

>> KAREN LOWERY: Good morning and welcome to the February edition of the MAAC. Today is Thursday, February 23rd. Before we begin the meeting, I would like to go over a few items. The meeting is being recorded and your continued participation in the meeting is your consent to be recorded. If you do not wish to be recorded, you can 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 is available, also known as CART. The link is included in the chat. Presenters should state their names clearly before speaking to assist the captioner. If you have any questions related to this meeting or need any information, please visit our MAAC page. Now I will hand things over to MAAC chair, Ms. Deb Shoemaker.

>> DEB SHOEMAKER: Good morning, everyone. Wonderful to be able to start this meeting off being able to look out the window and it's beautiful outside. And we will have a wonderfully beautiful meeting and yesterday for those who didn't get to go to Consumer Sub, that they hit us off with a bang. Wonderful, wonderful as always. I'm excited about this meeting today and the opportunity to hear from the new secretary.

So again, my name is Deb Shoemaker, I'm the chair of the MAAC. I also chair the Fee-for-Service (FFS) Subcommittee. I'm a consultant for Pennsylvania Psychiatric Leadership Council and represent rheumatology. Also, I'm a parent of a child with mental health needs and also in recovery many years ago from my own mental health issue. I would like to now take the opportunity to go through the list of those members who are MAAC members. I'm told we have a quorum. First, Vice Chair, Sonia Brookins.

>> SONIA BROOKINS: Good morning.

>> DEB SHOMAKER: And chair of consumer sub. I shouldn't forget that. Jeff Bechtel?

>> JEFF BECHTEL: Yeah. I'm here.

>> DEB SHOEMAKER: Wonderful. Kathy Cubit? Kathy was on. I don't know if we lost her.

>> EVE LICKERS: She is on. She might be on mute.

>> KATHY CUBIT: I'm sorry. I'm Kathy from the Center for Advocacy for Rights and Interest of Elders (CARIE) and I chair the LTSS MAAC.

>> DEB SHOEMAKER: Wonderful. Richard?

>> RICHARD EDLEY: Yes, I'm here. Richard Edley with Rehabilitation Committee Providers Association. Good morning, Deb and good morning, Secretary Arkoosh.

>> DEB SHOEMAKER: Wonderful. Joe?

>> JOE GLINKA: Good morning. Joe Glinka. Highmark Wholecare, Chair of the Managed Care Delivery System subcommittee. Good morning, Secretary.

>> DEB SHOEMAKER: Dr. Goldstein? I can't see that he is on the list. We will get back with him later. Mike Grier?

>> MIKE GRIER: Good morning, Deb. I'm Executive Director with Pennsylvania Council on Independent Living and I am the chair of the Managed LTSS subcommittee. Welcome, Secretary.

>> DEB SHOEMAKER: Wonderful. Teri Henning?

>> TERI HENNING: Good morning. Teri Henning with the Pennsylvania Home Care Association.

>> DEB SHOEMAKER: Good morning. Julie Korick?

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

>> DEB SHOEMAKER: Good morning. We are half-way through the list, Secretary. This is a long list of members, so we are being as quick as we can. Next, Kelly Liete?

>> KELLY LIETE: Yes. Good morning. Kelly Liete. A pediatrician in Harrisburg, representing American Academy of Pediatrics.

>> DEB SHOEMAKER: Thank you. Minta Livengood?

>> MINTA LIVENGOOD: Yes, co-chair of consumer sub.

>> DEB SHOEMAKER: Yes. Wonderful, Minta. So glad you're here. Russ?

>> RUSS MCDAID: Good morning, everybody. Russ McDaid. Immediate past chair of the MAAC and owner and principal of consulting firm dealing with health and human services issues.

>> DEB SHOEMAKER: Thank you, Russ. Nancy?

>> NANCY MURRAY: Hi, Nancy Murray from Achieva here in Pittsburgh. We provide services now throughout most of Pennsylvania for children and adults with intellectual disabilities and their families.

>> DEB SHOEMAKER: Yes, thank you, Nancy. Derron Schultz. I don't see Derron on here yet. Heather King?

>> HEATHER KING: Good morning. Heather King here from the Pennsylvania Medical Society. Glad to see you Secretary.

>> DEB SHOEMAKER: Last but not least, Nick? I'm not sure if Nick is on or not.

>> EVE LICKERS: Looks like Alexis is sitting in for Nick today. And she said her audio isn't working. I'm not sure what that means but she said her audio is not working for her.

>> DEB SHOEMAKER: Okay. Thank you. Welcome, Alexis. And so, I think we, I'm pushing it over to you, Eve, for the list or I should say --

>> EVE LICKERS: Sure.

>> DEB SHOEMAKER: For DHS.

>> EVE LICKERS: So good morning. I'm Eve Lickers. I'm the Director for the Bureau of Policy, Analysis, and Planning in the Office of Medical Assistance Programs. I'm sitting in for Deputy Secretary Sally Kozak today. So, we will forgo our introductions from the staff from the Department and I would ask that you just introduce yourselves as you present today. So, I would like to introduce those of you that may have not met her yet, this is Acting Secretary, Dr. Valerie Arkoosh. Welcome, Dr. Arkoosh. We are happy to have you with us today at the MAAC. I will turn it over to you so you can introduce yourself and share about yourself and any comments you have. Thank you.

>> VALERIE ARKOOSH: Great, thank you, Eve. Good morning, everybody. It's so nice to have a chance to see you all. Some of you I saw yesterday. I apologize if this feels repetitive. But I'm just really happy to have the opportunity to introduce myself to you and just convey to you how important your work is to me and to this agency. And obviously you will hear from a lot of my team today. We all share the goal of making sure that these programs are as person-centered as possible, that we support not only the recipients of medical assistance, but also the workforce that helps deliver a lot of that very important work. And that -- and I also want to share my belief that we must be investing in issues like housing and food and other social determinants of health. That it is impossible to be healthy if you don't have a home to live in or if you are able to get access to healthy food. And so, I do come at this work very holistically and hope that we can partner on a lot of these ideas.

A little bit about me. I am a physician. I practice medicine in Philadelphia in teaching hospitals for about 20 years. I am an anesthesiologist that specializes in obstetrics, so I have a real passion for maternal health and sort of that whole universe. But it was really spending a lot of time in the labor and delivery floor that started me on my path being here today. Over time, I came to see so clearly that many patients I took care of really had significant barriers to being healthy in their pregnancies and that ranged from everything from not living in a neighborhood with clean air or reliably clean water to not having a grocery store in their neighborhood. So, it was extremely difficult for them to have access to healthy food. I realized that it didn't matter so much how good of a doctor I was if my patients didn't have access to those things. So, there wasn't much I could do to fix that.

So, I went back to school and got a master's in public health. I got very involved in leading health care reform as the President of the National Organization of Physicians. I worked very closely with the Obama administration to support what eventually became the Affordable Care Act as a step forward to making sure that everybody in this country had access to high quality affordable health care. And those efforts eventually led me to run for office and I have spent the past 8 years as chair of the Montgomery County Board of Commissioners. I was very honored to lead Pennsylvania's third largest county and the population of over 860,000 people. And the county that is diverse in many ways, including both urban and rural communities as well as a number of different ethnic and racial communities. So, I bring all of that experience to this role. And in particular bringing the experience of having been a county commissioner working with the DHS. I see a lot of opportunities for rebuilding that relationship and really moving things forward in a very collaborative way, which I'm excited about. I wanted to share a couple of updates with all of you about two very pressing issues that are before us, which are the Medicaid unwinding, obviously, and also a little bit about Supplemental Nutrition Assistance Program (SNAP), and then I would be happy to take one or two questions from you. So, as I'm sure you all know, the budget reconciliation bill signed into law at the end of 2022 set a timeline in place to sunset two pandemic response policies that affect folks covered by Medicaid and also people who receive SNAP benefits.

So, starting with Medicaid, as I'm sure you know, since March of 2020, DHS has been able to provide continuous coverage for folks. Now, happily, we have continued to ask recipients to send in their documentation just as if we were going to do an annual renewal with them or annual redetermination of eligibility but of course we did not act on that information. But it was a way for us to keep in touch with our recipients, all of the people that we serve, and you know, thankfully we believe that we've got good up-to-date information on most of our recipients. That is very important because beginning April 1st, we do have to revert back to our regular eligibility determination process.

Now, a couple of things I want to stress here out of the gate, nobody is losing their insurance coverage on April 1st. Every single person is going to have the opportunity to share up-to-date information with us to have an opportunity to respond to any questions. Nothing will happen automatically. Just normal redetermination process put into place. Second, we are going to be doing this in over a year. So, the people that we need to hear from in April are the people whose normal annual redetermination would be due in April. In May we will start with May, and it will go from there. This is an area where all of you can be extremely helpful to us in getting the messaging out there. One, we need to make sure that people have updated information

with us, updated contact information. Two, that this will all be done when their regular year anniversary comes up. So, over this next year. Obviously, this is going to be very important for both Medicaid and CHIP and we want to make sure that everybody maintains access to insurance and stays insured.

So, what is that going to look like from our end? We are already in early stages of robust outreach. We have had several educational sessions now for our general assembly members, county commissioners, federal delegation, so their constituents can get up to speed about what is happening. We are sharing toolkits with them so when their phones start to ring, they will know what to do. They will have answers for their constituents. We have already been doing quite a bit of grassroots outreach and with groups like yours, but we will soon be launching a very organized social media campaign and also paid media campaigns to reach across communities.

