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Event: Managed Long-Term Services and Supports Meeting

StreamBox

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>>CAPTIONER: Good morning. [standing by]

>> Be Linda: Good morning everybody. Welcome to the Managed Long-Term Services and Supports Subcommittee meeting. It will be about their experiences since we have gone with the CHCs. Can we get anybody who is on the phone line? That would be all of us.

>> Luba: I would like to start with attendants. If you could attend if you are on the line. Ali Kronley?

>> Good morning, this is Ali.

>> Luba: Cindy?

>>

>> This is Cindy

>> Luba: Neil Brady. We will come back Neil, David Johnson? Denise Curry? Gail Weidman?

>> Good morning.

>> Luba: Good morning. German?

>> German: Good morning.

>> Luba: Heshie, are you on the line? Heshie Zinman? Juanita Gray? Can you identify yourself, please?

>> I think that may be Lloyd.

>> Lloyd: I just got unmuted and I am happy about that.

>> Duba: Juanita, are you on the line?

>> Sellers: I don't see Juanita.

>> Duba: How about Matthew Seeley.

>> Good morning.

>> Duba: Mark Gusek?

>> Sellers: I don't see Mark.

>> Luba: Mike Grier.
>> Sellers: Hold on one second.
>> Mike: There we are. High.
>> Duba: Monica are you on the line?
>> Monica: I am on the line this is Monica.
>> Duba: Richard I know I remember on the line. Sarah, are you on the call? Sarah Glasheen
>> Sellers: I don't see Sarah.
>> Luba. Sister Catherine Higgins.
>> Sister: Present.
>> Luba: Stephen Gamble.
>> Steven: Good morning.
>> Luba: Tan I can't?
>> Sellers: I don't see Tanya.
>> Luba: And William spots.
>> William: Yes, good morning.
>> Luba: Good morning. So that takes care of our attendance sheet. I'm sorry,
>> David: This is David Johnson. I am present. Sorry I was a few minutes late.
>> Luba: No worries. Thank you for join us us. Continue with our house coping talking points.

The rules are to keep our language professional. The point of order, this meeting is being conducted as a webinar. It is a listening session focused on community health choices during the COVID-19 public health emergency. We will hear from participants one at a time in which they registered for the webinar. We will allow up to 3 minutes per participant to speak about their experience. We ask that those who speak do so respectfully and stay mindful of what they share in this public forum.

This forum is being transcribed and the transcript and the audio recording will be made publicly available after the meeting. Therefore please avoid sharing personal information that you would not like made public. The captionist is documenting the discussion remotely so it is very important for people to state their name and speak slowly and carefully. If we are not able to hear from everyone who registered today we will have time in the May MLTSS meeting from those we didn't get to. All participants except for the participant members will be in list view only mode. Committee members will be able to speak during the webinar, we ask that you use the mute button on your phone when not speaking. They will help to minimize background noise and improve the sound quality of the webinar.

Representatives from OLTL and community HealthChoices are present today. To allow as much time as possible to hear from the participants they will remain from commenting from the session unless more information is needed about a participant's experience.

If a participant requests follow up based on something they spoke about, OLTL and the CHC MCO staff will follow up with them after the meeting.

We ask that the webinar participants who have questions and comments enter them in the chat box located in the webinar pop up window on the right side of your screen. Type into the text box under questions and press send. Keep your questions and comments concise, clear and to the point. OLTL will follow up on those questions and comments as needed after the webinar. In regard to meeting minutes, transcripts and meeting documents are posted on the Listserv.

You can access this under the list serve DPW.state.pa.us. Under meeting minutes. They are not only posted within a few days of receiving the transcript.

Captioning and audio recording. This meeting is scheduled until 1:00 p.m. To comply with logistical agreements we will end promptly at that time. If you have questions or comments that weren't heard, please send your questions and comments to the resource account at ra-pwchc@pa.gov. For your reference the account is listed on the agenda.

And also the 202 is mlts meeting dates are available on the Department of Human Services website. Thank you.

>> Linda: Thank you, luba. We have a couple of minutes yet. I guess if people are ready to start, we could take the first person.

>> Sellers: Thank you, Linda. Jamie, before we started, did you or Jill want to say anything?

>> Linda: I'm sorry.

>> Jamie: Other than saying good morning and welcome and I look forward to hearing from all of the participants today. We will be on the line. There are a number of Office of Long Term Living staff as well as our managed care CHC MCOs to hear their stories. We will be listening intently.

>> Sellers: Thanks, Jamie. I'm sorry.

>> Go ahead.

>> Sellers: What we are going to do today my coworker Meredith is showing the order of the speakers that we will be announcing and then we are also going to be showing a countdown time for help manage time when there is 10 second remaining we will be verbally reminding them that they have 10 second left to help them manage their time. That's how we will -- we are going to be approaching today. It sounded like there was a committee member who wanted to ask a question or say something.

>> Yeah, Pat. I just wanted to confirm that the folks that don't have access to the internet that are calling in on the telephone are in the cue. How will they even know that they are going to be up if they don't have access to the internet?

>> Sellers: So individuals who contacted OLTL or registered through the goto webinar link and indicated they wanted to share information are the individuals that are identified today. In verifying the list I don't believe we have anyone who notified us that they don't have access to the internet. But if that's incorrect, someone can certainly let us know. I'm trying to remember if we had it in the talking points or not. Individuals are identified and shown on the list that's up on the screen right now in the order that they registered. They were -- an E-mail was sent out yesterday making them aware of the hour time slot that they were slated for of course depending on if spokes speak less than 3 minutes that order may change or if someone at the last minute if they weren't able to speak today that may impact the timing.

>> I was just wondering for all of the board members that we be ensured that folks that were calling in were also. So thank you for clarifying that.

