more restrictive residential type settings. Clinically enhanced is what it sounds like and they've got a number of different expectations in standards related to those performance measures, expectations related to the composition, the critical composition of the teams that are supporting individuals, different training requirements. The other thing to point out here is that you know, part of this move to performance-based contracting, is using some value-based payments.

So, to support providers to meet these new standards and expectations and help build capacity and foundation we have got two ways we are getting at those value-based payments. There will be some Pay for Performance areas. You can see here those are going to be available to primary, clinically enhanced, and select providers. Then, clinically enhanced and select residential providers also will receive enhanced payments, so select residential will receive 5% on top of the fee schedule rates for those residential services. Clinically enhanced will receive 8% on top of the fee schedule rates for residential. Alright next slide.

So, in addition to the value-based payment and you know trying to make sure, that we have the financial tools to support providers with this change and this move to you know performance-based standards, we also, ODP, have some other supports that we are putting in place. So, we've got a toolkit, a provider preparedness toolkit, that we will be releasing soon. Our stakeholder work group is just finalizing their review on that. We will get that out. We've got a number of forums scheduled to walk providers through the toolkit. The toolkit will have a self-assessment, it will have an action plan template, and some additional resources to help providers you know really understand expectations, figure out what they need to do to be able to, you know, work well within this new environment. And then ODP will be posting a number of provider forums to review all these performance standards in more detail. So lots of time and new tools to help providers in terms of their preparedness for these changes. Alright, next one.

Alright and then we've got, these will be quick, just a couple of highlights, a couple of changes that will go into place that are not related to performance-based contracting. Just other changes to our waivers. So, you can go to the next one. This is budget dependent, so the General Assembly would have to adopt the Governor's recommendation for ODP, for some additional funding for this, but we would like to add American Sign Language interpreter services as a discreet service in our waivers and that is across all four of our waivers. We are definitely recognizing a need. We have enhanced communication services. Those don't seem to be working in all cases. So, this will, I think, solve a little bit of a service gap that some people have experienced. So, looking to do this, the interpreter services, you can go to the next slide, will be a vendor provided service up to 8 hours a day on average that a person could use, and we were going to, we are not doing a fee schedule for these. These will be whatever that provider charges to the general public. So, the other thing to note here is these would not count toward our waiver or annual caps. This would be outside of the annual cap as it is, you know, clearly something that people need to access the services. I will stop there and happy to take questions or comments.

Oh, you know what, I missed a slide. Sorry, there is one more. Another change I do want to draw your attention to, one of the things that we've heard from providers and from individuals and families, that we've got some distinctions between Office of Vocational Rehabilitation (OVR) benefit counseling services and ODPs benefit counseling services. And you know, for MAAC members that have been around, you probably know we've done a lot of work over the years trying to align as much as possible

and make it seamless as possible for individuals who are moving between OVR and ODP waiver services, trying to take away barriers as much as possible. So, this is another one, we had some distinctions between OVR's benefit counseling services and ODP's. So, this is, we've added some indirect activities that can be completed by benefits counseling providers. And again, done some adjustment as to who can receive and access these services without having to jump through a bunch of hoops. We are adding to the waiver, the proposal is we're going to add people we know on the face aren't eligible for using more incentive planning and assistance programs through the Social Security Administration. They aren't going to have to jump through a bunch of hoops. They will be able to receive that benefit counseling through their waiver. Okay. Now, now I'm happy to take questions or comments.

>> DEB SHOEMAKER: Actually, thank you, Deputy Secretary. What we are going to do, because we are behind schedule, with having an additional presentation and items, we are, any questions you have, please put them in them in the chat. We will address them directly to the Deputy that is giving the presentation. We will do this moving forward to make sure there is enough time and if for some reason we are behind schedule in doing the Subcommittee reports, we will put those as written as well. So, I apologize, but we have a very strong agenda today.

>> KRISTIN AHRENS: Alright, thanks, Deb. Thanks, all.

>> DEB SHOEMAKER: Thank you. Next will be Deputy Secretary Marsala from OLTL.

