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The webinar will begin shortly, please remain on the line.

>> KAREN LOWERY: Good morning and welcome to the January edition of the MAAC meeting. Today is Thursday, January 26, 2023. Happy New Year. Before we begin the meeting, I would like to go over a few items. This meeting is being recorded. Your continued participation in this meeting is your consent to be recorded. If you do not wish to be recorded, you may end your participation in the webinar at any time. To avoid any disruptions, please remember to keep your microphone muted if you are not speaking. Live captioning, also known as CART captions, is available for this meeting. The link is included in the chat. Presenters should state their names clearly before speaking to assist the captioner.

Representing the Department of Human Services today from the Office of Medical Assistance Programs, Deputy Secretary Sally Kozak, from the Office of Long-Term Living, Deputy Secretary Jamie Buchenauer, from the Office of Mental Health and Substance Abuse Services, Acting Deputy Secretary Jen Smith and from the Office of Developmental Programs, Deputy Secretary Kristin Ahrens. If you have any questions related to this meeting or need any information, please visit the MAAC webpage. I will hand things over to the MAAC chair, Ms. Deb Shoemaker. Deb?
>> EVE LICKERS: It looks like she is muted.
>> DEB SHOEMAKER: Did I mute myself again? I'm sorry. I'm saying hello to everyone and I'm talking to myself. I apologize. Welcome everyone. What I was mentioning, that from DHS's perspective we also have Dr. Dale Adair, who is the Chief Psychiatric Officer, that will, I'm sure, present comments with Acting Deputy Secretary Jen Smith. Welcome everyone to the January meeting. Thank you for being on the call. I will go through the list of MAAC members I see. If I miss you, let me know. Jeff Bechtel? I don't see Jeff, but we will monitor that. My name is Deb Shoemaker, I am the Chair. I represent the Pennsylvania Psychiatric Leadership Council. I'm also a parent of a child with mental health needs and former consumer as well. Sonia Brookins?
>> SONIA BROOKINS: Good morning.
>> DEB SHOEMAKER: Cochair and chair of the Consumer Sub. Kathy Cubit?
>> KATHY CUBIT: I am here.
>> DEB SHOEMAKER: We will hear from Kathy later. She is the chair of the LTSS, sorry I messed that up. I'm trying to do too much. Richard Edley?
>> RICHARD EDLEY: I am here, and I wanted to welcome everyone who is here today, specifically Jen Smith, given she is new to the team. You will love this meeting. It's gonna be the highlight every month.
>> DEB SHOEMAKER: Thank you Richard for that endorsement, you are right. Welcome to Jen Smith again. Welcome to the other side of the building or this side of DHS. Next, I will see is Heather King.

>> HEATHER KING: Good morning, I am here.
>> DEB SHOEMAKER: Good morning, thank you. Nick Watsula?
>> NICK WATSULA: Representing UPMC.
>> DEB SHOEMAKER: Deron Shultz? Nancy Murray?
>> NANCY MURRAY: Hi, I am here. Nancy Murray representing Achieva, and my husband and I have adult children with intellectual disabilities.
>> DEB SHOEMAKER: I know I'm going out of order. I apologize. I'm looking as I see them.
>> Mike Grier?
>> MIKE GRIER: Good morning. I am here.
>> DEB SHOEMAKER: Teri Henning?
>> TERI HENNING: Here, Teri Henning with the Pennsylvania Homecare Association.
>> DEB SHOEMAKER: Julie Korick?
>> JULIE KORICK: Good morning. Julie with Pennsylvania Association of Community Health Centers.
>> DEB SHOEMAKER: Kelly? Looks like we have Kelly.
Russ McDaid? Looks like we are waiting on Russ.
Joe Glinka?
>> JOE GLINKA: I'm sitting in the first row. You can see me. Good morning. I'm Joe Glinka, chair of the Managed Care Delivery System Subcommittee (MCDSS) and representing Highmark Wholecare.
>> DEB SHOEMAKER: I know I'm missing some members. I don't like to do that. Bear with me, I'm sorry. Doctor Goldstein? Looks like we are waiting for Dr. Goldstein from the Dental Association. Minta? Waiting on Minta. I think that is it. Am I missing anyone?
>>KAREN LOWERY: No, I think you have called everyone, and we have quorum.
Deb, I believe you muted yourself again.
>> DEB SHOEMAKER: Oh, my word, I'm sorry everyone. I'm gonna get it right. This is so terrible. What I was saying is... I should keep it on unmute almost the whole time. The minutes for the December MAAC meeting are actually enclosed so if anyone would like, I would like to take a motion to approve the minutes as distributed.
>> NANCY MURRAY: So, approved.
>> DEB SHOEMAKER: Thanks Nancy. Second?
>> HEATHER KING: Second.
>> DEB SHOEMAKER: All in favor? Aye please. Any opposition? Or abstentions? We are good to go. Next on the agenda or first for presentations would be Kristin Ahrens from ODP. Deputy Secretary Kristin Ahrens we are ready to go.
>> DEPUTY SECRETARY AHRENS: Good morning, everyone. I know we wanted to do some focusing on unwinding of the public health emergency. I'm going to start with a brief update on our ARPA spending plan activity related to changes in our waivers and then I'll talk about unwinding activity related to ODP.

First with ARPA, ODP has, I think 14 or 15 different initiatives at this point, funded through the ARPA funding, targeting home and community-based services. The one that we have some movement in since last MAAC meeting is we submitted a change to our

ARPA plan. We had leftover funding from the first set of supplemental payments that we made available to providers that was to support recruitment and retention efforts and COVID related expenses. We did that a year ago. We had budgeted $200 million for that and ultimately spent about $155 million. We put out a second set we requested from the feds to put up second set of supplemental payments aimed at recovery and expansion for some selective services, that was approved. The ARPA initiative was approved. Then we submitted it under Appendix K so we could match the funds. That was also approved. So, we got approval for the Appendix K used for the supplemental payments on the 5th of January. We published communication to our providers. For providers of community participation supports, employment supports and supports coordination we have some specific conditions and metrics we published related to recovery, service recovery and service expansion and then specific payments that would be type incentive or outcome-based payments that would be tied to that. We are projecting a total of $40 million in payments for those select services for recovery and expansion.

Since the last MAAC meeting we also did finally get our waivers renewed. If MAAC members recall, our waivers were actually due for renewal on July 1 of 2022. We were negotiating with CMS. There were a number of areas, mostly related to our use of remote or teleservices, that we could not come to agreement. so, while we were negotiating through that with CMS to come to agreement, we had done a couple of emergency extensions. We've settled all the concerns related to the Consolidate Community Living and PFDS waivers which we generally refer to as the ID/A waivers. Those waivers were renewed for an effective date of July 1st. Primary changes on those were related to putting into our base waivers the unwinding provisions for the public health emergency. I will talk a little bit about what some of those look like in the next section of this. Many of these were putting in the base waivers the use of teleservices, teleservices options. We've pulled out remote support as a distinct service definition, that was done. CMS had asked us to do that a while ago. That was embedded within our system of technology service technicians, so they asked us to pull that out and we did that. Then very specifically, around the support coordination one of the things we had a lot of experience with during the pandemic was the use of remote individual monitoring. We included provisions for when remote monitoring could continue occurring into our base waivers.

We also submitted amendments to our Adult Autism Waiver. Those were approved by CMS on the 13th of January. You will see most of the changes parallel the changes I just talked through. We have been, over the last number of years, doing quite a bit of work to try to align services, requirements, rates between the ID/A waivers and the Adult Autism Waiver. Many of those changes were the same, very parallel.