>> Sellers: Sure. Okay. Well then let's go ahead and get started. I'm going to announce the individual who is being unmuted and then also announce the next individual who would be up an then the individuals who would follow that person. So we will always have -- that way folks whether they are on the phone or participating through the web will know who is coming up and allow folks to participate. So Lori Turberville, you are being unmuted. Next up is Kesha

Roberts followed by Debra Robinson

Lori, are you sure? You are muted, Lori. Lori, if you can unmute your microphone on your computer.. Lori, can you unmute yourself? How about we will go to Kesha Roberts then we can circle back to Lori. Kesha Roberts, you should now -- Meredith is unmuting you. Kesha, it is showing that you are muted. Can you unmute your microphone on your computer? Meredith is showing you on the screen. You may have -- you may be double muted where you are muted on the goto webinar.

>> Kesha: Can you hear me now? Now it will actually use the screen kind of. Not really. But okay. Good morning, hi. My maim is Kesha Roberts. I didn't quite want to be up first. This is my first time doing this. I do have some concerns. I took care of my dad for years and when we switched over to CHC it was really confusing and complicated and there wasn't -- sorry. There was not much knowledge of how to do it and what to do.

As soon as we switched to CHC, then they pretty much took GGAC away and service coordinators went from one to another to another. I think we went through 5 service coordinators. None of them ever met dad or knew dad. We fought for years to get a ramp and a bathroom remod and transportation services and supplies. We had a really hard time. Let's see what else?

The UPMC service coordinator that we ended up finally having honestly had no clue how to handle a case that was so health advanced. It was such a rough, rough road with UPMC and the CHC and service coordination. When GCAC was taken I didn't realize how much my GCAC service coordinator did until she was gone and I was left -- yes? Hello? Can anyone hear me

>> Lori: Hello, this is Lori. Thank you for your time.

>> Sellers: Lori, hold on one second Kesha is finishing up and then we will be back to you.

>> Kesha: The UPMC service coordinator and all of it, the staff need to know their patients better. They didn't even offer to zoom dad or to meet dad to see his situation. So they never understood what was really happening. So I just think there was a big lack of communication on CHC's part. This is kind of hard to do. Yes, we honestly had a lot of bumps in our road and a lot of issues and problems just like we're kind of having with this. But I see my time is up. So thank you, guys. I appreciate it.

>> Sellers: Thank you very much, Kesha: Now, Lori, we will go back to you. Then next up will be Debra Robinson followed by Lauren Alden. Lori, you should be unmuted. Lori, are you there? Lori, you might have your computer muted again. Lori, can you hear me? Okay. Let's go to Debra.

>> Lori: I'm Lori: I believe my message in that letter can be replicated for any nursing home during this pandemic. The message is thank you. Every worker at sugar creek had a role in caring for my mom during the pandemic when I couldn't take care of mom like she was their own mother. I would like to think other families have the same sent meant of gratitude. It is important for healthcare heros hear that. My father passed away the day visitation was restricted. Lighting up whether she saw him coming. She was the only person she recognized and knew by name. She was happy when he was around. You can imagine the heavy weight my family and had to bear not being able to tell my mom her husband of 62 years had passed. Then when we had to decide if even telling her is the best since she has advanced dementia. During the time we could not visit I watched mom's health decline despite expert care, appetite

decrease which resulted in weight loss and weakness.

They offer different options to connect with loved ones. Keeping in touch, face time, widow visits and the hug wall. With mom's diagnosis she is not able to understand the concept. On January 20 I was approached for come passionate care. She feels better, smiles more and is more responsive. There is no doubt are that the in person visits had a major impact on her improvement. Interaction is important for the he will and residents. Visitation opportunities must remain an option moving forward. With visitation row assuming it is obvious that long-term care has occurred additional experiences for PPE, testing for staff and visitors, over time pay for staff to meet needs and much more. Skilled nursing care is a service families must need and trust for their loved ones when they are not able to. My mom is dependent and requires 2 people. CNA provides personal care respecting dig tee. Long term facilities need the ability to make staff feel valued. Employees need appreciated that will be passed onto the residents. To conclude I request yes for Medicare reimbursement to long-term care needs. Also if there are any grant or federal stimulus dollars that are available please consider they go to those healthcare heros. Thank you again for your time.

>> Sellers: Thank you, Lori. And now we are unmuting Debra Robinson. Next up will be Lauren Alden followed by Pam Auer.

>> Debra: Can you hear me? My name is Debbie Robinson. Thank you for having me. I have some concern about information sharing like the first caller said. I had the same experience. I had to get a lawyer to fight for me to get a ramp and a bathroom done. So we had the same problem. But my issues are information about the key card and transportation that wasn't sent out. Why is that we don't get any information about any changes, nothing happening because you sent out co-cards before you sent out information about changes.

You guys need to send out information for any changes before the key card or anything else. You definitely need to have support coordinators training.

I have 2 other support coordinator agencies that didn't know how to do ISPs. They messed up my ISPs. I got the name of the 2s that need to be changed. Liberty resources they are telling people they are not allowed to get their ISPs. They are not allowed to receive them. And really I think whole heartly with the first caller I had the same issue that the first caller had. And she is, you know, they need to have better training with the support coordinators. He this don't know what they are doing. They don't know how to do ISPs.

Thank God I am with liberty resources. They know what they are doing when we do not have experienced coordinators and also this transportation thing with the key card. Without you guys sending out any information could I take paratransit to other places because I work. I had no information about this coming. You are telling support coordinators one thing and you are telling us something else. It is very confusing. The whole system, the whole thing, everything. I recommend to people that I serve self advocates do not go into the system because it is very confusing. She is totally right. Thank you very much.