In addition to the mail, paper mail packets that we're required to send, we will be sending, if we have it, text messages to mobile phones of our recipients, e-mails, all of those things if we have any kind of way to contact people other than by mail, we will be using those means to reach out. Of course, our County Assistance Offices will be open for people to walk in. We will have people answering the telephones and we are very much encouraging people to go through COMPASS, if they are comfortable doing that. Either on their phone or on a device. That will be the quickest, most efficient way for people to get this done.

Just to give you a sense of what we believe that we are going to see is that when we look at our universe of 3.6 million Medicaid recipients today, we have heard from about 116 -- sorry, 617,000, so 3.6 million Medicaid enrollees and about 617,000 who have shared eligibility information with us through just routine requests through that information. We believe that 600,000 or so are no longer eligible for Medicaid. And that could be because they have a job now with a higher income or maybe that offers insurance. So, if indeed, and those people will be asked to resubmit their information. If they indeed are not still eligible then and they need insurance, there will be a warm handoff to Pennie to hopefully get them insured. They should be eligible for pretty substantial subsidies on the health insurance exchange side of this through Pennie. Commissioner Humphreys, our insurance commissioner, has been a terrific partner in this work. So, we think we've got everything in place for a very warm handoff there. We are a little more concerned about just under 600,000 people who we simply haven't heard from. And so again, this is where it'll be very important for all of you to use your networks to get out to people to let them know, hey, if you hear from us, you really need to respond. Right? Like this is serious now. So, we've got, you know, just under 600,000 people we just don't have any information on. So those are kind of the two populations that we are going to be very focused on. Everyone else, I think we largely believe are going to be eligible as some we know through other electronic verifications if they are eligible. If we can automatically redetermine someone we will. So, we will try to make this process go as smoothly as possible.

The other thing hitting right now are changes to SNAP. This is all part of the federal budget deal that was crafted at end of 2022. As I'm sure many of you know, during the COVID-19 emergency, every SNAP member in Pennsylvania, which is about 1.9 million people, has received a second monthly payment known as emergency allotment. And that emergency allotment either took them up to their maximum possible benefits or, if they are already at their maximum, they got an additional \$91. Unfortunately, that emergency allotment ends this month.

So, this will be the last month that anybody gets that. Starting next month recipients will simply get the first payment of the month, not the second. On top of that, our seniors are getting a bit of a double whammy.

On the positive side, Social Security's income went up by 8.7% thanks to cost-of-living increases built into Social Security. Unfortunately, SNAP eligibility is not tied to cost-of-living increases. And so, there are going to be seniors who, because of this increased income, are no longer going to be eligible for SNAP or are going to be eligible for a reduced benefit through SNAP. So we are very, very focused on this group as well. And we have been working with the Department of Agriculture on some of the programs that they have specifically for seniors. And we also have information and separate programs to help children. And so, we are doing everything we can to push this information out. We have asked our food pantries to step up and we are asking people who can, to donate to our food pantries so that they can be as ready as possible for this imminent change. So, I do want to share two websites with all of you. The first one is for information about what is happening with SNAP and let me just find that website. Real quick here- www.dhs.pa.gov/snapcares. So that will give you quite a bit of information and tools that you can share about SNAP. and then similarly for the Medicaid unwinding we have www.dhs.pa.gov/phe. That stands for public health emergency. And there you can sign up to be a helper and have information pushed to you regularly on where things stand and how you can help. There are all kinds of flyers and other things to download. There is a whole toolkit you can access. We would be very grateful for your help in helping to get the word out on this. So, I will stop there and just see if you all have any questions that I can try to answer.

>> JOE GLINKA: I have a question, Deb, if I may.

>> DEBORAH SHOEMAKER: Okay, I will give you that grace in one second. Dr. Arkoosh, I think there is an announcement that I would want you to make versus myself. So, someone that we love and care very much about and has been a dear friend of this committee and subcommittee, you were lucky to receive this person very soon as a member of your staff. Would you like to announce that?

>> VALERIE ARKOOSH: Sure. I would be happy to do that. I know you all know and love Laval Miller-Wilson. I see him now. I didn't see him earlier. Good morning, Laval. Laval will be joining my team at DHS as Deputy Secretary for the Office of Children, Youth and Families. He will be here in mid-March. We are so excited to have him join our team. Laval and I met years ago working on the Affordable Care Act. We stayed in touch all of these years and I think we have always been really interested in the work each other was doing and he was one of my first calls when I knew that the governor was going to nominate me for this position. Really excited to have someone with his knowledge of not only of our DHS system, but to bring the voice of all of you to the table. I feel so strongly about working with our groups that are on the ground, that are in the communities, that have the lived experience to better inform how we do our work. My staff has heard me say many times already that people know what they need. It is our job to listen to them rather than try to think that we know what people need and tell them. And so, one of Laval's tasks is to make sure he always carries your voice forward but obviously so will meetings like this and you know, as I said yesterday to the consumer folks, this won't be the last time you see me. While I won't be able to come to every meeting, I look forward to engaging regularly with you.

>> DEBORAH SHOEMAKER: Thank you for giving me the opportunity. I love Laval. He is one of my favorite people in the whole world. You're lucky to have him. I gave him a hard time at first, but I'm happy for him. The Commonwealth gained such as advocate, even more than I can say. I could keep going on forever. So again, thank you for coming. We look forward to working with you and serving as a resource for you as members of the MAAC. And Joe, I will give you that opportunity to ask the question.

>> JOE GLINKA: Thank you so much. I will save my commentary on Laval because it'll be involved he is a great partner to managed care. Secretary, I just wanted to get back to the numbers that you spoke about. The managed care community is deeply involved in making sure our respective members are very much informed with what is about to happen, to set them at ease and make sure they understand it is a calibrated approach over the next 12 month period of time and that there will be options available to them in the event they are disqualified, so we are heavily involved and appreciate the Department's partnership on that, frankly. But coming back to 617,000 number who have shared so much eligibility information, is it correct I understand it is 600,000 of that 617,000?

>> VALERIE ARKOOSH: No.

>> JOE GLINKA: Or 600,000 of the denominator.

>> VALERIE ARKOOSH: Of the 3.6 million current MA recipients in PA, we have received information in just the regular outreach that the Department has been doing. So, it is 617,000 of 3.6 million. Now, they are going to get another opportunity, right? So, we're not going to just unenroll them. So, if any of them are due in April but they will be asked to submit all of their data again, we have been just trying to get a sense of what kind of shift there might be. And right now, our best guess is around 600,000 people who, for whatever reason, may no longer be eligible in Medicaid and they will get a warm handoff to Pennie if they need it. Maybe some folks have a job with health insurance is my guess, my hope. But if not, they will get a warm handoff to Pennie. Also, Joe, I don't think I mentioned in my opening comments, it will be the full 90-day process. There is nothing being accelerated or pushed or anything like that. And if on day 92 someone goes to the doctor's office and realizes at that point oh, I don't have health insurance because we all know that will happen, we will be able to have them come right back and if they are still eligible, we will get them signed back up. So, we are going do everything we can to make this as person-centered as possible. We want people to be insured.

>> JOE GLINKA: Thank you for that. And to confirm, it is our understanding that for those who are eligible for SNAP, and Medical Assistance, that their redetermination date would align with their SNAP. renewal date, correct? If there is a difference between the two.

>> VALERIE ARKOOSH: Joe, I don't know the answer to that. But someone on my team on this call will be able to. But I do not know the information with certainty. But I don't want to give you wrong information.

>> JOE GLINKA: Thank you. Appreciate it. Thank you.

>> VALERIE ARKOOSH: You bet, thank you.

>> RICHARD EDLEY: Deb, this is Richard, if I could just jump in real quick.

>> DEBORAH SHOEMAKER: Real quick.

>> RICHARD EDLEY: I will be really quick. This isn't a question. We have the opportunity to speak, but I want to repeat, for the group, repeat one of the concepts we talked about. I think it is important in the coming year. Obviously, the big issue on the top of everyone's hit list is

workforce. We didn't talk about that yet today, but that is hurting everyone in health and human services. That comes down to money and wages and reimbursement and that might be more for the Legislature. When I think about DHS, the Department, the one thing that can be looked at and controlled outside of wages is administrative burden. And all of the regulations, policies, procedures, that in essence over time we have done to ourselves. And not just with direct support professionals, but also with clinical professionals, people are leaving the field because they just can't take it anymore. And when I see a social worker who has to do 15 different administrative things in an agency but can open up a practice across the street and not do any of those things, and it meets community standard. So, I'm hoping in 2023, and this is something I have talked to Andrew Barnes a lot about, and we have looked at department by department, look what we can control to make it more livable. So, I just wanted to make that comment.

>> VALERIE ARKOOSH: Thank you, Richard. I appreciate that. And Richard and I had the opportunity to talk for a while earlier, I think this week. Or maybe last week. The days are flying by. But I really appreciate that you raised up very pragmatic issues that are impacting our workforce. And you know, we will certainly take a hard look at those things and do what we can.

>> RICHARD EDLEY: Thank you, appreciate it.

>> VALERIE ARKOOSH: Yeah. All right, folks. I'm very sorry. I have a 10:30 so I have to go. But it was a pleasure to have the chance to say hello and I look forward to continuing to work together.