And I will get into the unwinding. The PHE unwinding for ODP. Generally, in terms of Medical Assistance and the renewals, I wanted to note we will be, and have been communicating with our stakeholders related to the required renewals that will start April 1st with the end of the PHE or what we are presuming will be then the PHE. Our primary concern with this is not really that we will have people that will be financially losing eligibility. Our primary concern is that during the pandemic we know there were people

that moved. We know, in our residential program, there were people who moved temporarily, some moved permanently, so there is concern that we have people who may not have current addresses or current contact information on file at the local County Assistance Office. We are meeting with associations and with self-advocacy groups and family groups, we have been trying to really impress on people the importance of making sure updated information is provided to the local County Assistance Office. We will continue to do that. I think that will be our primary need for communicating with stakeholders related to the MA eligibility renewals.

For ODP the primary impact related to pandemic flexibilities wasn't necessarily the PHE itself, the end of the PHE. Most of our flexibilities we used were really tied to Appendix K. CMS has shared that there will be six months after the PHE for states to unwind flexibilities that were allowed through Appendix K. The other important thing to note for any of the Appendix K approved flexibilities is that they are impacted by the maintenance of the effort requirements that came with the state using ARPA HCBS enhanced matched funding. There are flexibilities that we must continue that full six months and we have been doing that and do intend to do that, but that's definitely a parameter the MAAC should understand.

Cataloging the primary flexibilities that we will have been using and will need to unwind. One of those is that we have been paying enhanced rates for community participation supports, which is also, you know when you think of day program, day supports, that is what that really characterizes and transportation. We did publish, last year when we updated our fee schedule, we did publish the rates that will go into place 6 months after the PHE ends. We also employed cap exceptions. Two of our ID/A waivers, the PFDS and Community Living waiver, have annual financial caps. We had allowed exceptions to those for pandemic related needs, and we have been working back with the counties and administrative entities around identifying who will need those to continue post the end of the PHE in that six-month period. We've been working on that we also put into the base waiver that anyone who had cap exception coming into a fiscal year, that cap exception is allowable for that full fiscal year. So, we have already made provisions for that in the base waivers. We have a number of things that we learned through the pandemic that we have included in those base waivers that either the renewal or through amendment. We have a number of teleservices that are continuing. We have included that direct support professionals can support someone in a hospital setting if that's required for them to have appropriate assessment, diagnosis, and treatment while in the hospital. So that will continue, that is now in the base waivers. Then we have some supplemental payments that we have gotten approved through ARPA. Some of the payments will extend past the life of the Appendix K. We've also included those in the base waiver.

There's a number of services where we extended the number of units allowable in a year. Those will end, but we have made provision that in the fiscal year, because it would be midyear, we allowed the provision so that we will be within our Medicaid agreement for the fiscal year that the PHE ends. We also suspended variance requirements. There are requirements for how much time individuals spend in community settings that we have suspended, so we will be making some adjustments related to that. We also suspended

limitations for any accommodation of relatives providing services pre-pandemic t was limited to 60 hours per week for any combination of relatives that was suspended. We will need to reinstate that. Real quickly one that does end when the PHE ends presumably on April 11th is that verbal changes to individual support plans will no longer be allowable. We have to go back to signatures related to that.

Quickly, I will share the communication plan. We have done and will continue to do public comments for any changes to the base waivers, or waiver renewals. We have, currently, a set of webinars scheduled for stakeholders so we will be walking people through all these changes. We do rely very heavily on our LISTSERV. We have funded through a training contract the PA Family Network and the Self- Advocate Network, so we do rely on our partners to get the word out to the family members and self-advocates and obviously working with provider associations as well to make sure we are communicating any of these changes related to the unwinding. I'm happy to take questions or comments.
>> DEB SHOEMAKER: Thank you, Kristen. This is Deb Shoemaker. I'm sure you already have it, but in case people ask, do have a listing on the website or somewhere for those interested in going to a webinar regarding the unwinding or even the public comments?
>>DEPUTY SECRETARY AHRENS: Yes, for all of our trainings, we always send out communications letting people know about the training and I will plug that into the chat so that MAAC members have that as well. Our learning management system which is called myODP.org also has the full calendar of any public sessions, any trainings we are doing. They are all listed on myODP.org.
>> DEB SHOEMAKER: I figured that was the case but since we had everybody here, at the beginning of the year, it's always good to have a reminder. Just for people to know, Laval Miller-Wilson who is the counsel for Consumer Sub, is now on the call. On your end, are there any questions that we have in the chat, whoever is taking the questions?
>> ELISE GREGORY: This is from Andrew Kunka, “Will the recent CMS waiver decisions be posted online?”
>> DEPUTY SECRETARY AHRENS: They are already posted online. If you go to the DHS website and I can put these in the chat as well. There are webpages for each of the waivers and the full agreement and set of changes are posted there. I will put that up there so you can find them easily.
>> DEB SHOEMAKER: Wonderful. I was remiss to ask, MAAC members are there any questions for Deputy Secretary Ahrens?
>> ELISE GREGORY: There are no more questions at this time.
>> DEB SHOEMAKER: Any MAAC members, last chance to ask questions since I went out of order. Thank you. Always appreciate your comprehensive updates. I think then, next up on the agenda is Deputy Secretary Jamie Buchenauer. Are you ready to go Jamie? Happy New Year.
>> DEPUTY SECRETARY BUCHENAUER: Happy New Year to you Deb and the rest of the MAAC members. Good morning. My name is Jamie Buchenauer, Deputy Secretary of the Office of Long-Term Living. I will get into my presentation. I know the MAAC was really interested in the Community Health Choices managed-care organizations vaccination rates

for not only COVID, but also the flu and the shingles vaccinations. We've collected some information from our Community Health Choices MCO's, and we will share that with you today. The other topic the committee was interested in hearing about was the Medical Assistance unwinding. We do have some information to share with you and a lot more information will be coming at the MLTSS meeting next week.

Our Community Health Choices vaccination rates. The first Community Health Choices plan vaccination rate that we have to share with you today is UPMC's. The committee was really interested in seeing the COVID-19 vaccination rates, the influenza vaccination rates, or as I call it the flu, as well as shingles. Obviously UPMC threw another one in there, the pneumococcal, which is just good information for the committee to have. I will caution that each of the CHC-MCO's presented the information in a different way because this was an ad hoc request we asked them for, they all provided the information slightly different. I just want to make the committee aware that you are not going to see the information presented the exact same way by all the plans.

If you look at this, the UPMC presented their total CHC population and then they broke down by fully vaccinated population which was vaccinated initially but not boosted. And then partially vaccinated is another 4% and boosted before September 1st is another 29% and boosted after September 1st is another population there. Some may look at that in the first line and think only 20% of their CHC population was vaccinated for COVID-19 and that is not the case. They broke out how many of their population fell into each of those buckets. If you wanted to know a total number that was vaccinated for COVID-19, you could add up all the populations, just FYI. For influenza you can see they are at 36% and they didn't, obviously, because of their note there, the current annual vaccination season is from September 1 to August 31. They have a total number there. They broke down there pneumococcal for over 65 plus. You can see they are at fully vaccinated 49% and partially vaccinated at 13%. And again, for the shingles which are over 50 plus population you can see the different breakdowns there.

Moving on to the next plan. This is AmeriHealth Caritas/Keystone First vaccination rates. The first two charts they're showing the influenza vaccination rate and the shingles vaccination rate. They broke it down by population in the CHC program. You can see they broke it out by percentage of home and community-based dual, home and community-based non-dual, nursing facility dual and non-dual, and then their NFI population for a grand total population, the percentage not vaccinated, and the percentage of that population that was vaccinated. In grand total for influenza, they have 60% of their population vaccinated, which is a pretty good vaccination rate. Obviously not anywhere near as high a population vaccinated for their shingles population. They are only at .29% vaccinated for the shingles vaccination. Moving on to the COVID vaccination for AmeriHealth Caritas and again they have broken it out by type of population in their CHC program. You can see the percent not vaccinated and the percent vaccinated. The COVID percent fully vaccinated, they're up to over 80% and then their partially vaccinated population is at 7%. Obviously, they did not break it out by the number that were boosted or not boosted. I think they mean COVID fully vaccinated is that population that got that

initial vaccination and were initially vaccinated as fully vaccinated and not boosted, if that makes sense. If you go to the next slide, here they are showing the percentage of population who received at least one of their booster shots for COVID. You can see it's pretty high here at 51%.