>> Sellers: Thank you, Debra. Lauren Alden you are unmuted. Next up is Pam Auer. Followed by Minta Livengood.

>> Lauren: Can you hear me? S? My name is Lauren Alden I work for liberty resources in Philadelphia. We advocate for the right of people to life in the community. When managed care

was being plotted we were told all services will be integrated there will be access for more life saving services pest eradicate, behavioral services and hey we might get everyone a cell phone. We knew that was not something we should hold our breath for. Advocates did tell the state the biggest fear is to have our attendant care hours cut and here we are talking to people that are getting hours cut. They are following, being hospitalized at risk or actually being institutionalized.

A dear consumers of ours passed away from COVID in the ICU on her second appeal of MLTSS hours. She had been with us for 30 years. All of this during a pandemic. I am speaking today specifically on behalf of a consumer named Carolyn. She is non-verbal and needs full assistance with ALDS. She lives independently after coming out of an abusive service. However without any change in her needs she had her hours drastically cut in the beginning of this year. She went from 24/7 to 51 hours a week. She did not receive her service cut notification in time to appeal. She didn't realize she could appeal. Her attendant care agency has been working with her for 10 years they worked February 1 until late March without the pay. I am using the agency's words verbatim she will die without us working those hours we can't leave her.

They tried talking to the MCA, CAO and both directed them back to the other that's when she reached out to liberty resources. We connected her to reps at the state level and filed eye grievance we learned that her third party agency had evaluated her for the full hours but a clinician team at PA health and wellness declined these. All parties involved this consumer senior at high risk for institutionalization or death if she does not get her full hours after 30 plus days of requests, calls and state level contact she got her hours back in late March. If they did not continue to push she would be another person with a disability dismissed and left likely to die. And that is not an exaggeration. I am concerned about the others who are in similar experiences but have not reached out to their CILs for advocacy.

I object will arety resources has worked with over 70 consumers who had services they rely on cut. It was hard to get everyone to testify of fear of receipt that possession. Please take a serious look at whatever process is in place for a clinician hours it is clearly putting people's lives at risk.

>> Sellers: Thank you. Pam Auer you are being unmuted. Next up is Minta Livengood followed by Lance Blystone.

>> Pam: My name is Pam Auer. I am representing my sweet mom. I was blessed to have her in my home for 2 years. She received home and community services for a lot of years. It was really a blessing because she had a terrible fear of nursing home. She had many bad experiences while temporarily being in nursing home. Being in the home was a blessing. She had kidney disease and dementia.

I said because -- I said she had kidney disease and dementia. She passed away a week ago Sunday. She needed a power lift. She was terrified every time she needed to be transferred in the old manual chair but the dementia scared her the other part was she had osteoporosis. Someone had to pump her lift it would jerk her body. With every transfer she was scared. We asked this power lift month before the CHC switch. I thought it was almost complete but when we switched to CHC my mom's new service coordinator had no idea about the request. Then we went through about 3 to 4 service coordinators in the year plus that she was in CHC. Every time we went to a new service coordinator they had no idea about the request and we

had to start over. This was absurd.

So we also had to make contact with the new service cord mater when requesting an update and so I had difficulty getting in touch with her service cord maters which was another difficulty. Finally in January while my mom was in the hospital she was approved for the lift then to find out that the send are or does not September insurance payments. My mom passed a away without the lift. I don't even know if the vendor or the MCO has actually made a contract with the vendor for a basic power lift. There is nothing special about it but there was no other service coordinator -- no other vendor in the state to provide that lift.

The other problem is, there was one under garment that we knew worked for my mom and worked really well and the CHC insurance company was no longer covering that. They couldn't help us figure out whether it was Medicare that was no longer covering it or the vendor was no longer covering it. We never found out she was getting wounds from the ones that they made them use even though we told them that they didn't work. There needs to be work done better coordination identifying who the service coordinators are for the individuals and helping the individuals locate their service coordinator. Thank you.

>> Sellers: Thank you. Minta, you are now being unmuted. Lance Blystone is up next followed by Sadie.

>> Good morning this is Mina Livengood. I have a couple of different episodes of services being provided. One of the problems here is we are finding that the coordinators cannot find the agency models to be able to provide hours. They are far and in between because of the location that we live in. I have a neighbor that is in hospice and needed almost 24 hour care, could not find anybody. She has one caretaker but that caretaker could not provide all of those hours. And also with me, I just come into CHC in September and have been working with the cord later. He put in for walk in shower versus a tub because I have a tendency of falling out of the tub. As of today they have still not contacted me. I am having problems with PPL which that is where I hire the person. That worker I have is excellent but she is going on vacation but the coordinator couldn't find an agency model to come in and fill in while she was gone.

I am working on trying to get someone else in and I asked PPL about their list of people and they said you have to go through all of that paperwork again.

I have been so frustrated with a lot of the process and the fact that in our area they do not have a lot of agency models available to bring people into work due to the location in which we live because we're like 20 miles from the main towns. So if you don't live close to the towns, then you are kind of left out in the field.

>> Sellers: You have so seconds left.

>> Lance: There is a lot to say. I figured I would touch those bases. Hopefully things will be looked at and worked out.

>> Sellers: Thank you.

>> Lance: My name is Lance Blystone: I have had 3 different support coordinators, 2 of them now what they were doing but the last one and UPMC don't know. They have their head in their ass. They cut my hours from 73 to 20 hours a week without asking. It is like kangaroo court. A peeled it same thing. I am just fed up with the can be all they are doing is running it like a business and bashing the consumers. It is getting pretty frustrating. Now I have to jug he will my hours around. 3 hours a day and one day I get 4 hours. I live in a rural areas if I have to go to the

doctor's a point meant half of the time I don't have time. I have voices of independence. They have done more than me than my support coordinators have. They don't know nothing. They don't know nothing.