>> DEBORAH SHOEMAKER: Thank you. You're welcome any time.

>> VALERIE ARKOOSH: Okay. Take care. Have a great day, everybody.

>> DEBORAH SHOEMAKER: Thank you. Okay, everyone. Wonderful. I don't think I can say much more after that. But to go back to business, one thing we didn't get to do yet, and since we do have a quorum, is can I take -- we have the minutes here from last meeting, and since we have a quorum, before I forget, if we can please, if I can have a motion for someone to approve the minutes as they were written or distributed, I should say.

>> SONIA BROOKINS: I make a motion.

>> DEBORAH SHOEMAKER: All right, Ms. Sonia. Second please?

>> NANCY MURRAY: Nancy Murray, second.

>> DEBORAH SHOEMAKER: Thank you, Nancy. All in favor.

>> Aye.

>> DEBORAH SHOEMAKER: Wonderful. Any opposition? Okay. Eve, if we aren't missing anything, we are going to go to Scott from OIM?

>> EVE LICKERS: Correct.

>> DEBORAH SHOEMAKER: Welcome Scott, I know that your phone and Carl's phones have been ringing off the hook. You have a tough job. We are giving it over to you.

>> SCOTT CAWTHERN: Thank you. I'm Scott Cawthern. I am the Chief of Staff for the Office of Income Maintenance. If I could take just a minute, I would like to introduce our new Deputy Secretary, Hoa Pham. Hoa served as our Bureau of Employment Programs Director prior to transitioning to her new role as our Deputy Secretary for OIM just this week. So, we are very excited at the opportunity to work with Hoa, and I believe she is on the call. I will pause here for just a minute if she would like to give a quick hello.

>> HOA PHAM: And quick I shall be, since I know this is an incredibly packed agenda. Good morning, everyone. My name is Hoa Pham as Scott mentioned. An absolute pleasure to be with you all this morning. And in the same spirit as Acting Secretary Arkoosh shared this morning. My entire career and personal values have been deeply rooted in listening to and centering our constituents as part of the work we do, both programmatically and from a policy perspective. So, I am particularly honored to be not only in this role, but working alongside this advocacy committee to continue to bring to the floor the voices of our constituents that we serve. Thank you for letting me join you all this morning. I promised I would be short to allow Scott to walk us through this morning. Thank you very much.

>> SCOTT CAWThERN: All right. Thank you, Hoa. So, I know that the topic for my section is OIM updates. I think the Secretary did a great job of outlining some of the questions that I expected you might have regarding the PHE unwinding and SNAP emergency allotments. I know she deferred a question. If it is all right, I will start with that question. Then I will dig in and see what other information we can provide from OIM regarding the unwinding. Would that be all right?

>> DEBORAH SHOEMAKER: Perfect.

>> SCOTT CAWThERN: Very good. So, the question I believe we heard is will SNAP and Medicaid budgets be aligned for renewals for recipients. Did I get that correctly? Okay, so for the SNAP recipients, as the Secretary said, we will take a full year. We are going to send Medicaid renewals that are scheduled in the month for which they are due to be renewed. And for the most part, and within that, if there are SNAP budgets, it is our expectation we will work to align them. So, we aren't sending Medicaid renewal and then three months later sending SNAP renewal. We want it to tie those budgets together to the greatest extent of our ability to minimize the impact on families. I know it could be confusing. I received a Medicaid renewal, I just sent this three months ago, why am I getting another packet? Which generates churn and that is something we want to avoid. So, the answer to that is, we will be working with those families that have eligibility and other budgets to make sure we are minimizing the mail sent to them and the lift that they have in order to stay connected to benefits. So, I will pause there to see if there is any further question on that.

>> DEBORAH SHOEMAKER: Do we have anything in the chat or someone quickly with a question for Scott? Okay, you might be safe.

>> SCOTT CAWThERN: Okay. And I just want to restate a couple of points that the Secretary made. We have been planning for this unwinding for over a year. You know, with each iteration of the public health emergency extension from the Feds we have walked that and worked towards our communication strategies in ways we can work to the greatest extent we can possibly do to make sure that we are ensuring that those families that have Medicaid coverage have that opportunity to stay connected and if otherwise not eligible, transition to other coverage - Pennie for adults and CHIP for children. We have been working closely with CHIP on our CHIP IT project. And we have been planning to work with that as well. If there are no other questions on the unwinding, I would like to touch briefly on SNAP emergency allotment. I will pause to see if there are any other questions on unwinding.

>> DEBORAH SHOEMAKER: Everybody good? All right. Thank you. You do such good work, Scott. You did such good work, there's not questions.

>> SCOTT CAWHERN: Well, it is a lot of planning, believe me. We recognize how critical this is and we recognize the lift. So, we want to make sure that we are responsive to the committees the IMAC, MAAC, and sub committees to make sure that they have a picture of effort we are putting in to make sure that it goes well.

I would like to touch just briefly on the SNAP emergency allotments. As you are aware, the last SNAP emergency allotments went out and are going out through the end of this month. The SNAP emergency allotments have been in place since the beginning of the pandemic in March of 2020 and as you are aware, we issue them basically in the second half of the month the TANF payment is scheduled. And everyone at the beginning of the month got regular SNAP allotment and then the SNAP emergency allotment which was a computation of raising family to maximum benefit to their household or \$95, whichever is greater.

We have been issuing those in the second half of the month. With the Consolidated Appropriations Act of 2023, they said February was the last month we could issue those benefits. We have been issuing them as we have the previous almost three years now on that second payment cycle. We have sent an initial letter in January informing families this was coming. I believe we are doing messaging and I believe we are sending text messages as well. Then additionally, we are also sending notice. Those notices are being generated right now and we should start seeing those go into the mail in the next week or so for those families. That notice will inform them of the change that it was a federal law that changed and that emergency allotments are going away and also give them what their recurring regular monthly SNAP allotment is. Those notices are going out to families in the next week or so. You will start seeing those go out to households. So, I will pause there to see if there are questions on SNAP emergency allotments. Yes, sir?

>> LAVAL MILLER-WILSON: It is Laval Miller-Wilson. Sorry to join late from earlier. It is not a question for you Scott, but more after comment and in some ways a charge for Joe, at the Managed Care Delivery System Subcommittee. Joe and I talked about this a little bit at last week's meeting about SNAP. It's a cliff. We know that nutrition is a determinant of health. And Joe led a committee where MCDSS leads a committee where we talked about nutritional challenges for members. I think with all the different things on the plate, it's another opportunity, Joe, to talk about it within the MCDSS to address it again. And you will recall, this is a couple years ago, we talked about that before emergency relief came into effect. And price of food hasn't changed. It has gone up. And yet, aside from this, SNAP doesn't necessarily track the inflation rate. So, I think the families, especially kids, are in a challenging situation. And it is another moment, Joe, for all hands-on deck for how managed care plans can meet the needs of their members and you know this, but I want to lift it up because it is a cliff and dire situation.

>> JOE GLINKA: We certainly recognize that, and it raises a question I have for Scott. A couple questions. One, has the Department quantified how many people are going to be impacted by having emergency allotment go away and what proportion of those who are on SNAP already would that represent?

>> SCOTT CAWHERN: Well, the SNAP emergency allotments will impact every SNAP recipient. It is not a subset. Even if someone is at max benefit for their household size, they still got up to \$95. There was no SNAP household that didn't receive something in SNAP emergency allotments. So that's the collective of our SNAP population which is about 1.9 million recipients. That is spread out across approximately 1 million households. So,

recognizing that a household can be a 1 or 5, you know, are collective enrollment is 1.9 million Pennsylvanians again representing about 1 million households. So unfortunately, every household will be impacted by this emergency allotment stoppage.

>> JOE GLINKA: Thank you. Appreciate that.

>> DEBORAH SHOEMAKER: I was wondering if, and I have been asked, by someone else, this before, but in a different way, and I know Lloyd has asked in the past, is there an internal number of expected disenrollments, and how it will impact the physical and behavioral health MCOs financially? I may not have asked it the way I wanted to but hopefully you got the gist.

>> SCOTT CAWHERN: I don't know that we have been able to quantify those we anticipate who will become ineligible. As the Secretary said, we have 617,000 that have returned information to us at their last renewal that they completed. That indicates they may no longer be eligible for benefits. And then another group of about 600,000 that we just have not heard from. So of that subset, those that would now, who have not responded previously, but would respond who maybe establish eligibility, and those who at last update were ineligible, who then may have come back into eligible status, it is really difficult to try and estimate that number because it is dependent on who returns their renewal and what circumstances have changed since the last time that we had a touch point with them. So yeah, to try and estimate that, I don't know that we would come up with any kind of a number that would be anything short of a guess.

>> DEBORAH SHOEMAKER: And you know what, you have your hands full. It would be a constant moving target, I'm sure. And same as this whole, the unwinding, redeterminations and all this stuff. So, thank you. Anything we can do to help; we are more than willing to do that.