Finally, our last plan is Pennsylvania Health and Wellness and they summarized it all on one slide. First set of numbers is the percentage of their population, they have a total at the top of their entire population in the CHC program, and then their percentage with three vaccines, which is fully boosted, two vaccines, one vaccine and then their total percent of the population vaccinated. They also report their flu vaccination rate is at 13.14% for dates of service in 2022. Then the percentage of their population with their shingles vaccination is almost 9%. That's actually since 2020. Moving on to the MA unwinding. Go to the next slide.

This is a summary of what we are doing in the Office of Long-Term Living. Obviously, we are working with the rest of the program offices that are involved in the MA unwinding. We work very closely with the entire Department of Human Services on our unwinding plans. Specifically, we asked our Community Health Choices MCOs to submit their unwinding communication plans to the Office of Long-Term Living. We asked for detail on how they will communicate an outreach to their members, specifically the members that are at risk of losing eligibility once we begin the unwinding activities. They have submitted those communication plans to the Office of Long-Term Living. We have asked them, at the February 1st MLTSS meeting next week, to do a full walk-through of their communication plans to that group and answer any questions that stakeholders would have on their specific communication plans. I hope that's helpful. We will be going over that in detail next week so if you are interested, please join our February 1st MLTSS meeting.

The other piece of information we wanted to share is the numbers of individuals impacted in the Community Health Choices program. These numbers were shared. My understanding is they were shared at the IMAC meeting. We shared them with the Community Health Choices MCO's. These were members as of December 4, 2020, so they are a little dated at this point. We wanted to share them with you, so you have a sense of the impact to our Community HealthChoices MCOs and to our program in general.

AmeriHealth Caritas/Keystone First, there are over 41,000 individuals that are maintained despite not meeting eligibility criteria or despite failing to complete the renewal process. So, in total in their entire population, over 41,000 individuals are potentially impacted. Then we break the numbers down from that larger number. 14,755 individuals were maintained despite not meeting eligibility criteria. 1,498 of those individuals were in CHC with home and community-based services. 578 of those individuals in CHC have a facility code which indicates they are in a skilled nursing facility. And 12,679 of those were NFI duals. That was the first group of individuals. 26,832 individuals had not completed the renewal process, meaning they needed to return their redetermination back to the County Assistance Office to continue eligibility. 8,619 of those individuals were in Community Health Choices with home and community-based services. 2,727 of those individuals were in a skilled nursing facility. And 15,486 were NFI duals. Moving to the next slide.

To save some time I'm not going read the numbers for the other plans. You can see them on the screen and obviously you can see a large number of the CHC participants impacted for each plan and why going over the Community Health Choices communication plans and what they are doing to interact with this group of individuals is so critical to help these individuals maintain eligibility as public health – – as the MA unwinding activities begin. Obviously, we will have a year to communicate and outreach to these individuals and work with them to maintain their eligibility. Not all of them will lose their eligibility at one time, but obviously our CHC-MCO's have this information, they know who the individuals are, and are working with them and can be working with them now in order to maintain their eligibility. You can see Pennsylvania Health and Wellness's numbers up there on the screen and then the next group is UPMC. They have 34,726 individuals. I wanted to share these numbers with you I think we've been asked for them in different venues I wanted to share them with the MAAC, so you understand, along with Community Health Choices MCO's, how large of a group that our CHC-MCO's are working to communicate with and maintain eligibility. Excuse me. With that, that is the information that I have to share with the MAAC. I'm happy to take any questions that anyone has.
>> DEB SHOEMAKER: Jamie, I hope you feel better. Do we have any questions for MAAC members?
>> TERI HENNING: This is Teri, I want to say too, I hope you feel better Jamie. Thanks for sharing the numbers. We have not participated in some of the other meetings where they have been shared. This is important information, and we will continue to work with our members to try to help in any way we can, so thanks.
>> JOE GLINKA: It's Joe Glinka. I have two questions.
>> DEB SHOEMAKER: Okay Joe.
>> JOE GLINKA: I wish I could send you some chicken soup electronically. That's not possible, even in this day and age. Couple questions. With respect to the vaccination rates, will OLTL, this is an ad hoc request as you described it, will there be request for any drill down of the aggregated data by zone or age or ethnicity to identify any disparities in vaccination rates?
>> JAMIE BUCHENAUER: We have not asked for that information to date. What we've talked to our CHC-MCOs was obviously about the importance of providing information and scheduling vaccinations, any type of vaccinations, obviously, if members are eligible – – if members are interested in being vaccinated. Obviously working with primary care practitioners around educating the importance of vaccination and offering it. We can definitely ask for some additional data in terms of drill down, but we have not to date.
>> JOE GLINKA: The other question I have, with respect to redeterminations, it's our understanding that for those individuals who are enrolled in SNAP, that the redetermination date will be determined by their SNAP renewal date. In the case of duals, how would a D-SNP plan be able to obtain the SNAP renewal data from OLTL in their efforts to help in the information flow for redeterminations on the Medicaid side?
>> JAMIE BUCHENAUER: Joe, I have to check back with, you know, obviously if they are a CHC plan and D-SNP plan they would have that information. For our underlying D-SNP's

I'm gonna have to check back and see how we can provide that information.
>> JOE GLINKA: That would be terrific.
>> DEB SHOEMAKER: Thanks Joe. Does any other MAAC members have a question?
>> KATHY CUBIT: This is Kathy Cubit. I want to thank you too Jamie and send you wishes to get well soon. It's more of a comment. I just want to thank you and other DH staff and the plans first on the work on the vaccinations. We all know that they work to prevent disease and premature death and getting back to some of Joe's point, the more we can educate and support these efforts to get the numbers up, I think it benefits all. On the unwinding, I also want to thank, I know there is a lot of people at DHS spending time planning. This is going to be a massive undertaking with just the sheer numbers and the fact that so many have never been through this process. I would just like to hope that anyone that's listening, I know a lot of the subcommittees are working on this as well, to support the efforts that DHS is undertaking to make sure people are aware of what's going to be happening, the importance of responding and taking action to complete the renewals in timely ways because we know there are people that will inevitably lose their coverage, and are still eligible. The more we can work together to minimize that I think it works to the interest of all. Thank you.
>> DEB SHOEMAKER: Thanks Kathy.
>> ELISE GREGORY: Deb, we do have a question in the chat. It's from Mr. Jeffrey Isman. Yesterday during the Consumer Subcommittee, Jamie, you mentioned a number of family members or other types of caregivers for CHC waiver not permitted under traditional rules that were reimbursed during the PHE. Can you tell us how many family members or others functioning as caregivers, if any, who would no longer be paid caregivers post pandemic for both the OBRA waiver and Act 150? Thanks.
>> JAMIE BUCHENAUER: To provide a little bit of background information for the rest of the members of the MAAC, at the Consumer Sub yesterday, we walked through our Appendix K current flexibilities for both CHC and our OBRA waiver and the fact that the Office of Long-Term Living is looking to end our Appendix K waiver flexibilities as of April 30th of 2023. I know Kristin just talked about the Office of Developmental Programs' Appendix K flexibilities and the fact they intend to keep them in place, most of them in place until the end of the public health emergency or six months after the end of the public health emergency. The OLTL has evaluated our Appendix K. We've talked to stakeholders including the Consumer Subcommittee of the MAAC, as well as the MLTSS to talk about the existing flexibilities that we have and the fact that it's in our best interest, in our participants best interest, to end the flexibilities on or around April 30th. One of the flexibilities allows spouses or those with legal responsibility for a participant to be a paid caregiver of personal assistance services under our Appendix K. That is something that is not available in our waiver programs either OBRA or the CHC program or Act 150. We did put it in the Appendix K and allowed spouses or other individuals that are legally responsible for those participants to be paid caregivers during the COVID-19 public health emergency. We have 22 individuals that are using that flexibility right now that we are monitoring and obviously when he Appendix K ends, they would lose that ability to be paid

caregivers.

