**Consumer Subcommittee of the MAAC**
**February 22, 2023**

Consumers present: Sonia Brookins, Minta Livengood, Ronel Baccus, Jayme Scali, Liz Healey, Meghann Luczkowski, Marsha White-Mathis, Lauren Bennett.

Sonia Brookins, Chair of the Consumer Subcommittee, called the meeting to order at 1:00pm.

## I. Remarks by the DHS Secretary

Dr. Valerie Arkoosh, Acting Secretary of the Department of Human Services, gave opening remarks.

Dr. Arkoosh provided her history and background to how she came to the role as Secretary. She is honored to have this role. Her goal is to use Medicaid program to meet not only health needs for Pennsylvanian's but but also to address social determinants of health. Dr. Arkoosh announced Laval Miller-Wilson as her Deputy Secretary for the Office of Children, Youth, and Families and is looking forward to him continuing to bring his voice and the voice of Consumer Subcommittee members to his team.

Dr. Arkoosh expressed the immediate challenge her administration faces is the need to end continuous enrollment and return to pre-Covid annual redeterminations of eligibility, which will begin April 1st. This will impact not only Medicaid, but also SNAP recipients.

Beginning April 1st, according to the timeline Congress signed into law,it will be necessary to redetermine eligibility. Dr. Arkoosh highlighted no one is going to automatically lose coverage, full year for this process to play out. In April, the only individuals will be impacted are the individuals who need to be redetermined in April. One challenge of the unwinding is the need to reach 3.6 million people. The department is taking steps to reach those folks including direct mail, text message, email, any kind of phone number associated with the file will receive a call. The Department plans to work along with Pennie, the state's Health Insurance Exchange System to ensure that if an individual is not able to reenroll for Medical Assistance, they can receive the appropriate resources to remain insured. In addition to Pennie, the Department is promoting grassroots outreach including working with media, family, friends, and faith community. The Departments goal is to make insurance attainable and affordable for all Pennsylvanians. You can sign up to be a helper at www.dhs.pa.gov/PHE. Dr. Arkoosh also encourage participants to sign up for Compass, if they have not already.

Dr. Arkoosh highlight that the end of the PHE will also impact 1.9M SNAP recipients. The end of emergency allotment to SNAP program will end at the end of February. If receiving the maximum emergency allotment, that can be an extra $95 per month. There is also a detrimental impact for seniors receiving Social Security who received an 8.7% cost of living to their monthly income. However, SNAP benefits are not tied to COLA and the increase may make them no longer eligible to receive SNA benefits or could reduce benefit they are eligible to receive. Dr. Arkoosh stated the department is working with food banks across the Commonwealth along with specific senior and farmers programs. Dr. Arkoosh is also working with the Secretary of Agriculture to assist her with this issue. For more information on SNAP, you can view DHS's website. www.dhs.pa.gov/SNAPcares.

Dr. Arkoosh expressed throughout her remarks that it is a honor and privilege to lead DHS, and that she deeply understands the importance of these systems, as the care individuals receive are foundational to enabling to live healthy & productive lives.

Sonia Brookins, Consumer and Chair, thanked Dr. Arkoosh for the opportunity to meet with the committee, and stated that the DHS deputies and staff selected were wonderful. Ms. Brookins highlighted that the committee serves as the department's eyes and ears on the ground, and has an open door policy.

Meghann Luczkowski, Consumer, explained her story and how she came to be on the committee, which includes her son with medical complexities. She discussed the worker shortage and challenges she faces, and noted that many families face similar challenges. Ms. Luczkowski feels that the workforce shortage, including nursing, home health aides, and behavioral health is a critical challenge to tackle. She, along with the committee, is happy to partner with the department in many ways, including being a resource. Ms. Luczkowski also highlighted the recent advocacy regarding 'parents as paid caregivers' issues and is hopeful to come to a more permanent solution. She also highlighted that the solution needs to be person centered, otherwise it will not work. Another goal of the committee's is to reduce the ODP waitlist and to garner a report from OMHSAS on network adequacy and the scale of workforce shortages in the MH/BH arena.