>> SCOTT CAWHERN: And we appreciate that. I would just encourage your team, as you are working with recipients, to continue to point them towards the benefits of having a COMPASS account. Most everyone has a mobile phone. And the benefits of having that mobile app in terms of getting us information, you know, if they have a case record with us and they establish a COMPASS account and use that mobile app. And again, this is a free app. It doesn't take up much phone space on your phone. But once you are connected in that way, taking a picture of verification, it goes right to the case worker, sends them an alert, and says you have new documentation. And it really is, you know, the cleanest express path to getting documentation. And then also e-notices. And you know, we're looking at e-notices and once enrolled in e-notices, you will get an e-mail that says you have a notice in your myCOMPASS account. We don't actually send a notice to your e-mail. We send you information that says go to your myCOMPASS account and look for your notice. And that will keep all of your notices that you have received in a pdf format that you can refer to down the road. We all know, I received a notice, it came in the mail, I misplaced it, something happened to it. But signing up for that e-notice is really going to help our recipients who again can be connected to the myCOMPASS PA app and the desktop version of COMPASS really kind of manage the notifications that we send.

And be responsive. When we determine ineligibility and our system queues to send a notice, if you are enrolled in e-notices, as soon as that job runs with our IT vendor that e-mail and pdf is generated. The same way that we send that file to our printer and Department of General Services to print the notice, fold it, and stuff it, and put it in an envelope and postage and drop it into the postal service mail stream. An instant email saying here is your notice versus

the time it takes to print, mail, and receive that, we really just ask for your continued partnership when you work with recipients, and if you can help encourage them to sign up for those electronic services. And it helps them be informed and connected to OIM.

>> DEBORAH SHOEMAKER: Thank you, Scott. I know my children tell me if you're not on the internet. They know more than I do. Believe me, I think it's amazing we have these opportunities now to get to that quickly. Any other quick questions or do we have more to talk about, Scott?

>> JOE GLINKA: I have another question, Scott, if I can indulge. If you answered it, I apologize, I was distracted for a minute. If someone is declared ineligible, they have an opportunity to appeal that decision, correct?

>> SCOTT CAWHERN: Absolutely.

>> JOE GLINKA: So then during the appeal, their eligibility would be maintained, correct?

>> SCOTT CAWHERN: If they appeal timely and make the request for eligibility, where they were eligible, and we were discontinuing them.

>> JOE GLINKA: If someone goes through the appeal and are still found to be ineligible, is their ineligibility as of the redetermination date or as of when it was finally determined they were ineligible. Do you understand what I'm saying?

>> SCOTT CAWHERN: Yes. So, walk through this, if we determine someone ineligible, they file a timely appeal, and request that their benefits be maintained during the appeal process, we go through, we have the appeal, and the appeal adjudicates and finds in favor of the Commonwealth. Meaning the individual was truly ineligible. We take action to close the benefit at that time. So, we made a determination in May. They filed a timely appeal in the beginning of June. It took us until July to have the hearing heard. During that May to July, they are maintained eligible pending that appeal. I will have to check with our team to see if we do any recoupment for the period in which they were ineligible, where they received benefits for the period of time when they were ineligible. I don't know that piece.

>> JOE GLINKA: That would be a material to the managed care community because if such individual were to get services during that period of time and we have claims for an individual from a provider, you got to understand the downstream effect that represents for managed care.

>> SCOTT CAWHERN: Absolutely. That's why I want to check with the team to see what steps we take if it is found in favor of the Commonwealth.

>> JOE GLINKA: Thank you.

>> SCOTT CAWHERN: Certainly. I think you are on mute.

>> DEBORAH SHOEMAKER: I know, I'm used to just talking and then I see myself and it is messing me up. Do you have more to talk about Scott? Or did I cut you off? Are you ready for the question-and-answer part of this?

>> SCOTT CAWHERN: I did not have any additional updates. Like I said at the top of my time, the Secretary did a fantastic job of touching on some of the key points for OIM that are really on our plate right in front of us. And I wanted to allow opportunity for just a couple of quick highlights and then options for any questions. So, I know I've got about 7 minutes left on your schedule. I'm happy to take any additional questions. If not, then you can certainly yield the time to the next presenter.

>> DEBORAH SHOEMAKER: Okay, before I ask questions of the MAAC again, is there anything in the chat? Elise or Karen? Whoever is doing the chat.

>> ELISE GREGORY: There are a few questions in the chat. First one is from Lloyd Wertz. Is there an internal number that has been shared as to the general expectation of the number of folks who will eventually be taken off MA benefits at the end of the year of unwinding? Is there an estimate as to how that might financially impact funding paid to MCOs both physical health and behavioral health at the end of that time? Thank you.

>> SCOTT CAWTHERN: I'll circle back and say, you know, we really don't have an estimate and to try and quantify that would be extremely difficult and would be really just a guesstimate of what we think might happen. So really to try and quantify the impact of those again, 617,000 who we have some information to say they are likely ineligible and other 600,000 who have not communicated with us during the pandemic, during their eligibility period of the pandemic. Of those and then really the other subset of the general Medicaid population who may have had changes in their circumstances outside of that, that may have caused them to shift between Medicaid, Pennie, or CHIP or become ineligible all together. It is hard to say that this is a number we expect because it is an unprecedented time and unknown because we just haven't had an experience like this in our history.

>> ELISE GREGORY: And two questions from Mike Lane. Does OIM/DHS know how many individuals who may lose coverage have behavioral health co-occurring issues?

>> SCOTT CAWTHERN: That I'm not sure of. I think that OIM manages the eligibility side and for any connection to behavioral health services, I think I will look to Eve, I think that is managed care.

>> EVE LICKERS: As far as those that have those co-occurring issues between behavioral health, I haven't been part of any discussions with our Office of Mental Health and Substance Abuse Services about this. I'm not aware that there is a number at this point in time. And I think it would be difficult to say if we haven't, you know, started, we are just starting the process with recertifications, and individuals have not been identified as of yet.

>> ELISE GREGORY: And the last question, is the number of 1.2 million you've said 617k, where info was returned and may lose eligibility. And another 600k who have not returned info?

>> SCOTT CAWTHERN: Correct. Two groups. So, there is approximately 617,000 who have, we have sent them renewal. To be clear we have continued to send renewals to our population throughout the pandemic. It was a decision that we made to help us quantify who may be ineligible based on what they have returned. They returned information. We process their eligibility. It looked like they would be ineligible for Medicaid. We continue to hold them open as part of the public health emergency. The other 600,000, roughly 600,000, is a group where we have them enrolled. We have sent them renewal. And they have not returned anything to us. In post COVID regular processing, you know, world, we would have taken action to close them for failure to verify their continued eligibility for Medical Assistance. During the PHE we have maintained their eligibility and separated them into that cohort. So combined it is about 1.2 million.

>> ELISE GREGORY: Mike Lane says thank you. And there are no more questions in the chat at this time.

>> DEBORAH SHOEMAKER: Wonderful. Scott, you know that you and Carl are welcome every time because this may be a running thing for a while, I am sure. Thank you for all of the hard work you have been doing. It is something that people may not realize that the work of DHS did not stop during COVID. You continued doing the work with additional barriers. Thank

you for being diligent and dedicated to making sure that enrollees still receive benefits during this period. So again, as I said to Secretary Arkoosh, we are here. If there is anything we can do to assist you, we are more than willing to. Thank you for partnering with us on this important work.

>> SCOTT CAWThERN: Thank you. It has been my pleasure to speak with you today. Again, happy to participate as we go through this because we do have a full year in front of us where we will be working through this unwinding and you know, if there are questions, OIM is happy to answer and address. And happy to participate with your team to bring those questions and responses forward. Again, appreciate your partnership. Thank you so much.

>> DEBORAH SHOEMAKER: Thank you, Scott. Thank you. Okay, Ms. Kristin, are you ready for your ODP update?

>> KRISTIN AHRENS: I am. Good morning, everyone. I don't have much for you today, but can you go to the next slide. I thought I would fill you in on something that is becoming a little more pressing in terms of timing than it was back in July and to start with an update related to the State Center closures and then I will talk a little bit about the unwinding that we've got going on. I am pleased to inform the MAAC today, White Haven Center has no residents. We have transitioned all residents from White Waven Center. The official closure date is tomorrow.

Polk Center is down to 51 residents. We have been transitioning individuals there. We do have a pretty unique situation at Polk as well that I think MAAC might be interested in which is we have one of our residential providers with a significant footprint in the western part of the state who came forward. They were awarded some redevelopment capital assistance funds to build homes in the Polk/Franklin area and townships around Polk Center in Venango County. They approached the Department related to this and we have been working closely with them. They are going to open four signature homes to support residents from Polk who want to stay in the Polk/Franklin area n Venango County. They do need to build those homes. This is a little bit of a unique situation. Any transition from State Centers, we are talking about people that tend to have very complex needs. Many of them have medical needs on top of their intellectual disability. Some with medical and behavioral support needs. So, any transition of these individuals tends to be a high-risk transition. We have very extensive processes and protocols in place for these transitions, but we never want to transition people more than we have to. So right now, the plan is that Polk Center will be officially closed as a state operated facility at the end of March, and we will be moving roughly 22 residents to other locations. At this point, Verland, the company that is going to be opening these new homes in that area, has already accepted 27 referrals of people that are at Polk currently.

We will be essentially leasing one of the residential buildings at Polk Center to Verland to operate a private intermediate care facility until these community homes are built at which point, they will transition as individuals. So, a really nice outcome for individuals and families who have been very interested in staying in that area and a really nice outcome, I think, for staff at Polk Center as Verland has already hired 123 current staff for Polk. Everything from dietary staff to residential service aides to nurses. A nice cross section of the staff from Polk Center had already been offered positions there and they are not done offering positions. Again, I think a really nice outcome for everyone involved and again the official closure date as a state operated facility, March 31.