>> JULIET MARSALA: Hi, good afternoon, everyone. I can be very quick if we go to slide 5. Really the only new thing to report out, versus my usual regular procurement updates and disclaimer, which there are no changes, is to share with everyone that the recommendations for improving self-direction in Community HealthChoices. That work group report has been posted. And so within this slide here, we have embedded the link to recommendations for improving self-direction and Community HealthChoices that will bring you to its location on our DHS.pa.gov page. So, you can read the 32-page report there. We also put this report out on our LISTSERV notifications, through our LISTSERV system, so hopefully it will be shared widely. As a reminder, the purpose of this self-direction and Community HealthChoices report was really to take a look at how our participant self-direction services were going, particularly in CHC, because we have seen that it hasn't been growing, and it has been doing the opposite. Numbers have been decreasing, which is a concern to us because participant self-direction should be offered as the first choice, and it is the choice that gives participants the most control and empowerment over their personal assistant services. So, the report is out there for review. It will be incorporated into our feedback process for the waiver renewal that is coming up, that you will hear more about at our next MAAC meeting. So other than that, that's all I have to share. Hopefully that helps us get back some time.

>> DEB SHOEMAKER: Well, so to clarify, though, Juliet, if you have a report to give, we want you all to give the reports. We are just refraining from the questions. So, feel free to be comprehensive with your report and we will truncate other places.

>> JULIET MARSALA: Thank you. I appreciate that. I think I shared most of the best practices at our last meeting, so I didn't want to, sort of, revisit and review those but I certainly can if folks would like.

>> DEB SHOEMAKER: Okay. No, I think I messed people up. I wanted to make sure that we are cognizant of time and giving you all time. So, Elise, do we want to truncate or do anything else?

>> ELISE GREGORY: Deb, that is up to you. You have to tell us which presentation you want us to put up next.

>> DEB SHOEMAKER: Well, no, OLTL, we will go in the order that we have. But Juliet if you want anything for MAAC members to know feel free to expand upon it. I'm just trying to make sure we get the whole essence of the presentations and the questions can wait.

>> JULIET MARSALA: Absolutely, well in that case I would love to just share a little bit more about the participant self-direction.

>>DEB SHOEMAKER: Yes, go ahead.

>>JULIET MARSALA: And this is a work group that brought together 40 individuals who were representative of participants who are receiving the services and, in the roles, of Common Law Employers (CLEs) because they employ their attendants directly or they are sort of representative CLEs for individuals who need that additional support in being able to be in this type of service. And it also included representation from Service Employees International Union (SEIU) and the union that represents the direct care workers. There were direct care workers in there, there was representation from all of our regions, in addition to having representation from all three MCOs and the Financial Management Services (FMS) vendor that they use, Tempest. The work group came together for six pretty hefty sessions. They incorporated elements of human centered design in their work, they did member journey mapping so they could really kind of follow the member and the direct care worker's journey through the enrollment process and getting connected to participant self-direction.

There was a survey that went out to participants and service coordinators in particular to get their perspective as to what is working well and why folks are potentially not choosing participant self-direction that used to be very popular in past years. Then they culminated with a long list of recommendations that were collected from all viewpoints and vantage points and those recommendations were then kind of voted on so that we could have like the top 10 recommendations from each of the stakeholder groups. Those responses were brought together and sort of cascading up for us to look at what the final sort of top 10 recommendations would be as part of the report. There was a lot of data that was looked at, with regard to how services were being seen across the different regions and changes over time.

So, at this stage you know we have received the report, we are looking at the report and looking at the report with regards to what might we need to consider, to move certain recommendations forward in the waiver renewal process. A lot of good stuff came out of here, but as you know, first and foremost, that at the top of many individuals' minds is you know, sort of livable wages and so that is in there as well. We heard that clearly. But there are other things like could there be loan forgiveness programs, improvements in direct care workers training, and how could a participant matching system that is in the works be leveraged. Things of that nature. So, it was really, really good. There is a lot of great work and I'm so grateful for everyone who participated in this work, gave us their time and their thoughts, and had the candid discussions that were necessary to give us a really good report and a lot of ideas and recommendations to consider. That's all I have, Deb.

>> DEB SHOEMAKER: Thank you. I think that information was helpful, so thank you for that.

>> JULIET MARSALA: You're welcome.

>> DEB SHOEMAKER: So, like I said, if you just have any questions, we are doing it for time, I never want to slice people's comments or people's thoughts, so please don't take it as that. We just had a very full agenda, and we have a stop time of 12:00 because of closed captioning. So next up will be Deputy Secretary Sally Kozak.