They hire those people and give them a computer, give them a job. You ask them questions, I will have to get back to you, I don't know. You ask another question same damn thing. It is a bunch of bull crap. You need more people that are educated. They treat us that are happy capped that like human beings not like a piece of dirt that's all I have to say.. Small Sellers: Sadie Preston you are unmuted. Next up is Adam Johnson and followed by Zachary Lewis I received a question if participants are comfortable sharing the name of your MCO like some of the spokes have that would be helpful.

>> Sadie: Can you hear me? My name is Sadie Presto from voices from incorrespondence transitional path for independent living. I wasn't expecting to talk today but I would be happy to talk on behalf of our consumers and our attendants. I am a hiring and recruitment manager for our nonprofit. With the pandemic our consumers have been struggling with being paired with caretakers [inaudible] if a hard working caretaker can make more on unemployment to cope their lights on and put food on their table it means that their occupation was not pairing them a fair wage in the first place. The \$600 is better than what caregivers receive under us. I believe that means that us along with the state need to do better for these healthcare heroes who have been helping our consumers. Our consumers deserve the best along with our caregivers. They do an excellent job with our consumers and I just believed they need to be treated on a better playing field so all of our consumers and attendants can feel connected and respected.

And that's all that I have to say. Thank you so much for your time.

>>

>> Sellers: Thank you. Adam Johnson you are being unmuted. Zachary Lewis you are up next followed by Rachael Davis.

>> Adam: Can you hear me okay? Okay. My name is Adam Johnson. 5 years ago I got married. I am disabled and the social security that we have -- in order to cope my SSI I had to not being married. We decided to get married anyway. My wife has to work so we have income. I have caregivers that come in and UPMC community HealthChoices drastically cut my hours this past spring. I had a new service coordinator after 3 other service coordinators and we had now evaluation she cut my hours drastically she said I didn't need as many hours because my condition was getting better. But I have muscular dystrophy it is not getting better it is a progressive disease. It is not going to magically get better.

I went through the appeal process which took months. I got letters from every doctor I could think of why I needed healthcare workers because if I don't have that my wife has to stay home and we don't have an income.

So I am in a difficult spot. I did go through the appeal process and they did grant me back my hours. I am definitely concerned that next year it will be the same thing all over again and just like a lot of other people have expressed today, this is our lives. We're disabled this doesn't just go away. It is 24/7 and sometimes people at UPMC don't really see it as that, it is not a big deal it seems like.

What I want to say it's important people that aren't disabled don't understand what it is like to

live with a condition day in and day out 24/7. I would say the process somehow needs to be changed because it is like a fight for everything. That's all I want to say.

>> Sellers: Thank you. Zachary Lewis you are being unmuted next up is Rachael Davis followed by Sharon Rankin. Zachary?

>> Zachary: Can you hear me? So my name is Zachary wis. I'm a consumer. I'm executive director of disabled in action. I am here as a consumer and I'm here to ask questions to find out how do you guys -- once you guys listen to those issues and tragic concerns that we are providing you guys, what is going to be done to, you know, answer these calls? Because this is not the first time I have dealt with the issues that I am having which is as far as my MCO, the supporters coordinator have no idea what they are doing. I have been disabled for a number of years almost 2 decades now. The type of care an response that I get are horrible if I even get a time at all to get a response back.

I don't want to be a bug but my life is at stake. I can imagine how other people have to deal with not knowing or not being properly trained, they don't have any idea how to communicate back and forth. Something needs to be done about it especially the timing that they are allowed to get back to us. It shouldn't be a week or two before they get back to us and have no idea what they are doing. I am constantly being lied to because she has no idea what she is doing. It is not my fault. I don't think who thought of this but something needs to be done about it. if they are going to hire them to provide a service they need to know what they are doing. Transportation has been switched over that hasn't been taken care of as of yet. I still don't have transportation the first thing I asked for to get me taken care of and I still don't have it. As far as my provider is concerned, I don't understand how does that work? I complain about it and I get kicked out. Where is the accountability for the providers? I would like to know who and how can someone help me handle those issues or is she just hearing me out. I appreciate you hearing me out. It would go a lot further if this could be documented and being taken care of. I know I am not the only one.

Can you answer me how or when should I expect someone to get back to me? Hello?

>> Sellers: Yes, I was going to ask Jamie or if there is anyone from OLTL that wants to speak about follow up.

>> Jamie: I think it would be really helpful if you could send us Zach's E-mail or phone number and we can reach out to him.

>> Sellers: We will take care of that.

We have your E-mail we will make sure we send that over to Jamie.

>> Zachary: Thank you. Rachel Davis you are now being unmuted. Next up is Sharon Rankin followed by Margo Wright trachel? Rachel, are you there?

>> Rachel: Hello? Good. Thank you for this forum an thank you for giving us a place to talk about this. I am a mostly home bound person I am disabled. I live alone. I am applying -- I was applying for the second time for home and community -- based services. The first time I did it I didn't have any idea what was going on. It was so hard to navigate. The second time I did it, transitional paths to independent living worked with me.

My service coordinator was amazing. It was much less confusing this time. I also worked with an independent broker. Their response time was fast. When it got to the county level the Allegheny county assistance office, I had a complete lack of response. I called my case worker so many

times, ten times I have dates and everything written down for everybody that I have spoken to. I only herd back once that was for my denial. I am now applying for act 150 that is still in process. I found this whole thing navigating to be unbelievably confusing. The county's lack of response maybe there needs to be more staff. I know they are working from home. But when I did this before, I never even herd from that case worker not even once. This case worker I herd from one time after calling ten times.