So, I also want to share with you something that happened back in July but wasn't of significant interest at the time. I think just because we did not have any state centered closures. But now we have activity related to this. As part of the fiscal code that passed in July, so act 54 of 2022, there was a provision included in there that created a restrictive fund called Home and Community Based Services for Individuals with Intellectual Disabilities Augmentation account. And this fund is significant for a couple reasons. One, it signaled something that I think a lot of people have been asking, which is if DHS has savings from closures of these centers will that stay in ID services or will that just go into the general fund. And the Legislature answered that question by setting aside this funding specifically for people with intellectual disabilities. So, this is a restrictive account to be funded two ways. Sale of any property that was formally a State Center. And second, the amount of any decrease in our state appropriation for state operated facilities, will go into this fund.

The fund is restricted for three uses. One, we can do quality projects related to our direct support professionals, and we can direct it towards housing for people with ID/A and we can also address people on the waiting list through this funding. And the fiscal code language also requires that the work with our advisory committee, which we do anyway. We are very specifically in the process right now of assembling a housing committee that will be tasked with making recommendations to the larger advisory committee and ultimately the Department related to how some of that funding can be used for housing for people with intellectual disabilities. So, I don't know at this point, until we see the final budgetary numbers, what that total decrease will be. Obviously, we operated White Haven well into this fiscal year and Polk well into this fiscal year. At this point, I don't have a solid number for what we think will be in that fund ultimately. And in terms of any sales of property, just to give you a sense of timeframes for what that looks like, if those properties are ultimately sold, we closed Hamburg Center in 2018, and that property is slated to be conveyed to DGS from DHS just this year. And so, this is never a fast process and requires legislative involvement for all of that as well. But I do believe in fiscal year 23-24 this restricted account will have some funding in it from the decrease in the line items for state operated facilities for people with ID. I will stop there and take questions on that and then I will take you through a little bit of what we are doing with unwinding. I spent quite a bit on that last month just give you a little bit of an update there. So, I'm happy to take any questions or comments.

>> DEBORAH SHOEMAKER: Any questions from MAAC members? Any in the chat?

>> ELISE GREGORY: There is one question from Jeff Eisman. Is ODP using any PAs of Money follows the person funds for state center transitions? I think that an additional five-year money follows the person extension was included as part of the package, the federal package signed by President Biden, in late December. Thanks.

>> KRISTIN AHRENS: Great question. Thanks, Jeff. ODP does take advantage of MFP. For members that may not know the nuances of money follows the person, there is sort of two components to money follows the person. One is that you get enhanced match for people who move from institutional to community settings. We absolutely do track that for state centered transitions to community. We also track that for residential treatment facility transitions and private intermediate care facility. So, ODP does participate in enhance match for individuals who do transition to community settings.

The other thing that ODP takes quite a bit of advantage of is money follows the person has sort of more administrative capacity building component as well. And we have many projects under that and if this is a topic of interest for MAAC at any point we can certainly present and I know our program offices, share in this, but we have some with OMHSAS and ODP. We have a number of shared collaborative projects to address the needs capacity building related to people with co-occurring serious mental illness and IDD. So, Jeff, to answer your question, absolutely yes. We do take advantage of both enhanced match on individual transitions and capacity building funds available through money follows the person.

>> ELISE GREGORY: There are no more questions in the chat at this time.

>> KRISTIN AHRENS: Okay, next slide and I will give an update to ODP unwinding. For ODP, we have a little bit of a window here because most of the things that we implemented that have significant impacts in terms of our service system, were through the Appendix K. We do have a full six months for that unwinding. So, if you missed it last month, I detailed all of the key pieces that those would be in the slides from last month. But just to keep you updated for current activity, we do anticipate publishing probably early next week. We may get it out tomorrow, but more likely Monday or Tuesday. A quick guide on unwinding so it will have many of the flexibilities that we are still using today and the dates on which we need to come back to pre-pandemic policies. So, we will be publishing additional guidance related to that, but this at least gives a quick guide for anyone saying, when do I need to, when will this expire? And we have confusion out in the field about some of that because Appendix K is different from other Medicaid activities. We are getting that out. We have been sharing to anyone who will listen in all of our public meetings with our providers, stakeholders, individuals and families, our county partners, the importance of making sure that our County Assistance Offices have current information for anyone who is in our services. And so, we will continue to spread that word. I think for people enrolled in ODP services that we don't tend to have concern about people losing eligibility. That is not for financial reasons or things like that. That is less common. Our concern is that the pandemic was so disruptive to people's lives, and we know we have people moving homes at much higher rates than pre-pandemic. We have been emphasizing the need that the County Assistance Offices have current contact information and addresses for everyone so there are no hiccups in finding people to do any kind of renewal for Medicaid. One of the other things related to the end of the public health emergency we heard quite a bit about SNAP. Secretary Arkoosh was talking about the COLA and we do have a number of people enrolled in ODP services who will be losing their SNAP benefits because of their income with the COLA from Social Security. So, we collaborated with OIM to identify those folks and we're instructing our support coordinators to do direct outreach to those individuals early in the pandemic. We had provided some guidance and instruction to support coordinators to be checking in with people to a greater extent than previously around things like housing and food security and around any of those kinds of basic needs and you know, as the pandemic went along, I think there were a lot of things in place to help stabilize that for a lot of individuals and families. We have backed off on some of that and we are now instructing our Supports Coordinators to pay greater attention to that, and we know that we've got roughly 1600 people that will be losing SNAP benefits or that are in households losing SNAP benefits. So, we will pay key attention to this as we come out of the pandemic.

And last thing, just to alert MAAC to, is that we will be submitting additional amendments to our base Home and Community Based Waivers now that we know we have a firm end date. We have some supplemental payments using ARPA funds that were approved under Appendix K whose payments will be happening post Appendix K so we will need to continue those through our base waivers. Those will be out for comment at some point. I don't imagine much controversy around them, but it is to alert you that we need to do additional amendments. That's what I've got. Happy to take questions or comments.

>> DEBORAH SHOEMAKER: I see Laval clapping. I agree. Excellent job. I think Mike put it in the chat you guys are doing amazing work. I don't know if you have any comments besides the clap, Laval. You know I will miss that clap. All right. Amazing. So, if we don't have anything else for Kristin, we want it to move to -- thank you, Kristin. See you next month. Always good information.

>> KRISTIN AHRENS: Thank you.

>> DEBORAH SHOEMAKER: Thank you. So next is Jamie. Are you ready, Jamie?

>> JAMIE BUCHENAUER: I am. I'm just making sure that everybody has their camera on so I wanted to turn mine on so you could see me while I'm talking and presenting here today.

All right. Are you ready for me to go?

>> DEBORAH SHOEMAKER: We're ready.

>> JAMIE BUCHENAUER: Sound good. So happy February, everybody. Although if you're outside today, it is not going to feel like February. Hopefully it feels more like April or May out. I'm actually going outside for lunch just to stand in the sunshine. I would encourage everybody else to do the same.

All right, so for our Office of Long Time Living updates for February, I just want to give everyone a quick update on our Appendix K flexibilities. We get a lot of questions and a lot of interest on our Community HealthChoices request for information. We are in a re-procurement cycle. So, a quick update on that. And then an update on our Home and Community Based Settings rule. We did a presentation on this, a full presentation of this at the Long-Term Services and Supports meeting. I believe it was about two weeks ago and I just want to quickly update this committee on where we are and next steps.

So, moving to our Appendix K, I know that one of the many meetings that we present on our Appendix K we did let everybody know that the Office of Long-Term Living, different from Office of Developmental Programs, is looking to end the flexibilities that were provided by Appendix K waiver sooner rather than later. They are good for six months after the end of the public health emergency, which is slated for May 11, I think at this point.

But the Office of Long-Term Living, talking to all of our stakeholders, really thought it was better to end these flexibilities sooner rather than later. And the main flexibility that is really pushing the end of the flexibilities is allowing those assessments to be done telephonically. We have talked to our Community HealthChoices MCOs and talked to our stakeholders, and we really need to get back to doing those assessments in person. They benefit the participant the most when they are done in person. That is what we found. That's what the CHC MCOs are telling us and that's what the stakeholders are telling us. We want all of the monitoring assessments, to be done in person. Just an FYI on that.

The reason I'm bringing it up today is that we are now on the third date to end flexibilities.

Originally, we let everybody know we were looking to end flexibilities as of April 1. And then we

discovered that we needed to submit an amendment to CMS to end flexibilities so we pushed that deadline back to April 30. Now, with the end of the public health emergency being May 11, it makes a lot of sense to align that date, so we don't have multiple dates. So, our new date to end these flexibilities is May 11, to coincide with the end of the public health emergency. That is the update here.

Just so everyone knows, and we can go on to the next slide, and I mentioned the biggest flexibility that we're looking to end as of May 11, we have heard from some of the service providers that they would like a venue to continue to talk about providing the flexibility to provide some of the services remotely. And so, I know we're going to meet with RCPA on Friday to talk about what we need to do as the Office of Long-Term Living if they would like the flexibility ongoing to provide some services telephonically. There is information that the Office of Long-Term Living needs to gather, but we are willing to work on that with a group of providers, if interested. Just an update on that.