>> SALLY KOZAK: Thanks, Deb. I just have three relatively quick updates, which might not give back all of the time that we've lost but will give a few extra minutes for your updates from the group. So, the first one is on the ambulance rates. As you know, the leg (legislature) last year with the budget, had mandated some ambulance fee increases and those required approval from CMS. So, we did get that approval on April 16th. On April 18th, we issued bulletin number 26-24-01 which is titled, "Ambulance Services" that advises providers of the CMS approval and implementation of the new rates. For the specific rate increases they can look back at bulletin 26-22-07 that's titled, "2023 Ambulance Fee Increases". These increases are retroactive to January 1st of 2024 in both the Fee-for-Service and Managed Care programs. Just to let you know, Fee-for-Service will be reprocessing those claims that have been submitted, so at least in the Fee-for-Service program ambulance providers will not have to resubmit claims. We would encourage each of the ambulance providers to check with the individual MCOs regarding how it is that they are going to handle the claims. That's where we are at with the ambulance fee increases.

Dental Benefit Limit Exceptions (BLEs). Many folks have heard and asked in follow-up, about the budget questions we got about the Dental Benefit Limit or BLE. It came out during the hearings that there appears to be a lack of awareness among dental providers that we implemented a dental BLE process even though we did that quite some time ago. As part of the hearings, we did commit to reissuing information regarding the dental BLE process. And so, on April 5th, we reissued bulletin 08-21-01, which is the "Dental Benefit Exception Process Update" to all dental providers. And we also issued Provider Quick Tip #273 to remind providers of the policy for dental BLE for specific dental services. Our Chief Dental Officer, Dr. Sean Shamloo, has also been stressing the dental BLE process as he meets with the Managed Care dental directors as well as the dental benefits managers and he has also been talking about that as he has been meeting with individual dentists. So just to let people know that again, we are aware that folks are not as familiar with it as they should be. So, we are working to increase awareness of it.

Then finally the last thing is really that CMS, this week, released new rules. The Managed Care final rule, they released rules around nursing home staffing, and they also released some rules around eligibility. As we said, those three documents just came out, so we will be taking a look at them, and we will be providing a summary of how it is that those will impact our programs probably with the June or July meeting. And so, Deb, those are the quick updates I have. If there are other things that people had on their mind or questions, I'm more than happy to answer them.

>> DEB SHOEMAKER: Sorry, thought I was talking, and I was muted. That's the fun thing that next month we won't have to worry about. I think that was a good comprehensive report. Again, we want to hear from our Subcommittees so if there are any specific questions you have, please put them in the chat. I appreciate that. Okay, next we will have the Subcommittee reports. ConSub please, that would be Kyle, correct?

>> KYLE FISHER: Yes, good morning, Deb.

>> DEB SHOEMAKER: Good morning.

>> KYLE FISHER: I feel like we are ahead of time now. I should take a half hour or so to go through this update.

>> DEB SHOEMAKER: Well, you convince the other Subcommittees. I always will listen to all yours when I can't make it.

>> KYLE FISHER: I do appreciate the last two Deputy Secretaries going so quickly. I will limit our review here to just two topics that we covered yesterday at the Consumer Subcommittee. Yesterday we heard from three program offices. I want to highlight two topics that were discussed with the Office of Medical Assistance Programs. We heard from Gwen Zander, the Managed Care Bureau Director, around the potential contract break between Children's Hospital of Philadelphia (CHOP) and AmeriHealth's Keystone that is scheduled for the end June. The Department and the committee are both hopeful that both sides will come to a resolution and a contract long-term. We know that CHOP has already notified approximately 140,000 of its patients that this could happen and is encouraging them to, sort of, do advanced planning. We heard from OMAP that the continuity of care provisions are automatic. Families should not need to request them and that will extend their ability to have coverage from Keystone still at CHOP for 60 days from the termination date, so that would be end of August. We also heard that that is essentially a buffer period as well given the plan change dated rules. So, if families were to change to a new MCO in order to be able to stay with their CHOP providers, they would need to do that by June 13th for it to be effective on 7/1. That's a fairly tight window given that they should, impacted family should be getting notice from Keystone 30 days in advance, which would be essentially the first week of June or so. We also had a conversation around enrollment assistance. It's a very good thing that families have other Managed Care options. All of the other MCOs operating in the southeast zone contract with CHOP, so they should be able to change to another MCO and stay with their CHOP providers. Yet we know that many families with kids with complex medical needs have a number of ancillary providers, home health agencies, DME providers, et cetera, that are not within the CHOP network so changing plans for them is far from a simple matter. So, we had some conversation around the enrollment assistance service broker, Maximus' role in helping those families who have CHOP and possibly multiple non-CHOP providers as well.