Jeff, to answer your question, my understanding is that there are no OBRA waiver participants currently utilizing that flexibility. Randy Nolen and I, we had a conversation on this yesterday, and he was checking on it, but at that time he did relate that he didn't believe there were any OBRA waiver participants, he was going to check into that. We do know who the 22 participants are, the process was that if they needed that flexibility, they had to have it approved by the Office of Long-Term Living and it had to be COVID related. It just couldn't be because you wanted your spouse, or you wanted your legal guardian to provide the care. It had to be COVID related. So, we did have a process in place to specifically approve all of those requests, so we know who the 22 individuals are, and we've given direction to this CHC-MCO's who obviously know who those participants are as well, to start working to find caregivers for the number of hours that the legally responsible party was providing care. I'm sorry for the very long explanation but I thought it needed a little background as well.

>> DEB SHOEMAKER: Thanks Jamie. I'm trying to see if I see anything else. For the sake of time, I think if there's any other questions, we can try to attempt to still put them in the chat and try to get answers prior to the next meeting but thank you so much Jamie. Hopefully now you can take a little nap.

>> JAMIE BUCHENAUER: Thanks everybody, take care.

>> DEB SHOEMAKER: Next on the agenda, I'm excited again to say welcome, welcome, welcome to Acting Deputy Secretary Jen Smith. I know her from the DDAP side working with the Psych Society in the past, so welcome. Thank you for hitting the ground running just 8- or 9-days in. So take it away and we're excited about hearing your updates.

>> DEPUTY SECRETARY JEN SMITH: Can you hear me okay?

>> DEB SHOEMAKER: Perfect.

>> DEPUTY SECRETARY JEN SMITH: Hi everyone. As Deb so kindly said, I am Jen Smith, the Deputy Secretary for OMHSAS but that's probably only the second time I've said that. I think I managed to do it without botching anything. Deb mentioned that prior to this role, I had been working in the Department of Drug and Alcohol Programs for the last seven years. I started there as the Deputy and was the Secretary for the last six years or so. I have a significant knowledge about substance use disorder and prevention, treatment, and recovery in that space. I, however, don't have much background on mental health programming, nor do I have a very detailed knowledge of our Medical Assistance program. While I've been in state government and working around this space for a long time, I really do have a lot to learn. I'm very happy to be with you all today. I am listening and learning from the other Deputies who were presenting. But I will turn things over to Dr. Dale Adair, whom you all are extremely familiar with. Dale is going to cover the content on the slides today because I fear if I were doing it, I would probably be reading and that's not fun for any of us. I'm going to let Dale go ahead but I am on the call and my hope is certainly to be the one presenting this information to you at the next MAAC.

>> DR. DALE ADAIR: Good morning. Dale Adair, Chief Psychiatric Officer for the Office of Mental Health and Substance Abuse Services. I want to say Happy New Year to all of you.

This is the first MAAC of the year and I for one am very happy that Jen Smith has joined us. With that, let's go to the next slide.

There are really three primary areas I'm going to provide an update on. I will start with 988, and I will tell you within the slide is a link to Vibrant. Vibrant is the program administrator for the suicide and crisis lifeline. If you go to that link, you can actually see not only Pennsylvania's in state answer rate numbers, but it details all states and territories that participate in the program, there in state answer rate. I'm going to give you a little more detail that is actually not within the slide. While you could probably figure this out and looking at the monthly comparisons, I'm actually going to verbally give it to you because one of the questions I frequently get is what kind of increase, if any increase, have we seen since the 988 officially launched in July.

If you listen to national reports, they have seen roughly a 40% increase since July. Here in Pennsylvania, let me back up a second. Our in-state answer rate for the last two months, that would be November and December, has been at 82%. Remember the stated goal by SAMHSAS is for states to be at 90% within this year and we are working to end up reaching and hopefully exceeding the 90%. Most states that have not reached 90%, there is a common theme, and that has to do with staffing. We have seen an increase in calls. If you look at the data comparing December of 2021 to December of 2022, which is the last set of data that I have. January's data will not come out until the middle of next month. During that time, comparing December 2021 to December 2022, we in Pennsylvania have seen a 26% increase in calls. The high, it's actually interesting when you look at it, in July there was an increase compared to the previous months. When it went live, we saw an increase. I will tell you that a lot of the increase were individuals calling in to see if the line actually worked and if somebody would answer. We saw that in Pennsylvania and that was actually seen nationally as well. But there has been, overall, there's been a consistent increase. The high was in August and, compared to December, that was a 37% increase in calls. Since then, the calls of actually come down. So, from August to December, we've seen an 8% decrease in calls coming into the state. But overall, a 26% increase.

As far as text, currently Pennsylvania does not participate in the suicide and crisis lifeline. Pennsylvania does not – – we are not currently taking in-state chat and text function.\ We are moving there. We have two call centers that have long since participated in the national chat and text function and they are gearing up their staffing so that we can start to take them within Pennsylvania. That has been the stated goal of SAMHSAS, they want states to be able to chat and text in-state. There are only a few states that are actually doing it at the current time. I anticipate by the end of this year that we will be taking it in-state. We still do have the crisis text line that does chat and text for us here in Pennsylvania, but that's different from the suicide and crisis lifeline. Let me give you some numbers for it. Comparing December 2021 to December 2022, there was an increase of 280% in text that originated from Pennsylvania. The high occurred in October. That represents 712% increase over December 2021. As I stated with the calls, from the high in October to December of 2022, there was a subsequent decrease, and it was 53% decrease. But overall, texts to the line are up. And then for chat, same comparison. December 2021

to December 2022, it was a 27% increase. The high was in November. From December to that time November that represents 272% increase. Similar to what I've stated before from the high to December, so from November to December, there was a decrease that represents a 66% decrease in chats that came in. Number wise that is what we have seen.

I should also tell you that Vibrant has been working on their technology and doing updates and attempting to correct some of the data. Sometimes there's a discrepancy between some of the data that Vibrant gets versus what the call centers have as them having received. They continue, between Vibrant and SAMHSAS, they are looking at this issue and trying to resolve it because we want to have the best data possible. When they made those changes, I think every state saw a decrease in their in-state answer rate. As I said before, the last couple months, we have held steady at 82%. That's the specific 988, at least call text and chat part of it.

Behavior Health Commission update there's really not a lot update on this. I believe you all are aware that in October, the Behavior Health Commission submitted a report to the General Assembly, and we are still waiting to hear from the General Assembly on what action they will take on the recommendations made. I have not heard anything since they been back in session, but hopefully we will hear something soon.

Then on crisis services regulation, we've been working on the crisis regulation. There were unpromulgated regulations that were drafted, I think in -- 1993. Really the goal of the regulation is to align what we are doing with the national standard in what's considered the best practice where we can ensure that the individuals in need, individuals going through behavioral health crisis, will be able to have their needs met and have someone available 24/7, 365 days a year. The regulations lay out some requirements. There's been a lot of discussion around the staffing piece because in order for mobile crisis to go out, a recommendation has to be made by a mental health professional, and while that is in the draft regulation that's actually been part of our State Plan for some time. It's nothing really new. We are working on mechanisms to help providers be able to meet that.

The big question is that I think is on the back of everyone's mind that we are frequently asked is about sustainability. I think generally speaking, there are three broad buckets that I typically talk about to help pay for the system transformation that we are looking to undergo. One is the Community Mental Health Services Block grant. There was talk about SAMHSAS putting in a requirement as far as increasing the percentage of the block grant that would need to be spent on crisis. They have not moved in that direction. I think the last was at 10% there was talk about it going higher. As far as what we spend with the Community Mental Health Services Block Grant, we are well above the 10%.