The PA statewide number was helpful. They could send an E-mail to my case worker at the Allegheny office to get in touch with me but that didn't happen. I wasn't informed that one of my applications had expired and so that held things up. There were a lot of road bumps. It takes all I can do to get through my day to be fairly clean and to eat and just take care of myself very basically, basic needs.

I have just -- it's just been roadblock after roadblock. It seems like all of the energy that I have goes into doing this. I don't even have -- I can't even get my mail downstairs.

for them to expect me to get these things no them so quickly it is very difficult when they are the exact same things that I need help with. I want do thank you for listening.

>> Sellers: Thank you, Rachel. Next up being unmuted is Sharon Rankin followed by Margo Wribht and then Natasho Huggins.

>> Sharon: My name is Sharon Rankin: I have a happy ending. Everything did work out. I am calling for my husband, James. We actually had remodeling done for the bathroom and some other work on our place to help my husband. He is totally in a wheelchair and he is rather large so he couldn't fit through doors so we needed help there. I can tell you it took years. When I say years I don't mean like a year and a half I am talking 2, 3 years. I don't have exact dates I got so frustrated I kind of stopped.

But then finally last year in July I started documenting everything. I created a book of every person I talked to and what has happened. My service coordinator I apologize for everybody else I feel bad, sorry. I have had an excellent one. She has been with my husband for years. She really has been wonderful. We also finally with our coordinator I guess she encouraged we got an advocate because all we were going through. He has been wonderful. He started everything going pretty smoothly. Although he encouraged me to do what I could do.

We had 3 people who come in. We did home remodeling. We had 3 people. The first one refused to discuss anything with us as far as what she thought we needed. She put in for the bathroom. My husband needed the bedroom door widens. He has had numerous cuts through his arms getting through the door on the whole chair she refused to put it in. We had to have a second coordinator. The person that did the bid I don't know their title. The second person came in. She didn't ever turn the paperwork in. I called back and found out the case had been closed. Why nobody knew.

The third guy that came in.

He was very good. He did get things going. I filed grievances and I was put through to 8 different people. The state finally put me back to UPMC saying that's who I should be talking to. They couldn't help me. She said is there anything else I could help you with? I said yeah, I would like to get my husband's bathroom done he needs to be able to take a shower. She said she couldn't help me.

I think that people are so under trained. I would like to see them to get help to be able to get

more information because I would call and nobody knew. As I said my service coordinator was the one who helped me.

I just would like to say --

>> Sellers: Thank you, Sharon.

>> Sharon: Thank you.

>> Sellers: Margo Wright you are being unmuted. Next up Natasha huggins followed by Kate Blaker. Margo, are you there?

>> Margo: Hello: Actually this is asia Taylor I am speaking for Margo Wright. I am speaking as a consumer and volunteer employee for it's your home agency. As a consumer I am with UPMC. I have had maybe 5 coordinators in the past year. I met one and she has not been able to do anything. I have inquired about services your way which is supposed to be in our area that offers people like me -- I don't fit a model of 67 and older. Me and my husband are both fully disabled. I have 5 children. So an agency having different people in and out of the home that does not work for me because my immune system is weak. I am finding problems getting my workers paid. They will go weeks without paying. I will call my coordinators. They will say it is public partner ship. They didn't put the hours in the right spaces I have to explain to those people coming in to take care of my whole entire family that there is nothing I can do for you. I still need to you come and help me.

Then they are telling me switch the agency. I work for an agency. The OT reimbursement rate is nothing. They get paid nothing. So nobody wants to work for an agency. So my aide sea don't want to go agency. I am stuck with one aide, my husband trying to find an able. My children suffering because we are disabled. You can't get any answers. You can't get any help. It is confusing navigating around a system even someone who works for an agency.

I can't imagine people can't I have called OLTL, UPMC. Nobody can give you answers. It is good to be herd but it would help to have something done. Especially for people who have children who also depend on those services. I have been told that my aide can't even take my kids to the doctor. If me and my husband is sick and can't drive how does that help us in any way shape or form? We are all suffering. It is very bad at this point because in a pandemic you can't get somebody to come and cover a shift. It is like what do we do? Who do we call when do the reimbursement rates get better so they can hire better staff.

>> Sellers: You have 10 seconds left.

>> I would like to know when we get a call back and know when it gets better.

>> Sellers: Thank you. We will also share your E-mail Natasha Huggins you are being unmuted. Next up is Kate Blaker followed by Chris ster Scaff.

it doesn't look like Natasha signed on today.

>> Sellers: We will move on to kate Blaker. Next up is Christopher Scaff followed by Jan Stewart. Kate, are you there?

>> Kate: Yes I am here. I want you to clear cases

>> I'm kate blaker from southwest California. I am speak to go convey my concerns. In the past year they have stepped up and kept me safe by doing necessarier and and sanitizing everything that came into my home. Those have put their health at risk to do this. My one attendant is in their 80s. The other is a grand moth for 5 grand kids. Neither of them has had a vaccine only this week the older attend aint received the vaccine. I have yet to receive it. I brought PPE for their

use. They did receive 3 masks. My older attendant -- at this time I wasn't in the position to hire a new position to come to my home. That is another issue. Every employer in my county is paying \$12 or more. The level of pay is \$11.26 with no benefits I hear the remainder I can make more elsewhere. This is a real problem if people with disabilities can not find an adequate workforce. If the state and OLTL has the goal of having people living independently in the community then they need to

redress it. Payment to recall providers. I want to impress upon you the importance of relocating people to a safe environment. This means funding and sheltering have to be available to all immediately. Thank you.

>> Sellers: Thank you. Go ahead, Kate. okay, thank you, Kate. We will move on to unmuting Christopher Scaff. Next up is Jan Stewart followed by Toro Luby. Christopher?