Dr. Arkoosh thank Ms. Luczkowski for sharing that personal story and addressing workforce issues. The Department is committed to patient centered patient driven care and knows that it needs a robust direct care workforce. She will always be a doctor at her core and that is what drives her. She understands the worker shortage, and thanked the individuals on the call who provided care during COVID. Dr. Arkoosh noted these are historical times, but she is working with an amazing team. She is also committed to a multi-agency approach and meets with the

secretaries of DOH, DDAP, and Aging once per week and plans to continue to do so. Concluded that everyone is on the same page, and her job is to listen and build programs around the needs of Pennsylvanians.

## II. OMAP Report

Gwendolyn Zander, Director of the OMAP Bureau of Managed Care Operations, and Eve Lickers, Director of Policy, Planning, and Analysis provided the updates for OMAP. Sally Kozak, Deputy Secretary for the Office of Medical Assistance Programs (OMAP), was unable to be present at this meeting.

### OMAP Deputy Secretary Updates

Ms. Lickers provided new staffing updates related to DHS Deputy Secretary positions:.

- Shante Brown, Deputy Secretary of the of Office of Child Development and Early Learning
- Hoa Pham, Deputy Secretary of OIM.
- Laval Miller Wilson, Deputy Secretary of OCYF (to be effective March 13)
- Jenn Smith, Deputy Secretary of OMHSAS.

Ms. Lickers highlighted that the federal COVID PHE is set to expire on May 11, 2023. Originally, it was set to expire on April 11th then President Biden informed Congress he would exptend it to May 11th. Secretary Becerra signed an extension of PHE on February 9th. This is the final renewal of federal PHE.

### Parents as Paid Caregivers

Ms. Lickers reported that during the PHE, under the 1135 waiver, the Department had the authority to allow parents and legally responsible relatives to provide personal care services to their children. The Department just received confirmation from CMS that they will allow parents to continue being paid caregivers under the home health benefit. This is an allowable service, as long as parents meet the federal and state requirements for employment as a home health aide. The limitations that apply to adults, are not applied to individuals under 21 years of age. Parents and legally responsible relatives who have been providing care will be able to continue.

Approximately 500 families have received letters in January, stating this practice would not be allowed to continue. The department is working with MCOs to provide updated information to those families and also preparing communications to providers. Ms. Lickers notes this is a temporary solution, and that the Department is exploring what this looks like in the long term. Also, additional services not covered under the state plan, the Department has the opportunity

in the future to provide waiver or other policy to expand those services. The Department is pleased thatCMS changed position and previous approach and thanks the Committee and others who challenged CMS' previous interpretation of the relevant regulations. We have to change and be flexible to assure kids are receiving the services they need.

Kyle Fisher, Counsel to the Consumers, thanks DHS leadership for their ongoing time and energy committed to finding solutions on this issue and asked to relay to Deputy Secretary Kozak the committee's thanks and appreciation.

Ms. Brookins, thanked Ms. Lickers and the Department leadership for their work here and thanked PHLP for being Counsel to the Committee.

Laval Miller-Wilson, Counsel to the Consumers, stated that he and others at PHLP are better people for doing this work, for listening to and valuing the perspective of consumers and clients. The program has always been flexible and not static. Power to the consumers, parents, and give them credit for uplifting and advocating for themselves in this situation.

Liz Healy, Consumer, asked how this was going to roll out. Ms. Luczkowski asked if there a general timeline or assurance we can give to families in the meantime so they are not still concerned or terrified. She also asked what does May 12th look like for consumers. Ms. Lickers responded that communications are being drafted now and the department is expecting a smooth transition with no gaps or changes to the process.

Ms. Zander, addressed MCO communications. OMAP is working with MCOs to issue letters along with guidance and updates, unsure when the letter will go out. OMAP is also working with the special needs unit, case managers, and member services to have consistent talking points. OMAP plans to meet with each MCO in early March to discuss implementation questions and is hopeful for guidance shortly after. She also plans to meet with PA Homecare Association to discuss workable parameters for implementation.

The goal of the department is to: first, get the word out to families; second, get call center staff trained; and third, work with providers for future implementation. Consumers should expect policy guidance in some form in about a month. They are working on it now, then it will go to legal for review.