The second bucket is Medicaid, and we are working to maximize Medicaid dollars as much as we can within the space. We have been working on rate development for the crisis services, for the crisis mobile teams, for medical mobile, for walk in centers, and crisis stabilization units. We are working with consultants on coming up with appropriate rates that we think are appropriate. More to come as those rates move through the approval process.

The third bucket is telecom fee. The federal legislation that established 988 allows states

to enact a telecom fee to pay for crisis services. There has not been much of an appetite in Pennsylvania for such a fee, at least to this point. I will tell you that while all states have had discussions about it, there are actually only five states that have legislation approved fees for crisis services. I expect there to be more discussions about whether or not we have a fee, whether or not it's a general appropriation, etc. throughout probably the next year if not longer. I do believe that the fee development we been working on will be very helpful within the space.

The last thing I should say about that is the federal government, specifically SAMHSA, has been pushing out grants to cover crisis services with the last Consolidated Appropriations Act, or OMNIBUS Act, whichever terminology you want to use. There is significant money within that deal geared toward suicide prevention and towards crisis. What we do not know is how and when it will be pushed out. In the , when SAMHSA has had funds come to them for this, they have done it through some grant mechanism. All of you can rest assured that whatever SAMHSA puts out for crisis that we will submit - whether it's application, whatever mechanism they want from us, whatever vehicle they want from us - we will submit in order to be in line to receive funds that should come to Pennsylvania. Next slide.

A big piece of the crisis work is around the workforce and two very important components of that are the Certified Peer Specialists and Recovery Support Specialists as well as Licensed Bachelor Social Workers. We are working on a certification program with Temple University that will enable people to have a certificate in crisis that we think will help with the number of individuals who are interested in working within this space. We are working hard to try to establish pipelines if you would, to help with the workforce issues. One other thing we are working on is with our partners at Thomas Jefferson, we are doing interviews of staff who work in the field, within the crisis field. Those interviews would end up being posted on social media on Pennsylvania’s Prevent Suicide PA site because the belief is that individuals who may have interest in this work, or may not believe they have interest in this work, but then sees someone who's doing it and talking about what it means can help stimulate interest. That is kind of where we are, and I believe that's the last slide.

>> DEB SHOEMAKER: Okay. I was going to say, we will take a couple questions from MAAC members and quick in the chat being respectful of time, knowing our closed captioning is over at 12:00 PM. Do we have any questions for MAAC members?

>> RICHARD EDLEY: This is Richard Edley. A quick comment and one question. The comment is on the BH Commission. I think your statement is correct. It's been really quiet. Part of it, as we know, is because the house is sort of in turmoil and not really in session until the special election things like that. It’s understandable. But it's noticeable that as we've had discussions with different staffers and legislators, they have sort of moved on. I think it's up to all of us involved to not let people move on and get it somehow rolled into new initiative and it disappears. It’s millions of dollars that were allocated and I think that we have to lobby that something needs to be done with the report. I just wanted to echo what you are saying, it's quiet and noticeably so. The second thing, which maybe is for a

future meeting or different meeting, but I wanted to comment that one of the things I think that is problematic with our crisis system and maybe it's this way in every state is that it's kind of confusing. If I were a legislator who really didn't know the system, I'd hear there's a 988 line, suicide line, there's federal funding and pieces in regs and state initiatives, there's county funding, that's part of the BH commission, crisis professionals, the BH-MCO's are supposed to be funding crisis, it seems like an interwoven intricate system that's very, complicated, and I don't know Dale if you had a comment on that or does it just seem more complicated than it really is?
>> DR. DALE ADAIR: Yes and no. One of the things we are working on, and I will just say this quick, and we can touch on this in another meeting because I know we will be running up against time. One of the things that we've done is to push out basically funding opportunities to counties for counties to bring everybody to the table. That is law enforcement, all the significant stakeholders within the counties or the regions to have these discussions. I think we've done a number of different things around trying to educate people around the crisis system. I think we will be looking at potentially doing some further educational pieces including with folks within the General Assembly and other areas. It is to try to make it simpler for people to understand. But I do appreciate your comment.
>> DEPUTY SECRETARY JEN SMITH: Richard, this is Jen, I just wanted to hop in. I know we are over time, but I think your point is really well taken and I was just emailing Dale about this very subject yesterday about the need for us to have some kind of clear way of communicating how all of these things relate to one another. Something very simple, kind of a one-page something or other that shows the distinctions between 988 versus crisis versus suicide, people use terms interchangeably that aren't really interchangeable, there are two separate things or maybe a small part of a larger something. We are going to work on that for sure and would welcome, once we've got something drafted, would welcome some input from you and others on the MAAC to help us parse out whether or not it makes sense to people who aren't as close to the work as we are. Thanks for those comments.
>> DEB SHOEMAKER: Thank you Jen. That's a great idea. Simplification and making sure everyone is on the same page with terms is always wonderful.
>> JOE GLINKA: Thank you Deb. I have some questions but for the sake of time I will present those questions at the MCDSS meeting.
>> DEB SHOEMAKER: Okay, wonderful. Any updates to the questions maybe we can circle back at the next meeting or have something that people can find out about those things because I'm sure they are of mutual interest. Anything else from MAAC members quickly or chat quickly?
>> ELISE GREGORY: There was one question on the line asking if there has there been any work to locate callers on 988 without using the area code on their cell phone. There is some concern about the person not being physically located in the area of their area code. That's from Lloyd Wertz.
>> DR. DALE ADAIR: Lloyd, appreciate the question. I'm going to assume you are talking about geolocation. The FCC continues to work on where we are going to go with geolocation, however, what's been raised has been significant concerns about

confidentiality. That, I believe, is the underlying issue which is holding it up.
>> DEB SHOEMAKER: Thank you. That would be something we are interested in hearing in the future. You are right. The balance is always very delicate. I definitely look forward to continued discussions on 988, on the Behavioral Health Commission, which everybody does agree we need to get moving and advocate for that we don't want to lose that $100 million. Thank you, Jen, thank you Dale and we look forward to future discussions. You are always welcome, we always like having you. Jen, you are welcome any meeting, and more than that. Sally, if you are Gwen is available, we are a little bit late, we will hopefully catch it up in the subcommittee reports. Do we have Sally ready? Anyone from OMAP .
>> DEPUTY SECRETARY SALLY KOZAK: I'm sorry I'm talking on mute. I've only had three years to learn this. I need more time. Can you hear me now?
>> DEB SHOEMAKER: Yes, perfect. I did it too all morning.
>> DEPUTY SECRETARY SALLY KOZAK: Sorry about that. I have a few updates here I can go through fairly quickly because I think most folks have already heard them. And then we have the COVID data and then Nicole will talk about CHIP IT transitions. I will try to rush along so that we can play catch up a little bit. If I start talking too fast, somebody holler at me.

As folks are aware, we have a new Acting Secretary for the Department of Human Services, Dr. Valarie Arkoosh. Some of you might know her as previously being the Chair of the Montgomery County Commissioners. Some of you might also know her as the practicing obstetric anesthesiologist in the Philadelphia area. We have arranged for Dr. Arkoosh to come and attend one of the meetings. You should expect that you will be able to meet her in late February, beginning of March, depending on her schedule and budget hearings. The only other update I have for you, you all met Jen, the new Deputy for the Office of Mental Health Services. Inez Titus the Deputy Secretary for the Office of Income Maintenance has retired after many years of service and well-deserved retirement, and we are going to miss her. Scott Cawthern, who was the Chief of Staff for the Office of Income Maintenance, has moved into the Acting Deputy Secretary role. Those are the significant staffing changes within DHS.

The federal public health emergency extension, I'm sure people are already aware, that on January 11th, Secretary Becerra renewed the federal public health emergency for another 90-day period. The renewal is set to expire on April 11th of 2023. Should it be extended for another 90 days, we would expect to receive that notice on February 10th of 2023, because the feds have committed to states that they will get 60 days advance notice. I know there are a lot of rumors out there everywhere as to whether or not the PHE is going to be extended or whether it's going to end, but we will know that by February 10th. I wish I had a magic wand to be able to tell you, but I don't. Questions about that?