One more update on Appendix K. We got lots of questions from stakeholders about the flexibility to allow spouses, legal guardians, powers of attorney, and rep payees be the personal assistant service worker during the Appendix K flexibility. We, meaning Office of Long-Term Living, strictly monitor this flexibility. We didn't just waive and provide this flexibility to anybody who asked. They had to have a COVID-19 reason. So, I was trying to find the exact number of participants. I believe we waived and provided this flexibility to 24 participants. Allowing their spouse, legal guardian, power of attorney to be their personal assistant service worker. That will end as of May 11, and the CHC MCO should be working with that family and participant now to accommodate the end of that flexibility and they will receive written notification. I don't know that they have yet. We are still working on that. But that is another flexibility where we have heard some feedback. Please know that it is not provided to hundreds or even thousands of participants. We have a very set confined number and I believe it is around 24 or 25 participants. I'm blanking actually on the number, but it is in the 20s and we know who the people are.

All right, moving along to CHC request for information. Many of you know our Community HealthChoices managed care agreements, the first ever procurement is set to expire December 31 of 2024. So, we are in re-procurement mode. We are working on it. We got input from many stakeholders that they would like the Office of Long-Term Living, Department of Human Services, to issue a request for information to gather feedback about our career program and what we would like to see in a new procurement. We are working on an RFI. We hoped to have it released in March. I say hoped because obviously many of you understand the review process that we have in the Department of Human Services and sometimes it takes longer than we think it is going to take. So, we are really looking to issue that request for information in March or April. Obviously, we will gather all of those responses and craft the request for application that we would have out. I hate to give a date because we always have to push back our dates. But you know, just the goal of the Office of Long-Term Living would be some time in mid to late summer.

And finally, an update on Home and Community Based Settings Rule. So, many of you know that we did release our settings. If you go to the next slide, and then the next slide. And that they had to go through our heightened scrutiny process within the Office of Long-Term Living. The Office of Developmental Programs did the same process. We did release those settings on

November 19, for a 30-day public comment period. And we did receive written comments from five organizations on the heightened scrutiny, the setting that went through the heighten scrutiny process. A summary is posted on the webpage. I just provided a link on the screen for anyone who is interested. To summarize the comments that the Office of Long-Term Living received, stakeholders commented that we should have done participant interviews and the Office of Long-Term Living agrees. Going forward we will interview participants. Additionally, stakeholders called out those settings where it is a provider-owned or provider-leased setting with three individuals with disabilities and the owner has some financial arrangement with a home care provider. They really wanted us to review some of those settings during the heightened scrutiny process. As probably Jen did a much better job than me of explaining, those settings are not currently licensed. They fall out of our licensing process. They are not personal care homes. And so, while we may know some settings because we know the provider, we don't know all of those settings and they don't fall under our purview for this heightened scrutiny process. We know it is a problem that the Office of Long-Term Living needs to address ongoing or under a longer term. It will probably require regulation or law change to further regulate those types of settings.

If you go to the next slide. This is just an overview that was presented at Long-Term Services and Support of the heightened scrutiny process. And what CMS is going to do, now that we have sent the settings or will send settings to CMS. So, CMS will compile a random sample of locations to review. And they will review all of the information provided by the Department and then they will either approve the Department's assertion that the location needs the Home and Community-Based settings rule or provide feedback to the Department that we're missing information or have questions or reasons why CMS cannot agree that that location is able to overcome the presumption that it is an institution. They may request to review additional locations or suggest changes to the Department's heightened scrutiny process and CMS will make a final heightened scrutiny review determination of each of the locations in the sample available on the CMS Home and Community-Based Services website. So, Jen did probably provide that update but that's the next step by CMS in the heightened scrutiny process.

And then just, the next slide just provides a really high-level timeline of the Office of Long-Term Living process and the CMS process. So, we do intend on submitting those sites to CMS in February and we anticipate that CMS will notify the Office of Long-Term Living and the effected providers of their final decisions on heightened scrutiny and then, during February or March, noncompliant providers which were provided at LTSS meeting.

We did go over those noncompliant providers, which actually were provided at the LTSS meeting. We did go over those noncompliant providers with corrective action plans who will work with OLTL to safety transition home and community-based participants to an OLTL enrolled provider. And then March onward, many of you know this is an ongoing process and it is not a once and done. Obviously the once and done was to review all current providers but as we go forward, we will continue to monitor providers process for March 2023 onward. I believe that the deadline that we have to finish our Home and Community-Based Settings rule, our initial work, is that March 17 date.

So just a quick overview on the heightened scrutiny process and our ongoing work on Home and Community-Based Settings rule. With that, I will take any questions on these topics or any other that the committee or others may have for the Office of Long-Term Living.

>> TERI HENNING: Jamie, it's Teri. I have a one quick question on the CHC amendments that are expected to take effect April 1st. Just wondered if you had an update and have they been submitted? Where are they in the process?

>> JAMIE BUCHENAUER: The amendments we submitted. I believe we submitted them in mid-December, honestly, for April 1 effective date. I believe that we are still waiting for CMS's approval. They did come back with a couple of questions, I remember hearing. The big amendment is really on the benefits counseling allowing OLTL, under the CHC waiver program and the OBRA waiver program, to do the benefits counseling as a waiver service instead of obviously making a referral to Labor and Industry and that it is done under the L&I benefit prior to CHC or OBRA paying.

>> TERI HENNING: Sure. We are also interested in the non-physician practitioner for Medicaid so yeah. Thanks. Appreciate it.

>> RICHARD EDLEY: Jamie, this is Richard. Just jumped onscreen there. A quick thing. First, thank you for the meeting tomorrow. I'm looking forward to the discussion about virtual services. Sort of with that, going back to employment, as you know, the slow-moving process with CHC MCOs in terms of employment has been an issue with the Employment First Commission. It has come up here and I don't know if you got an [inaudible] but I owe Ryan Dorsey in your office another follow-up. We spoke and went back and forth about any way that for that particular issue for employment services could it be streamlined, whether it is a virtual or something else, because as I mentioned in our last meeting, the process seemed to be almost creating a little bit of a hurdle. And if the process was correct, it is a hurdle. And any time anyone in CHC says you know what, I would like help getting employment, and so, we go back and forth, and I think that, I don't want to speak for him, but he certainly agreed in spirit, and I really owe him follow-up and I don't know if you spoke with him. I know he was meeting with the MCOs to talk about what can be done.

>> JAMIE BUCHENAUER: So, I can follow up with Ryan on that. I know that we work with CHC MCOs frequently on ways to better collaborate with vocational rehabilitation services. Having them, I want to say, provide it sooner rather than later so there is not lag in the wait time. I think the common thought is because participants wait, then they decide maybe employment is not for them. And that is not obviously in the best interest of the participant, if they are interested in employment services. So, I will follow up with him, Richard.

>> RICHARD EDLEY: Thank you.

>> JOE GLINKA: Jamie, it is Joe Glinka. Good morning. I have a question with respect to the process on the RFI. Is there a blackout period, so to speak, when the RFI is released similar to what you find in the RFA or RFP process?

>> JAMIE BUCHENAUER: There is not a blackout period because obviously you are seeing the information that is, you know, we are asking for input on the next procurement. And I guess there may be a blackout period in terms of any kind of decision making that the Department would be making once we collect the information and what would be in a potential RFA. Does that make sense?

>> JOE GLINKA: Yes, thank you.

>> KATHY CUBIT: Hi Jamie, thanks again for your presentation and work. I have a follow-up question regarding the Home and Community-Based Settings rule and heightened scrutiny. The March 17 deadline, are you expecting to get approval from CMS by that deadline or are you anticipating a need to file a corrective action plan (CAP)?

>> JAMIE BUCHENAUER: So, gosh, I wish Jen Hale was on the line. Oh, she is on the line and she is providing me the response. So, Kathy, Pennsylvania did file a CAP. As I recall talking to Jen about it, I think that we anticipated that we would be in compliance and that we would do everything we needed to do by the March 17 date. But I believe that CMS encouraged all states just in case something happened, and we got behind to file that in case we needed it.

>> KATHY CUBIT: So, I know that the pandemic threw a monkey wrench in this timeline and all the work you were doing. We appreciate all your efforts on this, and we look forward to continuing to work with you. Thank you.

>> DEBORAH SHOEMAKER: Thank you, Kathy. For sake of time, if there is any other things in the chat, you know, we will get back to people. Or you know, defer for the next meeting. Thank you, Jamie. Go enjoy outside. Just come back in if you can. Next on the agenda is the OMHSAS update however I know it shows that Jen Smith, Deputy Secretary is to be here. Unfortunately, she has been, I don't know if she has strep throat, but she was having issues with her throat. Consumer Sub was lucky to see her yesterday, but she was having issues. But I believe it is tag team by Kendra Snuffer and Dr. Dale Adair. I don't know who is going first.

>> DR. DALE ADAIR: Good morning. Hopefully you see me okay.

>> DEBORAH SHOEMAKER: Sorry.

>> DR. DALE ADAIR: Can you hear me okay?

>> DEBORAH SHOEMAKER: Perfect. Go ahead, Dale.

>> DR. DALE ADAIR: Great. Great. Good morning. And I'm not -- I don't have the -- your agenda in front of me. I don't know how much time we have. But I will kick us off and Kendra will then bring us home, so to speak. So here are the topics that we are going to discuss this morning. Obviously, we are happy to answer questions about any of these items or any other items that you want. These are the ones we prepared. Next slide.