Mr. Fisher asked the that the Consumers, counsel, and the Imagine Different Coalition be consulted and involved as OMAP confers with the MCOs and other stakeholder in developing the policy for parents to be paid HHAs following the end of the PHE.

Ms. Lickers stated that on CMS on state call this week. PA told CMS this is not a PA issue. All other states are reporting this issue in some form. Some states have waiver in place, or are actively working on a solution, others have had a solution for some time. Appealed to CMS for leadership and was thankful that CMS addressed this in its all-state call earlier this week.

**MCO/Hospital Contract Terminations**

Ms. Zander provided the updates on the termination of a contract between United Healthcare and Temple University Health Network. Last month she reported on the possible termination between UHC and Temple. That contract did terminate effective 2/1. Temple is no longer an in-network Health System for UHC members. Ms. Zander stated UHC is on top of this and working with members to switch primary care providers (to in network options), or referring to enrollment assistance. So far volume is relatively low 15-20 in last three weeks, but they are aware of 8,000 members impacted. No other MCO/ Hospital Terminations in the next 60 days. Ms. Brookins asked if we know how many individuals were transferred to a new MCO. Ms. Zander responded only a handful, possibly less than 5.

**Pediatric Shift Care Report**

Ms. Zander reported on the percentage of shift care hours covered, and those not covered as of November 2022.The percentage of authorized covered ranges from 55% to 74% amongst MCOs, the majority is 60%. AmeriHealth is covering 55% of shifts authorized. Geisinger is covering 62% of shifts authorized. Health Partners is covering 74% of shifts authorized. Highmark and UPMC are covering 67% of shifts authorized and Keystone and United are covering 63% of shifts authorized. The Dept. recognizes this is a decrease. There are various reasons why shifts may not be covered. For instance, a child may be in the hospital, or a family declined; if a child is hospitalized it is categorized differently. The main reason that the hours are not covered is because there is not enough staffing. Of those not covered, they looked at the numbers due to agency being unable to staff, and it's relatively low; Ranges from 11% is the to 19%. AmeriHealth cannot cover 19% of shifts due to agency being unable to staff. Geisinger cannot cover 11% of shifts due to agency being unable to staff. Health Partners cannot cover 13% due to agency being unable to staff. Highmark cannot cover 18% due to agency being unable to staff. Keystone and United cannot cover 12% due to agency being unable to staff. UPMC cannot cover 14% of shifts due to agency being unable to staff.

Ms. Zander stated they do track this data on a monthly basis. She also highlighted they will be updating the Ops 8 at some point during 2023, but it is unclear exactly when that will happen. Another initiative for 2023, January 1st began pay for performance structure to improve staffing levels, funded using ARPA funds. There is some flexibility for each of the MCOs to incentivize improved coverage of authorized hours of those services.

Mr. Fisher, counsel for the consumers, noted that these numbers, roughly, show a 20 point drop on the whole as a program, compared to 2019, in the percentage of hours sthat are staffed . Which is not surprising but is still disappointed. This unfortunately reflects our anecdotal and member experience. He asked for clarification for the "unable to staff" data, which had been much higher during the last iteration of this report Ms. Zander replied that this could be presenting the same thing in two different ways. Could be a denominator issue.

Ms. Luczkowski, noted that the "unable to staff" data seems unrealistically low. From her personal experience, through conversations with discussion from agency staffing, families are not even being onboarded because they know they cannot staff and agencies cannot make a promise they can't keep. That is more reasons to look at those numbers. She also requested clarification regarding hours covered versus shift covered, those are two very different things. For instance, if a 10 hour shift is covered for 2 hours, and 8 hours were not. Agency can report covered, but 8 hours were not covered. Other states find efficacy in getting them broken down by hour. Very pleased to hear reviewing Ops 8 reports. There are concerns regarding subjectivity, because there are meaningful pieces of data to collect. Consumers would like to be a part of that process, to ensure it is as meaningful/useful as possible.

Ms. Zander replied, they are going to look at approach and give something for people to react too, rather than open ended questions.

Ms. Luczkowski relayed concern about a pay for performance structure. This should in no way be structured such that MCOs might reduce service hours to look as through authorized hours are filled. Allowing them flexibility may incentivize a reduction of services. But service reductions are not a way to reach metrics in pay for performance.