Let's talk about the Consolidated Appropriations act of 2023, which was signed into law December 29th. We are currently evaluating the specific provisions in the act and are having internal conversations about what that means for our programs. We recognize that the act has impacts to Medicaid such as behavioral health as well as our CHIP program and a few other areas, income maintenance and eligibility in particular. The act makes

permanent the 12-month postpartum eligibility which we actually had already implemented in April 2022. It also mandates twelve-month continuous coverage for beneficiaries under the age of 19, starting in January 2024. This mandate applies to both Medicaid and CHIP, however, I will say this is not new for CHIP, as it is already the way that they handle eligibility in that program. As for the Medicaid individuals, we will implement this in a manner similar to the previous implementation of continuous eligibility for children. Most recently in 2018, we did expand the continuous eligibility up to age 4 so we feel that this time that the process will be the same as what we previously did.

The act also the delinks the Medicaid continuous coverage requirements from the COVID-19 public health emergency. The continuous coverage provision ends on March 31st of this year and states can begin to disenroll individuals as of April 1st of this year. However, states can choose to begin processing re-determinations the month before, the month of, or the month after continuous coverage provisions end. What this means for us, is that states can start processing redeterminations in February and can take up to 12 months to initiate redeterminations. For us, we will begin to initiate the process in March for April renewals, and we will be running exparte renewals in March. For renewals that cannot be done exparte, a renewal packet will be sent with an April due date and so the first closures for us can start in April. However, since there is a 15-day closure notice requirement, we will most likely begin to see these closures in May.

As part of this redetermination and closure process, one of the ways the MCOs can assist us is by ensuring the addresses are up-to-date and we have provided guidance to the MCOs which outlines the process they can use to alert the Office of Income Maintenance about updated contact information and for the Income Maintenance Caseworkers to be able to act on those changes in the system once the MCO has confirmed the new contact. I share that because that is something folks have been asking us for a while now. That's where we are with the Consolidated Appropriations Act and what our initial walk through of it means. Questions about that?

>> DEB SHOEMAKER: This is Deb. I have one quick question about that. I assume probably you address that at Consumer Sub yesterday. Ensuring that consumers were a part of the communication or will be part of the communication when people are getting information about the redeterminations, I want to make sure nobody misses deadlines or anything or falls through because of that.

>> DEPUTY SECRETARY SALLY KOZAK: I'm sorry, I'm not sure what you are asking. Consumers will all be getting notices if that's what you are asking. I know OIM has been working with IMAC and other stakeholders on making sure that the communication messages that were being put out. Is that what you were asking?

>> DEB SHOEMAKER: I am. I'm just making sure it's understandable to people because I think people are going to get confused and any information that can be provided to either stakeholders who can inform providers that look out for these things or whatever the case may be. I just always want to make sure we have clear communication, so people understand it because they've been so used to not having to do this and now it's kind of new and I don't want people to wait to the last minute.

>> DEPUTY SECRETARY SALLY KOZAK: Absolutely. I appreciate that. There is an internal communications workgroup and I know it consists of many stakeholders. Our Office of Income Maintenance has been leading that. I know they've been working with IMAC have done some presentations. I know they were here a few months ago and talked about some of the work they were doing. We can certainly ask OIM, which is leading the communications initiative, to present to the MAAC next month if you would like.
>> DEB SHOEMAKER: I can ask Laval and Sonia as well. I don't want to recreate it, but if it's something that would be beneficial, we could see on the calls if that would be a good thing that might be helpful.
>> DEPUTY SECRETARY SALLY KOZAK: We are happy to do that. We are aware of the sensitivities around the multiple communications that will be going out.
>> KAREN LOWERY: Sally, you're on mute.
>> DEPUTY SECRETARY SALLY KOZAK: I'm not sure where or how I got muted. What I was saying, Deb, if you'd like we can have OIM come to the February meeting and present on this. We are aware of the sensitivities around multiple communications that are going out and the need for clarity in what we put out there.
>> DEB SHOEMAKER: Wonderful, thank you. That sounds good. I won't hold anybody out. You can go back to vaccination rates.
>> DEPUTY SECRETARY SALLY KOZAK: Okay. If we can have the first slide on vaccination rates, please. Before I start talking about the numbers, I just want to put a caveat out there. The data that we are showing you in the following couple of slides is as of September 2022 and it is based on matches to the Department of Health dataset. The Department of Health dataset does not include Philadelphia. These are not represented – – let me rephrase that, they are not inclusive of the entire Medicaid population. The number of MA eligible beneficiaries aged 5 and over as of September 2,584,838. Of the eligible MA beneficiaries there were a little over 1.2 million who received a COVID vaccine. 629,380 received the required number of vaccine doses that were recommended and are considered fully vaccinated. 397,391 were fully vaccinated with a booster, and 176,588 were partially vaccinated. You can see the percentages of what that equals over on the side. 24% of the population that we were able to count, were vaccinated, 15% were fully vaccinated, 6% were partially vaccinated. Can we have the next slide please?

Here you have the chart of breakouts by age groups. As you can see, in the age group 5 to 11 17.9% were vaccinated. Age group 12 to 17 it was 35%. 18 to 30 is 44.9%. 31 to 50 is 46.7%. Ages 51 to 64 was 65% and 65+ was 80.6%. Again, I will just remind folks that this is from the individuals we were able to get matches on the Department of Health database, which does not include Philadelphia. It's not the entire population that we serve. Can we have the next slide please?

This just shows the breakout by gender. 48.7% of females were vaccinated and 44.1% of males were vaccinated. Next slide. This is the breakout of individuals by managed care plans that were vaccinated. As you can look at the numbers, you will see they are fairly consistent across all the plans. We go from approximately 44% up to a high of 48%. I will just leave that slide there for a second so that people can take a minute to look down the

list. Can we move to the next slide?

This slide represents the percentage of MA eligible beneficiaries, based on the data match we were able to do, who were vaccinated for each race group. You can see for white it was 47.1%. For black or African American, it was 41.2%. For other or unknown it was 44.1%. For Asian it was 74.9%. For American Indian or Alaskan native, it was 39.1% and for native Hawaiian or other Pacific Islander, it was 45.6%. You can see the actual number of members we were able to match and the vaccination count. Questions about that?

That is all the data that we have on COVID-19 vaccination. Clearly there is opportunity for people to still continue to get vaccinated. Our managed care plans continue to put the message out there. I know the Department of Health continues to put the messaging out there at the statewide level. It is something that we have not just given up on. Questions?

I'm going to guess that perhaps after folks have time to actually take a look at the slides once they are posted online and digest the information a little bit more that there might be additional questions. We will be happy to go back and revisit and answer any of them if that's what folks would like.

>> JOE GLINKA: Sally, it's Joe Glinka, can I indulge and ask a question?

>> DEPUTY SECRETARY SALLY KOZAK: Absolutely.

>> JOE GLINKA: I just want to make sure I heard it correctly with respect to the timing on redeterminations that the normalization of the process is going to commence in March for April renewals? And impact standing probably May, is that correct?

>> DEPUTY SECRETARY SALLY KOZAK: We will begin to initiate the process in March for April renewals, which means that we will run the ex parte renewals in March. For renewals that can’t be done through ex parte, a new packet will be sent with an April due date. In theory, the first closures can start in April, however, because there is a 15-day notice requirement, we anticipate that we will likely begin to see those closures in May. Yes, the dates you gave are correct. We will start in March, and we anticipate seeing any initial closures in May.

>> JOE GLINKA: Great and then as far as the flow of information to consumers, obviously the MCO's are heavily involved as is the Department. The timing on that communication should be now or February at the latest, correct?

>> DEPUTY SECRETARY SALLY KOZAK: I have not been really close to the workgroup that's been working on the communications. I don't want to give you a definitive timeframe only because I don't know for absolute certainty. But we can certainly find that out and get back to people.