The second topic I'll highlight here is we had an extensive data presentation from Gwen Zander yesterday and consumers and council are very pleased, very impressed with the thoroughness of that data. The time and energy clearly that BMCO staff, OMAP staff, put into putting it together and presenting it in a very accessible way through info graphics. We got to see shift care data, this is data on Prior Authorization denials and appeals activity and appeal outcomes for the calendar year 2023 for two services, private duty nursing and home health aide services by MCO. We saw some encouraging trends over last year, quarter over quarter, in sort of denial rights for these services dropping. So, it looks like the Department's guidance issued in the second quarter around home health aide services and specifically, around the new policy around parents as paid caregivers, along with training that OMAP gave to the MCOs in the third quarter of last year, both resulted in denial rates trending downward and it's certainly encouraging there. On the not so encouraging side, we did see some concerning data around MCOs having denial rates for both nursing and home health aide services, with one MCO in particular, where the denial rates were consistently three times higher than the program average. The Department agreed this is concerning and discussed that their auditing activity is changing to focus more

on the number of impacted consumers or the plans who had the most members receiving these services rather than distributing through BMCO auditing evenly among the MCOs, and we are happy to hear that.

We also had conversation around appeal overturn rates. Looking at appeal data, it was clear that some of the plans with the highest denial rates were also plans that had the highest overturn rates on appeal and the consumers raised some concern that this extra layer of friction, so having families need to go through appeals to obtain their medically necessary services, is problematic. So far as we know any families won't have the wherewithal to go through that appeals process.

Last piece I will note, and I will stop, consumers recommended that OMAP consider making this data public or more data of this type public, sort of standardized denials and appeals data so that families can utilize another piece of information. This additional transparency is really valuable in sort of making those plan selection choices as something available to them. We did note that MAAC PAR reports are online, they're just not the most excessive or the easiest for families to digest. We were pleased though that this [Inaudible]. I don't know if Sonia or Minta have anything they would like to add and it sounds like we are not taking questions, but I'm happy to, should there be time.

>> MINTA LIVENGOOD: Not at this time, Kyle. This is Minta Livengood.

>> SONIA BROOKINS: Everything is good, Kyle, thank you.

>> DEB SHOEMAKER: I appreciate the hard work in ConSub. I know that I'm glad that public information sounds good. I'm glad, I'll be looking forward to seeing that. Any time we have data that's publicly disseminated and easy for our family members, for us to be able to read it, I appreciate that so thank you for that. The Fee-for-Service Delivery Subcommittee, which is my committee, we meet on the 8th of May, so I don't have a report and I know for those of you who are Fee-for-Service Subcommittee members, I'm having a call today with Gina, so if you have any agenda items that you want me to put on, send me an e-mail before 2:00. Thank you for that. LTSS, Kath.

>> KATHY CUBIT: Thanks, Deb, I'll be brief. The LTSS MAAC met in-person and remotely on April 3rd. OLTL Deputy Secretary Marsala provided the procurement updates and an overview of the participant directed work group and report as shared today. We also heard from Dan Sharar who presented information about OLTL's proposed fiscal year 2024-25 budget. Randy Nolan provided an overview of resources available to help participants of OLTL services, including OLTL's participant hotline. He clarified, in addition to participants, anyone can call the help line including providers or others calling on behalf of a participant. Help line staff will assist as best they can with any type of inquiry. Statistics were shared including number of callers, types of inquiries, and number of days to resolve the issue. Each of the three CHC-MCOs described their participant advisory committees, otherwise known as PACs. All CHC MCOs recruit participants, family members, caregivers, and others who serve in an advisory capacity to the MCO and provide feedback. MCOs are required to facilitate PAC meetings in each of the five zones across the state. In addition to the MCOs, we heard from PAC participants from every plan who shared their personal experiences along with the value they find in serving as PAC members. Participants are encouraged to join a PAC or attend a meeting. Finally, there were two open forum times during the meeting for public comments and our next meeting will be both via remote streaming and in-person at 333 Market Street Tower in Harrisburg on Wednesday May 8th from 10:00 to 1:00. All are welcome to join us and I'm happy to take any questions offline or as time permits. Thank you.

>> DEB SHOEMAKER: Thank you very much, Kath. Any quick questions for Kathy? Okay. Okay, Joe Glinka. You're up.

>> JOE GLINKA: I'll be brief as well. We met on April 11th, MCDSS, and I will just highlight some of the updates what we had discussed and received. We were excited to learn a little more from OMHSAS as far as their intentions to provide a training resource and do a platform launch regarding that. Currently OMHSAS is seeking internal and external stakeholder's feedback with respect to what the new platform called MyOMHSAS will be and what it will have to offer in particular. We were informed from OMHSAS that items like accreditation curriculum will be offered through this platform. So, in terms of offering any feedback with respect to that platform launch, we were encouraged to recommend to anybody to go to the MyOMHSAS.org site to provide your input and suggestions and they were all welcome by OMHSAS.