>> Christopher: Yes, can you hear me? My name is Christopher Scaff. I'm 59 years old. And for 41 years I have been involved in the world as a paramedic, a flight med tech, firefighter, I have worked for people in all situations all my life. 7 years ago I was involved in a tragic accident. And I got assigned to a service coordinator named Ashley Mckee and she has been an angel with what I need. When the MCO program came into play it has been nothing but an absolute nightmare ever since.

she has had to fight to get me my hours. I am classified as a quadriplegic. I am paralyzed from the armpits down. I have limited use of my hands. I'm not tooting my horn or anything. My fire campaign will not let me quit. I am one of the vice presidents I can do paperwork and training as long as it is in the classroom for my electric wheelchair. With that said Pennsylvania health and wellness is my MCO now and they are an absolute nightmare. We have been trying to get my bathroom fixed and they sent a lady out to evaluate. She sent a lady out from a DME company. All they have tried to do is set me up with a roll in shower chair and bedside commode. The things we have asked have not been addressed. They try to give me different items I don't need and I keep refusing. It is a nightmare. Pennsylvania needs to kick Pennsylvania health and wellness in the program and get rid of it. It is not doing anything for what we are truly asking for and we are not asking for miracles. I don't ask for free things. I'm trying to get a shower door widened and the bedroom door widened because I keep tearing myself trying to go through them.

I don't have enough time to read you this short little letter I have received. My stuff gets getting denied. They cope trying to give us equipment from this company that they sent to evaluate me that we don't need. It is a joke flat and simple.

>> Sellers: Thank you. Jan Stewart you are unmuted. Next up is Toro Luby followed by Catherine Wentroble. Jan, are you there?

>> It doesn't look like Jan has signed on.

>> Sellers: So we will unmute Toro Luby. Next up is Catherine Wentroble followed by Kathy Hertzog. Toro, are you there?

>> Toro has also not signed on.

>> Sellers: Okay. All right. So we will jump to Catherine Wentroble. And then next up would be Kathy Hertzog followed by Morgan Hugo. Catherine, are you there?

>> Catherine I just sent you your audio pin. If you put that in I can unmute you.

>> Sellers: You may need to dial back in. We will circle back to Catherine once she gets that up.

We will go to Kathy Hertzog, Kathy, are you there?

>> Kathy: Thank you for listening. One of the things I would like to say is service coordinators are no longer required to be people with disabilities as they were many years ago. Pam and myself and many other advocates here helped design the attendant care program to be disability friendly when it is no longer disability friendly.

I too have experienced service coordinator switches. Multiple service coordinator switches even within a 3 month period of time. I have had service hours put in incorrectly by service coordinators when we needed extra time for surgery and things like that. I have also experienced an attendant that caught COVID and living in fear that it was going to kill me and my friend that lives with me. We have had an lack of PPE and difficult if not acquire to acquire at certain time. Paper masks were distributed and told to be used multiple times.

Agencies are short staffed. Attendants are not paid well enough for what they need. Several friends have tried to get equipment that they have needed that they were approved for before MCOs took over. They are still waiting. That is almost 2 years.

One lady is waiting for a shower. She hasn't had a shower in 2 years. One person I know lost all of her hours through UPMC and is fighting to get them back. Has been reassessed and is still being cut down from what she needs which is ridiculous. One person I know was told that they can only speak to their service coordinator for up to 15 minutes per quarter. Another person who is a friend of mine 24vent user had to have his hours advocated for because they tried to reduce his hours as well.

This is absolutely insane. We need to go back to a service-driven model that looks at functional need and not just whatever some committee decides that we need. The assessment tool isn't like it used to be. It doesn't say how long does it take you to do things. So I don't even understand this assessment toll or how it even relates to what our actual needs are. We need to get back to consumer driven services that are consumer friendly. That's what is going to safe money. This is ridiculous. Thank you.

>> Sellers: Thank you. Let's see Catherine Wentroble, are you now unmuted? Then following Catherine would be Morgan hugo and followed by Latoya Maddox. Catherine? Catherine, are you there?

>> I am unable to unmute her.

>> Sellers: We will go to Morgan Hugo and next up would be Latoya Maddox. We will try to get back to Catherine. Catherine, you may need to hang up and dial back in and enter the code are that Meredith sent you. I have a suggestion if the speakers could avoid using acronyms or explain what the acronyms mean that would be helpful to the audience. Morgan, are you there? Morgan? Meredith, is Morgan there?

>> Meredith: She is there. She is going on an off mute. It looks like you are currently unmuted.

>> Morgan: Great. So my name is Morgan Hugo. And I'm testifying on be half of my friend spit fire or eileen Sable. You might have seen her at some of the meetings. Spit fire passed away of the coronavirus on January 8 of this year. Spit fire was receiving community health choice services through PA health and wellness. A month before spit fire got COVID, she was notified by her attendant care agency that her hours would be reduced from 25 to 14 hours a week. Spit fire told me that she never received anything in the mail about this. She was really not able to get these hours back at all during this time as well. She also received paperwork that she had

to recomplete the Medicaid recertification as well known as the PA600. A week before spit fire was admitted to the hospital her attendant was not showing up to her job. Spit fire was telling me when she would call the agency she would just hear garbled noises and she was not really able to understand what was going on on the phone.

When she was admitted to the hospital, she believed that it was her attendant who gave letter the corn in a typical spit fire fashion she wanted to sue the attendant. I also learned in the hospital through her apartment management company that her apartment was in need of a deep cleaning. At that time spit fire was getting better and not worse. We thought -- we tried to get her deep cleaning services through PA health and wellness. And that's when we learned that the waiver no longer covers for deep cleaning service that spit fire needed.