Ms. Zander noted that is a valid concern. The pay for performance does not mandate specific reductions, improving outcomes is a broad goal. The plans will choose metrics and OMAP will provide more details as they start to see structure. They do not want to be too prescriptive, and cannot without CMS approval, but agree they do not want to create adverse incentive structures.

Ms. Luczkowski, consumer, asked if an MCO chooses a paid for performance structure that is not good are they locked in. Ms. Zander replied that they are inclined to give it a year to see how things go, and make data driven decisions.

## III. OIM Report

**Unwinding Medicaid Continuous Coverage**
Presented by Carl Feldman, Acting Deputy Policy Director.

Mr. Feldman stated, in preparing for end of continuous eligibility period, DHS's guiding principles are to provide clear, concise, and timely communications, to give all recipients a complete renewal and fair opportunity to continue in the program, to help those impacted, and to minimize future impacts beyond unwinding.

Mr. Feldman highlighted the most recently available data for overdue and COVID flagged individuals. This includes people who did not return renewal and are considered overdue, and COVID flagged means you were not eligible at some point during PHE. Most recent numbers

show 577,000 recipients have not submitted a renewal. 593,000 are considered COVID Flagged. There is some overlap in this population.

Mr. Fisherasked how much overlap is between those two figures. Mr. Feldman responded it's not the majority but is a substantial number, possibly 20%.

Mr. Feldman continued, given the authority to do a 12-month unwinding, Covid Flagged and overdue individuals, will be reviewed at their regularly scheduled renewal month. For most people, renewal date will not change. If they had a renewal in April of last year. Renewal will likely be in April of this year, and so on down the line. There are exceptions to this for people with combined MA and SNAP cases if their renewals are out of alignment. There renewals will be moved to algin with SNAP renewal. This lowers demands on consumer and CAO work force. No number on that population. But can provide it.

Ms. Livingood asked if they are reviewing the renewal applications will the caseworkers pay attention to people who might be over guidelines, but may fall into guidelines for MAWD. Mr. Feldman said yes, that was always theirintention. He also highlighted the changes for MAWD. Act 69 of 2021 was passed, which created new eligibility category for MAWD, Workers with Job Success. (WJS) There is a lot of activity around change of law, and PHE. The MAWD/WJS category will be available to people who are eligible for it on April 1. Due to PHE protections, the CAOs intentionally moved some people out of MAWD, which is critical to WJS category. There will be a systematic process of going through individuals and crediting them the 12-month period, so they would not be denied WJS, when they actually were eligibility.

Ms. Livingood asked about people on regular MA who's income increased. Mr. Feldman replied, yes, those individuals will be reviewed for all other categories of MA before they are terminated.

Ms. Brookins, Consumer, asked if the Consumers can we get numbers of categories under discussion. Mr. Feldman responded he will collect number of figures, will talk with OMAP and will follow up. Mr. Feldman noted that he was hoping to have a policy to issue to provide clear direction to case workers, some have never worked for county assistance office at a time when the closures occurred.

Mr. Feldman provided an update on unwinding activity. There have been two waivers that have been sought and approved. The first relates to updated beneficiary contact info from MA managed care plan. That is OIM policy, it's not a perfect fit. It takes a lot of manual effort from MCO staff and CAO's. OIM also has a waiver to accept zero income statements through the ex parte process. Zero income statements that are on file. Mr. Feldman was surprised we needed to get a waiver to do that. CMS noted that states need to have approved mitigation plans to receive enhanced match through the unwinding. PA is working really hard for continued enhanced match. They expect to meet mitigation criteria although there are challenges. Every

state plan is going to be a little different, so there may be changes in the future to do what CMS expects us to do.

Regarding the termination notices, useful graphics have been developed. The earliest date to receive a denial is technically April. But OIM anticipates the majority of terminations will actually probably occur in May and thereafter. Renewal initiation will start in March, receive notice at the end of March with a due date at the end of April. The goal is to receive renewals in a timely manner without causing panic for participants.