So, from the Behavioral Health Commission standpoint, there is really not a lot to update you on because there really has not been any movement in this area. This is a topic that I think every time I speak to any group there are questions about it. So, we just want to make sure we keep it fresh for everyone because obviously, we have interest in the work done by the Commission and the recommendations that were made. But at this point, with budget hearings upcoming, I don't know that we'll hear anything substantial in regard to behavioral health recommendations prior to the budget hearings. There are a few legislators, particularly those who served on the Commission, that continue to try and raise this up. There really has not been any movement with it.

In regard to crisis services, I believe last month when I spoke to you, and I could be wrong, because I talk about these things all the time, but I told you that with the change in administration, that the draft regulations had come back to DHS. They are currently being reviewed. I want to make sure that they align with this administration and certainly with the thoughts and input of our current Secretary. So, we will update you as that moves along.

And then, the 988 legislation. You all remember that last year we spent a lot of time working on draft legislation that in the end, really did not go anywhere. There are legislators that expressed interest in raising this issue up. So, you know, we are in discussions with them and trying to figure out the right path forward for legislation. I will tell you that so last year that one of the -- sorry, all of a sudden, I hear an echo. Sorry. When I hear myself talking -- It really distracts my line of thought.

>> DEBORAH SHOEMAKER: Dale, you have an echo.

>> DR. DALE ADAIR: The echo is from me?

>> DR. DALE ADAIR: Anyway, so we can look forward to upcoming discussions about legislation and I wouldn't be surprised to see some legislation entered this year. So, I'm happy to answer any questions about these two topics before we switch to Kendra, or we can just move to Kendra and take all questions at the end. Deb whatever works for you.

>> DEBORAH SHOEMAKER: How about we go through and unless there is something that people won't remember, how about we go the whole way through then ask for questions. So that you don't have to stop since Kendra will probably get them too.

>> DR. DALE ADAIR: All right. Go to the next slide.

>> KENDRA SNUFFER: Thank you Dr. Adair. For those that don't know me, I'm Kendra Snuffer. I am the Chief of Staff for the Office of Mental Health and Substance Abuse Services. I have a few updates here today. First, regarding telehealth. We just wanted folks to know and to remind that we have released funding opportunities for providers of behavioral health telehealth services to provide funding basically for providers so they can invest in their telehealth technology and training space.

One of the things that we have all learned from the COVID epidemic here is that not all folks were in the same place when it came to being ready to provide telehealth services. Especially for smaller providers, they just did not have the resources to be able to invest in the equipment, technology, and training. So, we saw that need and we have put out this funding opportunity. We wanted to say it here to make sure that folks are aware of it and encourage people to check the opportunity out and if they are eligible to apply. We did include the link. There are also some FAQs that are on that page. But if folks have additional questions, they can submit questions to the e-mail that can also be found here.

The second piece of the telehealth conversation that Deputy Smith asked us to bring up was just a general call to everybody to see, is there anything else that we need to know as OMHSAS and DHS as a whole, continue to move forward in putting together policies, planning, programs, in managing the telehealth space. We want to make sure we are hearing from everybody. We are not missing anything. This really needs to be a collaborative effort from the folks who know it best by doing it on the ground. So, people don't have to, you know, put all of their ideas out here but certainly we wanted to flag it, as we are actively listening, and we want to hear from everybody if they feel like there is something that OMHSAS or the Department is missing in this space. Okay, to the next slide.

We just wanted to quickly flag that the Capacity Building Institute will be soliciting applications for folks who are interested to participate in May, I believe is when the announcement will come out for interested parties. This is a multiple month-long training for providers who work with individuals who are dually diagnosed with IDD and behavioral health needs. We know folks with these complex needs are, I'll say, tricky to meet their needs. So, we need providers to be able

to step up and do that. So, this is one way that OMHSAS and ODP are working to fund this effort and it has been going on for a couple years. I want to put it on people's radar that the opportunity will be coming up again for cycle 7. That announcement will go out in May. So, if folks are interested, keep an eye out and ask questions and we will make sure you get the information.

Then the last thing that I've been asked to discuss is a county funding opportunity that went out from OMHSAS and was designed to support the delivery of timely behavioral health crisis services. As you know, we are invested in supporting the responsive, integrated, and recovery focused behavioral health crisis system and that's why we look at crisis services as a whole. One of the ways we are looking to do that is by providing funding to counties for up to \$250,000 to facilitate cross-agency crisis work. That must be inclusive of law enforcement and lived experience advocates but also fire, EMS, 911 dispatch centers, this is really just to do that planning. Get everyone to the table, figure out how it collaborates, and to best support this crisis system that we are hoping to come to fruition as we hope to come towards that together. So now that was a lot of info. But if folks have questions, I'm happy to take them here. If I don't have answers, I'll get back to you.

>> DEBORAH SHOEMAKER: Okay, Laval, I see your hand. Your actual hand.

>> LAVAL MILLER-WILSON: Yeah, I could get used to this video, with the raising of the hands, Deb. Good morning, Kendra. The county funding opportunity, for a number of different reasons, piqued my interest. And I was just wondering, is it \$250,000 per county or \$250,000 cap for all 67 counties, each -- what is the cap on it?

>> KENDRA SNUFFER: Per county.

>> LAVAL MILLER-WILSON: Per county, up to \$250,000?

>> KENDRA SNUFFER: Yeah.

>> LAVAL MILLER-WILSON: Okay. On the behavioral health crisis side, it sounds like it varies in terms of timeliness. I'm eager to take a look at this. If you can circulate it, I think others would be interested as well. I assume it could be kids, young kids, adolescence, their parents, their families that are in different modes of behavioral health crisis?

>> DR. DALE ADAIR: Laval, can you be more specific about what you want to have circulated? Sorry.

>> LAVAL MILLER-WILSON: Oh, I was just wondering, with county funding opportunity, there must be something that was sent out to the counties that say hey we're interested in integration, and I just wanted to see, and I'm sure other folks would be interested in seeing it too. I'm sure in a couple weeks I will have my ways of finding out about it, but I just thought that others might be interested in hearing about this.

>> KENDRA SNUFFER: Sure.

>> RICHARD EDLEY: Deb, can I jump in here? This is Richard.

>> DEBORAH SHOEMAKER: Really quickly because we are behind schedule. You may be the last one.

>> RICHARD EDLEY: Quick question for Kendra. First, obviously I want to state the positive before the other side of it. The positive is any funding opportunity in telehealth, we appreciate. You did refer to the term smaller provider. You may know we raised the concern that, at least in the original draft that went out, it was limited to agencies and providers under 50 staff, I believe. Which would probably cut out virtually a hundred percent of RCPA members. And what our

concern is, not so much for RCPA members, but then who are you really hitting? You might be getting a lot of smaller providers who really have small MA caseloads and missing some of the bigger ones. Any discussion about moving that number higher than 50 or at this point that is where it is?

>> KENDRA SNUFFER: Sure. I apologize I didn't specify the fact that the eligibility at this moment is for providers with 50 or less staff. Obviously, the pot of money that we have to grant is finite and the goal was to start small and go from there. If the interest for these smaller providers wanes and we see there is still money left over, we are open to upping that number. So, it is not a 50 said and done. It is just we are starting there as the targeted population that we are looking to get, to make sure that they have the chance to get this financial support.

>> RICHARD EDLEY: Appreciate that. Thank you.

>> KENDRA SNUFFER: Yeah.

>> DEBORAH SHOEMAKER: Okay, like I said, unfortunately, we knew this would happen. We are running late. So, if there is any chats, or any information that is, or questions that members have, we can funnel them to OMHSAS and they can get them to us. Thank you, Dr. Adair, thank you, Kendra. If you talk to Jen, tell her we hope she gets better. We look forward to hearing from you again next month. Thank you for that. Next would be, just before we have this update, I think that we will truncate subcommittee reports. They will be written, or you know, we will -- they will be deferred. One thing, quickly, Kathy, if you want to give your announcement then we will give it to Eve, so we don't lose track. We need to be done at 12 because of closed captioning. If you want to give your update about your meeting Kathy about change and date that would be great.

>> KATHY CUBIT: Sure the LTSS MAAC April 11 meeting as listed on the agenda will not be held because of DHS budget hearing. It is to be rescheduled for the following Tuesday, the 18th. Check the website for updated information. Thank you.

>> DEBORAH SHOEMAKER: Thanks, Kathy. Are you ready, Eve?

>> EVE LICKERS: Absolutely. Not quite afternoon, but good morning, everybody. I will be providing updates for OMAP today. First thing we did want to start out with is staffing updates. I think through the meeting we have already heard about a few of them, so we do say congratulations again to Deputy Secretary Hoa Pham. Incoming Deputy Secretary Laval Miller-Wilson, we are excited about the transition. And Deputy Secretary Jen Smith, we are excited to work with you in your new role. We also want to make sure you are aware that Shante Brown has been appointed Deputy Secretary of the Office of Child Development and Early Learning, which we refer to as OCDEL. She began her career with OCDEL in 2021 as the Director for the Bureau of Certification Services. Before coming to OCDEL she served as a leader in multiple positions within Philadelphia including as the Director of Philadelphia's locally funded pre-k initiative, PHL Pre-K Education field administrator, early childhood coach and pre-k teacher within the school district of Philadelphia. She brings a host of knowledge and experience with her. We already had the pleasure of working with her on a couple of things, so we are excited about that as well.