From the OMAP side, we got our update it terms of what the newly eligible group looks like in terms of size. Right now, that population or that group, if you will, of participants in the OMAP program, as of March 29th, was 804,921. For the period of March 4th through March 29th, there was a 44% increase in applications submitted over the same period a year ago, so many people are applying for benefits, but that was the update there.

Then we received some information on some of the new provider types that the Department is implementing currently. Two that come to mind would be the pharmacists as providers as well as the doulas. There is an orientation process continually taking place for both of those provider types to help them understand what the landscape is in terms of becoming a provider that can actually bill for Medicaid services in their own right. We were informed that the uptake for the doulas has been slow. And as far as barrier to participation, one of those revolves around the fact that there has been no single agreed upon rate of payment for doula services. From a doula standpoint, you know you're not going to engage as a provider if you don't exactly understand clearly what the fees will be to pay for your services. So, we are working through that. There was a recommendation made for the MCOs perhaps to consider offering a range to doulas for their consideration before they would move forward and become credentialed. I think that there will be more to come on that, but that was one of the updates that we had received.

We were also informed of a collaboration between OMAP, OMHSAS, and the Office of Long-Term Living to look at the service history data files and an initiative there concerning that. In an attempt to mitigate the limits to seeing claims in those various domains with the interest being getting more information to all parties involved with respect to managing from a holistic standpoint. There is, you know, an initiative under way to in fact do that, and there will be more to come.

One of the other items that we talked about briefly was a product of the pediatric shift care white paper that was written some time ago and the launch of pediatric complex care resource centers that will be funded through American Rescue Plan Act (ARPA) funds and we're to expect a summer launch to be anticipated with respect to those resource centers. And you know there is a uniform credentialing roundtable that has been formed, and a discussion continues as far as how we can get to a common platform from a credentialing standpoint. There is a lot of work that has to be done yet, but Managed Care is highly involved in that.

And so, for the sake of brevity, I will, other than commenting on the fact we have two work groups that have been formed, one focused on complex care service delivery as well as provider capacity, those work

groups continue to meet on their own schedule. Both of those groups are scheduled to meet on May 9th separately. Our next meeting as the MCDSS is on June 13th. I will stop there if there are any questions, but I appreciate the opportunity. Thank you.

>> DEB SHOEMAKER: Thank you, Joe. As always, a lot of work going on in that Subcommittee, so I welcome people to attend as you can and listen. So, for the last 3 minutes, just another reminder that our meeting on the 23rd is in person. So that will be something to look forward to and details are provided on the website. Do you have anything Eve for pharmacy documents for What's New?

>> EVE LICKERS: Yes, we have three bulletins. I will talk really quick. So, bulletin number 01-24-04, that is for "Over-the-Counter Oral Contraceptives" and really quick, last July the FDA approved O-pill and we know recently it has hit the market. This bulletin was issued to advise providers that the MA Program will cover the O-pill and other over-the-counter oral contraceptives that meet the federal Medicaid coverage requirements. These and other over-the-counter drugs must be prescribed by a practitioner, licensed practitioner. We recognize that although they are over-the-counter, they still require a prescription for the MA Program. That bulletin came out April 10th, and it was effective the same day. Bulletin 99-29-04, "2024 Recommended Child and Adolescent Immunization Schedule" bulletin was issued April 16th, also effective same date. Bulletin 26-24-01 for "Ambulance Services" was issued on April 18th. This is the bulletin for the updated fee schedule for the ambulance service providers and is effective back to January 1st of this year. If there are no questions on these bulletins, the easiest place to find them is on the What's New at OMAP page, but they are also available on the bulletin search webpage, so, thanks.

>> DEB SHOEMAKER: Thank you very much. Do we have any old or new business? Okay. With 30 seconds left, we did it. Thanks, guys. If I could please have a motion to adjourn.

>> MINTA LIVENGOOD: This is Minta Livengood. I will make the motion to adjourn.

>> DEB SHOEMAKER: Thank you, Minta. And I will take a second?

>> TED MOWATT: Ted. Second.

>> DEB SHOEMAKER: Okay, thanks Ted. All in favor? I'm sure we'll all say aye.

>> [From multiple committee members] Aye.

>> DEB SHOEMAKER: Alright, thank you everyone. Have a wonderful rest of your month. We will see you in person next month. Thanks for the wonderful updates and presentations, all good work that's getting done. Have a good rest of your day.