So what we had to do was we had to get donations together and to pay for a person to Troy their best. They did not do a job because they were not trained to do this. Spit spare passed away in the hospital due to COVID-19. The only thing that makes me happy about this is that the hospital was talking about discharging her to a nursing home she would have died if she went to a nursing home.

>> Sellers: Thank you. Now we will unmute Latoya Maddox. Then we will follow that with Catherine Wentroble and Christopher Fisher. Latoya?

>> Meredith: I have a number of people that have not signed on. Latoya, Christopher, Gary Groves, Colleen Hofmeister, Katrina Steven Cohen, meagen Taylor, Evan Claudio, Kevin Bailey.

>> Seller: We are slightly ahead of schedule. Let's see if we can get Catherine Wentroble.

>> Meredith: I will still showing her as unable to be unmuted.

>> Sellers: Okay. I think you said Kevin Bailey is someone that is not currently showing?

>> Meredith: Correct.

>> How about Terravia Green?

>> Miles an hour death.

>> Sellers: Latoya is going. She did not get the link for the speakers. Meredith did you say Terravia is on?

>> Meredith: Yes.

>> Sellers: How about if we go with Terravia Green followed by Matthew Johns and Lanisha Chimenti.

>> Terravia: Yes, can you hear me? Okay. My story is the worst nightmare story. My provider is also my insurance company which is -- I mean my coordinator's name is Taqoya Lyons. My insurance is Keystone phone. They continued me for pest control. I have 30 hours and ended up in the hospital twice. Since the change of this program, I had been denied just about everything I asked for. I asked for a trapeze e to get me in bed. That was never taken care of by my first coordinator with Access Plus. I had no service during the pandemic the first 2 months I didn't have no help at all.

I went through different agencies like they were water. They are all playing games with the hours because I only wanted up to 12 hours. I ended up getting 30 and still couldn't keep an agency because of the pests in the house. I ended up in the hospital on February 28. I got diagnosed with -- they called it RAPO. It is a muscle loss in your blood.

I had a home health aid deny me to get my food. Deny to get anything and the place that she worked with left me in the house sick. Sick. They didn't even care. They just said well we can't let

anyone come in here unless you get the place exterminated. I should not have ended up in the hospital. I should have never been there. That's all I am going to say. I am so tired of saying this does not work for me. Thank you.

>> Sellers: Thank you. So now we will unmute Matthew Johns and next up is Lanisha Chimenti followed by Catherine. Holdsworth. Matthew?

>> Meredith: I am showing you as self muted, Matthew. >> Sellers: Matthew, are you there?

>> Matthew: I accidentally locked the screen. Anyway, I am 28 years old. I am a quadraplegic and I am physically and mentally disabled and my nursing home I lived in for 4 years. Not a healthy environment for me. I was always stressed. And ever since I have been out in the community my family relationship has been less stressed. I get to visit with my family more often because they are not as far away. I have a little bit of independence because I have a clamp that my friend gave me I can use my phone hands free. I put it on my power chair and I can talk hands free.

Put I'm dependent on care because I am a quadraplegic. I can't do daily care like getting dressed, feeding myself, bathing, taking care of my house. That's why I need a 24 hour caretaker. I appreciate you listening to my story and I thank you and God bless.

>> Sellers: Thank you, Matthew.

>> Matthew: You are welcome.

>> Sellers: We will now unmute Lanisha Chimenti and next up would be Cathleen Holdsworth followed by Latoya Maddox. Lanisha, are you there?

>> Lanisha: Yes. He will I'm Lanisha Chimenti. I am not here on my professional capacity I am speaking on behalf of my daughter who is a CHC participant she received services since 19 she is now 21 tell me I am her representative and soon to be legal guardian. I am so happy of learn of today's turn out and saddened by the lack of time to speak about concerns I will try to condense my prepared statements. I challenge UPMC for a full explanation of my concerns I have pages of documentation of my CHC and I am open to discuss them whenever you are willing to discuss them. I did not pick them. All of the doctors working for UPMC and her whole history is in those hospitals. They have only made 2 calls to date to the Office of Long Term Living I would love you to review her case. It does not see that UPMC is working for her. The weakest assessment I have been part of her 21 years plus on this earth. I can say that in my experience.

42 reduction per week. That appeal process is so broken I can't even begin to explain the experience I had in the short amount of time. It was very broken communication between myself and UPMC through each step. The Pennsylvania health law project can take this. I did take direction from the UPMC letter that the Pennsylvania law project will help you. Reduction is overturned in the review after I submitted 197 pages of documentation to prove those 87 hours were needed and deemed medically necessary. I am going through a dental denial process that seems just as broken. I will push through this with the assistance from Dana. I loaf this with you today. I am not asking UPMC or the loss of long term living for what we want. We do not possess that kind of power. I want you to care to make it through the day. She also does not -- I'm trying hard not let race come up as an issue. She use white woman in the whole chair for all they do for people with disabilities. They

are not doing that for her. Why? You haven't bothered to check on her once when we started the first grievance process 11/16 slash 2020. I challenge you you are their regulator to fix those

broken process. If you do not Troy it will create more problems moving forward. Thank you for letting me speak today. We are now unmuting Cathleen Holdsworth

>> Meredith: Cathleen Holdsworth has not signed on.

>> Sellers: Let's go to Latoya.

>> Latoya: Can you hear me?

>> Sellers: Yes.