>> JOE GLINKA: That would be great. I think there might be plans still waiting for approval of the communication plan, we just want to be timely as a managed care community to reach out to respective members to the extent that we can.

>> DEPUTY SECRETARY SALLY KOZAK: I know you guys have been part of the workgroups. I know Gwen has been on the workgroups. I don't know if Gwen or anybody from OIM is on to answer that question. If so, maybe you could raise your hand and we might be able to unmute you.

>> GWEN ZANDER: This is Gwen. The communications remain in review by the

communications workgroup. When I say the workgroup, I mean the Department's internal workgroup that includes OIM staff, press and communication staff, and program office staff.
>> DEPUTY SECRETARY SALLY KOZAK: Thanks Gwen. Other questions? Okay. Let me just mention about CRNA's and then I will go ahead and let Nicole talk about the CHIP IT transition. For CRNA's, there have been requests from them, as well as the anesthesia departments of the hospitals, to allow us to directly pay Certified Registered Nurse Anesthetists. Currently, our regulations only recognize anesthesiologists. Historically, we have granted secretarial waivers under extraordinary circumstances to the rural hospitals to allow the CRNA's to be paid directly when the anesthesiologist is not on-site to supervise. After careful consideration and review, we will be adding CRNA's to the Medicaid State Plan so they can be paid directly for rendering the anesthesia services that they are already providing, which is a practice which is allowed within their scope of practice. We will be issuing an MA bulletin and we are in the process of amending the regulations to reflect this change. I know for some of the MCO's that has posed some billing hurdles. I hope this will address that as we move forward. Unless folks have immediate questions for me, I'm going to go ahead and let Nicole Harris talk briefly about the CHIP IT transition. If you think of additional questions between now and the end of her review, I will be happy to answer them.
>> NICOLE HARRIS: Good morning, everyone. Can you hear me?
>> KAREN LOWERY: Yes, we can hear you.
>> NICOLE HARRIS: Thanks Karen. Good morning. I'm Nicole Harris. I serve as the CHIP Director. I'm here to give a brief overview of the CHIP IT transition. I wanted to start with a little bit of CHIP history. CHIP was established in the Pennsylvania Insurance Department in 1992. It became a model for the federal CHIP program. In 2015, CHIP was transferred from the Pennsylvania Insurance Department to the Department of Human Services. Later in 2019, CHIP became a part of the OMAP family under the direction of Deputy Secretary Kozak.

The CHIP IT transition will merge MA the CHIP eligibility into one system, making it easier for families to apply, renew, and report changes to a single entity. This also gives us the opportunity to identify other benefits that may be available for CHIP families. After the transition, CHIP families will have the same functionalities that MA families have including the use of COMPASS to report changes and upload documents, receive electronic notices. They can use the myCOMPASS mobile app to report changes and upload documents. For families that have both CHIP and MA services, they only need to report changes to one office now. One thing we are really excited about for our families is that there is no wrong door to apply or renew for the CHIP services. Families are still able to apply to their MCOs. All the CHIP MCOs are COMPASS community partners. They can apply directly through COMPASS, they can apply at the CAO themselves, or they can call in. The CHIP MCO's will continue to collect and process all premium payments for families and continue to administer all the same health insurance benefits they do today. Some of the messaging includes "same CHIP, just a new process". We think is a benefit for families. We have been

able to adjust some long-standing pain points for them and we are really excited for this to roll out. Our go live date is April 1st. If there are any questions, please feel free to ask.
>> DEB SHOEMAKER: Thank you, Nicole. Unless we have a pressing question, I am trying to be watchful of time and we will do better in the future meetings because of the closed captioning. Does anyone have a really pressing question for Nicole and thank you Nicole. This is great information. As we continue to get information about transition, we always appreciate that.
>> TERI HENNING: Hey Deb, this is Teri Henning. I was wondering if I could ask Sally a quick question.
>> DEB SHOEMAKER: You can ask her a quick question.
>> TERI HENNING: Thanks. It's about the shadow nursing bulletin. We are very appreciative of it. Obviously, providers are excited to begin use of it, but they did hear from an MCO this week that MCO was waiting for further guidance or "formal communication" from the state about how it would be implemented. I didn't know if there was more communication coming, or what providers should expect, and I just wanted to raise it while it was fresh.
>> DEPUTY SECRETARY SALLY KOZAK: Let me circle back with Gwen so we can reach out. I'm not sure we've gotten questions from folks on that. But let me reach out and we will get back to you.
>> TERI HENNING: Thanks a lot.
>> DEB SHOEMAKER: Thank you for that good question as well.
>> ELISE GREGORY: We have two questions in the chat. I could send them to Sally after. What are you feeling time wise, Deb?
>> DEB SHOEMAKER: We have 17 minutes to get the rest of our business going. Unless they are pressing questions I would say if we can get them to Sally and we can always report back at the next meeting if that works for everyone.
>> ELISE GREGORY: That should work.
>> DEB SHOEMAKER: Perfect, before I forget, Russ, former chair Russ McDaid is on. He had a conflict that got him here a little bit late. Hopefully he is still on, thank you Russ. Thank you, Sally. Thank you, Nicole. If we put the agenda back up for sake of time, I know we are at subcommittee reports. If I can move it around, I would like the MLTSS if they go first. Mike because of the fact that there was a potential motion and some discussion. I want to make sure we don't miss Mike and then we can keep moving. I can tell you for Fee-For-Service Subcommittee we are not meeting until the eighth so I will be giving my time up. It looks like LTSS might as well. If you want to go, Mike, a little bit out of order, I appreciate that.
>> MIKE GRIER: Thank you. Thank you to the members of the committee. You had received from me, through Deb, an email about a motion that I was thinking I was going to be presenting to you today. I'm going to pull that back a little bit. I'm going to get clarification from the MLTSS committee and then bring it back to you guys. There's been some questions on it that I want to get clarification from the committees on before I present it to you guys and I want to make that clear, so we won't be having a vote today. Deb, if it's okay I can go right to what we did at the last MLTSS meeting.

We had Jamie present updates on the Act 54 payments that were sent out for the enrolled Medicaid providers. She also spoke about the American Rescue Plan and specific to home and community-based services regarding the Quality Improvement funding. At the end, she was speaking about an agreement which had been signed by all the CHC-MCO's and will be posted on the Office of Long-Term Living website once CMS has approved and received the revamping of appendix K.

We had a presentation by John McFarlane representing all of the MCO's. He presented on the basics of how the CHC participant received behavioral health services, and how they're identified and needed. We spoke at length about, John talked about, discussion of behavioral health benefits throughout the inpatient or outpatient and specialized services for participants and how behavioral health varies between county to county.

We also received a presentation on the behavioral health MCO workflow process by Duncan Bruce of Community Care Behavioral Health (CCBH) in Pittsburgh and discussed how to navigate and access treatment for Behavioral Health HealthChoices by outlining state and supplemental services and how to get started with the CHC-MCO's and BH-MCO's in the coordination and collaboration of that. It was a very detailed presentation it was very good. The folks also represented at CHC-MCO's share behavioral health success stories of using various interventions to improve the quality of patient care and these interventions such as education to participants and their families, consistent with communications amongst the participants care. Our upcoming meeting will be next week February 1st. If there are any questions, I will be happy to take them now.

>> DEB SHOEMAKER: Thanks Mike. We look forward to hearing more information about the discussions at the subcommittee on your agency of choice motion. Thank you for going through that process and it's important work. We appreciate that.

>> MIKE GRIER: You're welcome, thank you Deb.

>> DEB SHOEMAKER: Next, Consumer Sub. I'm not sure if Sonia, you are giving the report, or if Laval is giving an overview?

>> LAVAL MILLER-WILSON: I'm prepared to present. Can you hear me?

>> DEB SHOEMAKER: Yes. Perfect.