So, moving to the COVID-19 PHE federal extension, we've had discussion that has surrounded this but just want to give you an update about the actual dates. So, Secretary Xavier Becerra signed an extension of the federal PHE on January 11 of 2023. And the current period for the PHE will expire on April 11. So, we know that on January 30 President Biden had told

Congress that he would be ending the PHE on May 11. And then he took formal action and issued notice as well on February 10. On February 9, Secretary Becerra, issued a letter to all U.S. governors announcing that the federal PHE will be renewed for 90 days and that is effective on February 11 and that the PHE will officially end on May 11, 2023. He noted this would be the final renewal for the federal PHE and instead of giving 60-day notice, the letter was providing a 90-day notice to states for transition. This is our final renewal, and we will expect that there will be nothing further and that we are already hearing about unwinding activities and so please keep an eye out for communications that will go out to providers and also to the families from various sources.

I think one of the biggest things that people would like to know about and hear about is parents are paid caregivers. So, we have confirmed with the Centers for Medicare and Medicaid Services, commonly referred to as CMS, that parents or legally responsible relatives providing authorized personal care or home health services to children during the public health emergency will continue to be covered for authorized services once the public health emergency ends as long as they meet federal and state requirements. So, we will share additional information on this, and we will be issuing information to providers and to families so that is good news that that flexibility will continue. Everyone was aware that that was an 1135 waiver flexibility that Pennsylvania had been granted and there had been a great deal of concern about whether or not that would be able to continue because we lose that authority on May 11. And so, based on the current policies of the authority that those services had been provided and the federal prohibition, we had some conversations with CMS and CMS provided guidance to us as well as other states. This is something they also did talk about with other states and on this past week's All State Call. So, take comfort in knowing this is not just a PA thing, this is across the nation, and we had personal discussions with CMS that said this isn't just about Pennsylvania. This is about the entire country and CMS needs to support the states in these efforts. So, we are glad to say that CMS did step up to the plate and help us out with this.

So, we know that 500 families had been impacted and identified and letters gone out to them and so we will be sending out updated information working with MCOs so updated information can go out to families so they are aware that this flexibility, which it will be a flexibility after May 11, it will be the policy going forward but that will continue after the PHE ends.

I think we had another -- and I will take questions after. I do want to get through some of these pieces. I know we had a lot of questions and a lot of concerns about whether or not coverage of COVID vaccines, COVID-19 vaccines would continue after the pandemic and so I guess the declaration, so Section 9811 of the American Rescue Plan Act mandates coverage of COVID-19 vaccines, tests, and treatment. And without cost sharing, to continue after the public health emergency ends and it is mandated coverage and will extend to the last day of the first calendar quarter that begins one year after the day of the COVID-19 emergency period. So be aware, a year and a quarter and the end of the quarter. So, we are expecting that to continue. And we also know that nationally they are looking for the COVID-19 vaccines to also be part of other recommended immunization. So, we see this continuing.

But the actual mandate of coverage without the cost-sharing goes until a year out and then the end of the quarter. I think that would fall, I believe, in that June 30 period of time. So we have quite a ways on that. Then the next piece that people had questions about, I think, is MCO

hospital contract terminations and Gwen Zander who's the Bureau Director for the Bureau of Managed Care Operations is with us to provide updates. There she is.

>> GWENDOLYN ZANDER: Good morning, very quickly. The contract between United Healthcare and Temple University Health System did expire on February 1. United has sent out all of the notifications to those members that were impacted by that termination. And they continue to assist those members with either identifying alternate providers that are in network or referring any member that would like to select a different MCO that has Temple in their network. Hearing that the call volume is relatively low at this time. But they continue to monitor and continue to assist those approximately 8000 members and other than that termination that took place at the beginning of the month, I don't have any other anticipated contract terminations between MCOs and hospitals to report.

>> EVE: I think the next question is the MATP update.

>> GWENDOLYN ZANDER: As far as MATP goes, probably the most relevant update is that we currently have a request for applications out on the street for the Philadelphia MATP broker services. Those services are currently provided by Motive Care previously known as Logista Care. They serve as our broker for MATP in Philadelphia and that contract term is coming to a close. So, it is time for us to reprocur and the RFA is out there - RFA 01-23, the first RFA of the year, so it is out there. Applications are due March 10 if I am remembering that date correctly.

So, we will be working to select our vendor to continue to serve as broker for Philadelphia. We anticipate having a contract in place for a September 1 start date given that the current contract expires August 31. We don't anticipate any disruptions or lapses. We are looking forward to receiving those applications. Otherwise as far as MATP goes we continue to work towards implementing several recommendations that came from the MATP workgroup a couple years ago at this point. And some of those recommendations surrounding updates to our standards and guidelines document, we're slowly but surely working through all of the updates. It is a long document with a lot of information, and we are trying to be thoughtful and engage partners in the counties to make sure that any revisions we make are workable for them and will ultimately benefit consumers. So those are my MATP updates.

>> EVE LICKERS: Thanks, Gwen. Appreciate that.

>> GWENDOLYN ZANDER: One last thing MATP related that I didn't have on my list, which is that in the next couple of weeks, we will be sending out the funding that we received through the ARPA HCBS dollars to provide retention and recruitment payments for MATP drivers. So, counties will start to receive that funding soon and will be able to pass those bonus payments along to drivers themselves to thank them essentially for continuing to drive for us over the last few years.

>> EVE LICKERS: I think that's it for us. I did see one question that Betsy Holly had asked. Will new parent caregivers be able to utilize the parents as caregivers provision? Yes. I know Sharon Stevens had a question about OLTL. Whether or not they would be able to continue paying parents as caregivers and that would be under the waivers. So, I believe that they will need to be following what provisions are under the waiver. And I think, I don't know if Jamie is still on, but I think that OLTL will provide guidance going forward. So, look for that guidance. Then Deb, do you want us to do bulletins real quick?

>> DEBORAH SHOEMAKER: Yes, please, if you could. And prior to doing bulletins, a reminder, next meeting is Thursday the 23rd. And will be via webinar. Thanks, everybody, for being patient and understanding since we had that opportunity with Secretary Arkoosh, we did not want to miss it. So, I know our public, participation was not as strong as it usually is. Hopefully the information outweighed that. Because we have a hard stop at 12 because of closed captioning. So, Eve, take it away, then we can finish up.

>> EVE LICKERS: Sure. There weren't any pharmacy documents this month. But Pam Machamer-Peechatka will be providing the updates on the bulletins. Go ahead, Pam. I think you're on mute.

>> PAMELA MACHAMER-PEECHATKA: Sorry about that. Good morning, everyone. As Eve said I am Pamela Machamer-Peechatka, I am one of the policy chiefs in the Bureau of Policy, Analysis and Planning. I will review two bulletins issued since the January MAAC meeting. On January 26, there was an MAB issued entitled "2023 Ambulance Fee Increases." That MAB is a reissue of a bulletin issued in 2022. The MAB in 2022 announced the fee increases for ambulance transportation, but two codes were not included. So, we reissued that MAB in 2023 to include those two codes. Fee increases were effective on January 1, 2023.

The second MAB, issued on February 17, is entitled "Coverage of Case Specific Training, Shadow Nursing, for Private Duty Shift Nursing Services for MA Beneficiaries Under 21 Years of Age." It was issued to advise providers that we will now begin covering shadow nursing for private duty shift nursing services provided to beneficiaries under 21 years of age, effective with dates of service on and after January 1. We are using ARPA funds to pay for a nurse to work alongside another nurse or supervising nurse assigned to private duty or shift nursing cases for the purpose of receiving case specific training, guidance, and instruction.

Both of these bulletins can be accessed on the What's New at OMAP webpage or the bulletin search webpage. Of note, there were also two provider Quick Tips issued in the last few weeks related to provider enrollment and revalidation. Those can also be accessed on the What's New at OMAP page or the provider Quick Tip webpage. That's it for this month.

>> DEBORAH SHOEMAKER: Great, wonderful. For the last two minutes I would rather not do subcommittee reports because we can't do it in two minutes. Before I ask to adjourn, is there any old or new business we need for future meetings? I know the next meeting, everyone is used to having the budget discussions usually in March. Since the budget is in March this year because of the extra month that Governor Shapiro has as new governor, we probably will not be having that update until probably April or May depending on the schedule of DHS and when more information is out there. Before I ask for a motion. I will just ask for motion to adjourn. I don't want to be cut off.

>> MINTA LIVENGOOD: I will make a motion to adjourn, this is Minta Livengood.

>> DEBORAH SHOEMAKER: Who cannot end with Minta. When we can end with Minta it's always a good meeting. If I can have a second to adjourn. Laval, I look at you smiling. We will miss you but we're not saying good-bye we expect to see you back. Definitely, our pleasure and we are all better off for knowing and working with you in that fashion. And a motion for adjournment, second?

>> JOE GLINKA: Second.

>> DEBORAH SHOEMAKER: Thanks, Joe. All in favor we can say aye. I think everybody will say aye. But I will take the aye just in case. Okay, aye. I even got a little salute from Joe. So,

thank you, everyone. Have a great day. And look forward to talking and seeing you next month and enjoy the nice weather before it snows next week since that's how it always works out. I'm just guessing. Have a good one, thank you, everyone. Thank you.