There were questions regarding how many people will be ineligible. had no clear idea of how many people might be ineligible; this is unprecedented territory. Many people were enrolled in MA during pandemic, but it is also the lowest unemployment rate in 50 years, so many people may not continue to be MA-eligible, but they could possibly qualify for exchange coverage. The Dept. is putting tools in place that they have never had before. They have texting abilities tethered to renewal life cycles at multiple points in time. Recipients will receive multiple text messages or phone calls related to updating information, haven't received renewal yet, etc. It's a fully automated opt-out arrangement. Well over 1 million, nearly 2 million, have signed up for text message versus, in September of 2022 only 400k signed up for text messages.

## IV. OMHSAS Report

**Workforce Shortages & Network Adequacy**
Jennifer Smith, Deputy Secretary for the Office of Mental Health & Substance Abuse Services, presented.

Ms. Smith provided her background in the budget office, different capacities until she became Deputy Secretary of DDAP, then acting secretary. Admitted she knows a lot about mental health and substance abuse services, but asked for grace as she has a lot to learn about behavioral health and there is a steep learning curve.

Ms. Smith highlighted the goals and vision, and what is needed from her office. Her first goal is to foster collaboration by providing support to counties. She wants counties to build within and across county lines. Also includes fostering collaboration between OMSAS and other parts of DHS, and other areas of state government. Fostering collaboration between counties and state government. This is needed as we continue seeing individuals with complex needs presenting themselves. There aren't always services to match those needs. The service types could be lacking, or they could be lacking geographically. Ms. Smith's second goal is to expand access and capacity. She defined capacity, as a building up of services, that are absent or lacking. Could be geographically, or by service type and filling gaps. She defined access as helping people who need our services to find those services, which is closely linked to her first goal. She plans to take a person centered approach and hopes it will address workforce issues. Ms. Smith is the

mother of a daughter with intellectual and developmental disabilities and has experience with the difficulties and challenges in navigating access to services. Ms. Smith's third goal is to modernize behavioral health. This includes telehealth, post covid. She also plans to bring state hospitals into this century, by having electronic charting and getting rid of paper files.

Mr. Fisher noted it was reassuring to see such emphasis on network adequacy, access, and capacity. He noted it has been very challenging tried to quantify the access problems in the behavioral health sector, and appreciated that OMHSAS is creating standardized reporting from the BH MCOs to better grasp this problem. Responded that OMHSAS needs all of their organizations to work together to come up with solutions. There are ways for OMHSAS to financially support, but they need the help of counties, advocates, and stakeholders on how to address it.

Ms. Smith highlighted they will be creating an RTF dashboard for visibility. It will include the length of stay, primary and secondary diagnosis. They had visibility regarding capacity and who's receiving services. They will have regular meetings with RTF providers to address concerns, rather than waiting for issues through the media or legislature. There will be new access to OMHSAS MEMM monitoring module, which will look at compliance and performance of BH-MCO's and primary contractors. There will be a creation of a complaint and grievance log. They want to improve uniform reporting of wait times by BH MCOs, prior to this there were different methodologies of reporting. OMHSAS also plans to use "secret shopper" calls to gauge provider availability. Mercer performs calls for BH-MCOs to help ensure accurate networks.

Ms. Smith addressed the workforce challenges, acknowledging they are far reaching and impact so many other things that were discussed. It is one of the biggest barriers. There is financial support for this space. There is $79.6M to assist with recruitment/retention payments FBMH, PRS, IBHS. There is $21.95 million in Act 2 recruitment and retention payments to inpatient facilities and RTFs. There is $2 million in HCBS ARPA funds for trauma treatment training for clinicians. And then $150k for increasing peer support in the workforce.

Ms. Brookins thanked Ms. Smith and appreciated that she was client centered.

Mr. Fisher stated he was encouraged to see bullet points of reforms/initiatives. Specifically, "improved or standardized reporting" that is something very much of interest to committee and counsel. With the lack of measurement and how bad capacity issues are it feels like no standardized collection. Invited her to come back to continue these conversations. He asked about a timeframe for implementation.

Ms. Smith responded, BMCOs information is not easily collected at the state level. They were using a different set of criteria, and they were not reporting in a way to understand them using the bigger picture. Some of the data was historical, along with guidance and metrics. They want to create a uniform template. There is not yet a time frame in place.

The meeting was adjourned at 2:58 PM.