>> LAVAL MILLER-WILSON: Good morning, and Happy New Year to everyone. I'm Laval Miller-Wilson with the Pennsylvania Health Law Project and serve as counsel for the Consumer Subcommittee and I will present and summarize yesterday's meeting on behalf of Sonia Brookins, our Committee Chair. Let me just say at the outset, I think 2023 is going to be a big and exciting year and I wanted to share that on behalf of the committee, that we look forward to sharing consumer perspective on policies and practices that impact Medicaid applicants and enrollees. We are looking forward to working with everyone on the MAAC and other Medicaid stakeholders to deliver quality services and supports. And we know that sometimes conversations are intense, but it is all with the spirit of trying to get toward that goal of quality delivery and supports.

Yesterday we had two Deputy Secretaries from the offices from OMAP and OLTL join us. OMAP presented about the expected end of the policies and practices, and we focused on, I would add, from what Sally noted the policy and practice that impacts parents of kids with

special healthcare needs that are paid in certain circumstances to provide in-home care. We know that those parents, approximately 400 to 450, are facing a challenge at the end of the public health emergency because federal officials have been informed the state that the policy and practice will need to and. We spent a fair amount of time talking about the impact on those affected families and it was a good discussion, and we look forward to more discussions, many more discussions with the Department in the weeks and months ahead to help those families.

I will also share that the other part of our meeting we spent with the Office of Long-Term Living, and they reviewed data about how consumers and Community HealthChoices fare when they file complaints about the quality of services and supports and how they fared when they also filed grievances against their managed-care plans and community health plans that are denying or reducing their care. That was also helpful and insightful to see data from a calendar year 2022. We appreciate that data and we recognize that more detailed data is forthcoming and will likely be shared with the Subcommittee later in this calendar year, in March or April. That's really about all I wanted to highlight in terms of yesterday's meeting. Sonia, did you have anything else you wanted to add?

>> SONIA BROOKINS: No, thank you.

>> LAVAL MILLER-WILSON: Any questions from members?

>> DEB SHOEMAKER: No, but I do look forward to getting an update or additional information. So, I can talk to you off-line or talk to Sonia off-line since I missed the meeting.

>> LAVAL MILLER-WILSON: Of course. And we meet, as always, the day before the MAAC.

>> DEB SHOEMAKER: Great. Joey, can you do a two- or three-minute subcommittee report just because I'm behind schedule?

>> JOE GLINKA: I will talk fast, and I will be brief. The committee met on January 12th. I would echo Laval's opening remarks with respect to 2023 being big year considering the fact this unwinding process itself is really unprecedented. Coming out of a worldwide pandemic and managed care community is working closely with the consumer community to make sure that the proper information is going out in a timely manner in partnership with the
Department.

As far as our interests for 2023, we will press in, to the extent we can, as the new administration takes root to understand more about the goals that each of the offices within DHS has for 2023. A lot of that is still being determined because the new administration has just taken office. More to come on that. A lot of the items we talked about dealt with OMHSAS's efforts to build crisis response to capacity and was talked about earlier in this meeting. As far as expansion numbers, it was reported out that 1,086,973 individuals are on the Medicaid expansion for newly eligible group. That's for the period of 11/14/22 to 12/9/22. Applications submitted during that period of time were 6.2% lower than the same period last year.

We heard a lot about the unwinding process, Sally touched on that earlier and we appreciate that. There is exploration as far as what can be done in terms of text messaging and emails. We are still waiting on some determinations through OIM on that but more to

come on that. As far as the legally responsible adults discussion that's bubbled up in a number of different places, the MCO's will send letters out, as I understand it tomorrow. A letter language has been approved by the department and the MCO's will be working diligently with the families impacted by this to make sure the coverage continues and there is nobody falling through the cracks. The shadow nursing fees were discussed briefly. I will save the details and we can touch on that as necessary. The next meeting is February 9th at 10:00 a.m. Happy New Year everybody. Looking forward to a very busy 2023.
>> DEB SHOEMAKER: Thank you. Hopefully I didn't miss any subcommittee reports, for those who are new, like Jen Smith we do a lot of good work in these subcommittees so I hate to truncate the reports, but we will continue to work better on making sure we have the information in a timely manner for these meetings and get moving. I appreciate all of our subcommittee chairs for their hard work.

With the next couple minutes, Eve, I don't know if have any pharmacy documents or anything new you wanted to report? Before she does that, in case we lose somebody, the next meeting is the 23rd. Thursday, the 23rd of February. We always do the same date except for December and when we don't have a meeting in August and November. Looking forward to, in the next couple months, maybe getting in a meeting in person, but at this point, the meeting will be held via webinar for the 23rd of February. Eve, if you want to end us off with a couple of those things before I ask for motion to adjourn.
>> EVE LICKERS: Sure. Good morning, everyone, almost afternoon. Since our last meeting, we had a number of bulletins that were issued. There were seven bulletins, pharmacy related bulletins issued between December 8 and the 13th related to coverage and prior authorization requirements. And they were related to the statewide preferred drug list and that bulletin related to the statewide preferred drug list, as other people refer to as PDL, that bulletin was bulletin 01–22–75 and that was issued on December 9th and was effective January 9th of this year.

Also, we had bulletin 05-22-14 entitled “Disposable Breastmilk Collection and Storage Bags Breast Pump.” It advised of an addition of a procedure code to the MA fee schedule for disposable collection and storage bags for human milk. Also, it advised providers of the fee increase for certain breast pump replacement supplies and also the removal of prior authorization requirements for an electric breast pump.

We also issued, on December 22nd, MA bulletin 01-22-78 it was entitled “340B Drug Pricing Program Dispensing 340B purchase drugs.” That bulletin was rescinded on January 19th with the issuance of bulletin 01-23-02 and just to make folks aware, that over the next few weeks the Department will be convening a stakeholder workgroup for the purpose of developing potential solutions that will allow for the appropriate identification of recognition of medications dispensed to eligible 340B patients through contract pharmacies. The bulletin 99-13-08, titled “340B Drug Pricing Program, Provider Requirements and Billing Instructions,” remains in effect and that was the bulletin that was issued in 2013.

Also issued on December 29th is bulletin 99–22-11 and it’s entitled “Reinstatement of Provider Enrollment Requirements.” This is just advising providers that effective February

27th of this year that we will reinstate all of the provider enrollment requirements that we had utilized flexibilities for which we have exercised section 1135 waiver flexibilities, I'm sorry, waiver authority flexibilities during the COVID-19 public health emergency. As of February 27th, all of those requirements that were in place prior to public health emergency will go back into effect and providers that are enrolling as of February 27th will need to meet all the requirements at the point of enrollment, and also those that were provisionally and temporarily enrolled, they will get a 30-day advance notice advising them to submit their background checks and also pending site visits at that point as well. Please pay attention to that particular bulletin.

We also have bulletin 01-23-01, advising providers of the addition of procedure codes related to the bivalent booster dose of the SARS-CoV-2 vaccines manufactured by Pfizer and Moderna.

The last bulletin was 26-23-02, “2023 Ambulance Fee Increases.” Under Act 54 of 2022, we were authorized to increase MA fees for ambulance transportation services and in both Fee-for-Service and Managed Care delivery systems. Early in November we had issued in MA bulletin 26-22-07 to advise providers of those increases. There were two codes that were not included, for which we are increasing the fees for. This bulletin that was just released on January 26th includes all the all the procedural codes that were increase effective January 1st of 2023. I think that's it for us. We have all the bulletins that have been issued since the last meeting, which was in December, early December.

>> DEB SHOEMAKER: Wonderful. Thank you so much. Since we are at 12:01 PM, can I take a motion to adjourn.

>> KATHY CUBIT: This is Kathy Cubit. I motion to adjourn.

>> DEB SHOEMAKER: Wonderful. Thank you. Second.

>> JOE GLINKA: Joe Glinka. I second.

>> DEB SHOEMAKER: Wonderful. I think we have all in favor, but I will take the aye.