>> Latoya: My name is Latoya Maddox I am speaking on behalf of PA ADAPT. They demand that community HealthChoices include representation from PA a, DAPT that are community health participants on each of their medical review teams when considering appeals and reductions under community HealthChoices. PAADAPT demands transition not be part of an administrative function. PA ADAPT community HealthChoices gives 10 days completed appeal form. PA ADAPT coordinators are trained by representatives of the traumatic brain injury and communication for service plans. When it comes to participants with traumatic brain injuries. PAADAPT demands a comprehensive and plain language training for participants and community advocates on the full appeal process when it comes to community HealthChoices. Consumers should receive assistance from a community HealthChoices advocate to help consumers understand the appeals process from the beginning until the end of the process. PA ADAPT demands that community HealthChoices managed care organizations show how often service care coordinators are trained how these trainings are being documented. PA ADAPT looks forward to working with MLTSS more object the things that we have listed on our demands and I will send all of these over in an E-mail after this meeting. There needs to be better service when it comes to community HealthChoices there is mixed communication when it comes to participants and the MC and MCO. He look forward to work with you all on bettering all of this in the future. Thank you. Have a good day.

>> Sellers: Thank you. So now we will unmute Gail and

>> Gail: This is Gail, can you hear me? I am listening. I am just getting more and more and more upset and anxious and sad and depressed. No excuse for what is going on. I have opinion told I should write a book. It will be a musical not a book. Would I like to cut hours for 70 to 20 for a paraplegic I can. Get along with 20 hours of help with no use of their arms or legs. It is unbelievable to me that this stuff is allowed to go on. I have viewed it from a consumer to I would hear grievances. I have been discriminated against. I have been left without the use of either of my legs. Left for 17 to 19 days without a bath I thought that was bath until I hear this lady has been 2 years. Are you kidding me? My mind is blown. This is not what those programs were cited for. I would like to know who to contact that somebody gets off their butt and get these people to do the job they are paid to do. I know they are not paid enough. At least do the job you are

getting paid to do. They send people here that don't know how to cook. The assessments are so inappropriate. When you think it up everything falls on deaf ears up to the office of long term livings. Nothing ever changes they assess you 2 and a half hours a week for all of your meals. And for clean up. Are you kidding? Nobody cleans up to begin with. Makes me more work and more expense. They are not trained to cook. It takes the average aide 6 hours to cook one dish. The mole may last 2 to 3 meals. 6 hours for one dish. That is a big discrepancy between what they a lot and assess and what the reality is. The last person it took her 2 hours to go 4 blocks

and get potatoes and onions. 2 hours. Are you kidding me?

This is what we get no such thing as a second class citizen we are graded as fifth class citizens. Forget transportation. It is just pity full. I think it is about time people take action consumers take action and get this changed because this is absolutely unacceptable. It is so sad and I see 12 seconds. So I would like and I have been asking for 3 years I am on the board for my PA health and wellness for 3 years for consumers to rate the past agencies as well them to rate the community health choice agencies. I am so upset and sad and I have anxiety disorder. My time is up. Thank you so much.

>> Sellers: Thank you, gayle. We are now unmuting Katherine. Catherine are you there?

>> Can you hear me? All right. My apologies. I did not platoon speak. I'm John flarity. I am the independent specialist assisting Catherine in her appeal to the fact that she is getting her hours cut. This is a great example of the sort of trouble that the people we work with are rung in. I had to sign Catherine up. She doesn't have access at home. She can't see anything that we are seeing on the screen so I tried to help her get the audio pin and she still wasn't able to access it. Catherine approached us because she was not included in her first hearing for a reduction in hours. Catherine has -- since her hours were initially assigned she has diagnosed with diabetes and yet they cut her hours. Catherine says her faith is very important to her and if this cut stays in place it's going to impact her ability to express her faith with her community. Catherine has no less than 8 hours. So if she sees a reduction there is a very real likelihood that she is going to have to deal with which doctor she doesn't see when she needs to.

This is absolutely unacceptable and we -- I personally had not run no it before when we filed for the appeal on a Friday and the news came back from the MCO on Monday that it had been decided that was a mistake. The only reason we know that. We got PHLP involved they have been nothing but wonderfully supportive. What Catherine is going through is endemic so what everybody that calls us is running into. We are seeing cuts across the board and it is directly impacting people's abilities to stay in their homes.

We are risking people's lives. We are risking people's independence and nobody wants where this is going to go. Thank you for your time.

>> Sellers: Thank you. We are now unmuting Patricia Roberts followed by Louise. Patricia, are you there

>> Meredith: Patricia and Louise are not signed on.

>> Sellers: Louise will be under Patricia Wise. She will cover both Loise and Patricia.

>> Meredith: I am showing you unmuted.

>> Sellers: She will have 6 minutes since she is doing 2.

>> Meredith: Okay.

>> Sellers: Patricia, are you there? We will come back to. Amy Shannon. Amy are you there? Let's Katherine Morvay and coming back to amy.

>>

>> Katherine: Hello. First I want to express my gratitude to the Roads to Freedom group in Williamsburg they were my service coordinators for years. For reasons unknown to me they stopped being coordinators. There was a change of services an I was put over to AmeriHealth, Caritas. They moved me over to Bridge to Independence. The supervisor is Debbie Rose. She has stepped up to the plate and has been trying to get a home assessment because I can't access

part of my home. My lift to get me -- pardon me. I'm a full time wheelchair user. For me to access my second floor I need a chair lift and she is working on getting that coordinated. The ask I ask to spoke today is to address the fact that since there's been so many changes due to COVID the people that are working from home need more supervision and more training I believe in their sincerity in trying to help but they can't hitting dead ends.

I don't know if this committee can organize more funds for administrative assistance.

My hours were cut but not so severely that my needs aren't met. I'm actually a very grateful recipient of the office of long-term care. It has enabled me to live in my home past past my husband passing away a few years back. The only thing that I can see that's needed is money and more training for those workers that are trying to do this job remote. It is a very difficult position not to sit in my dining room and walk through my house and meet face to face trying to explain details of need remotely is a struggle on both sides of the phone. I for one am very grateful for the help I get. I just think the system would be improved if the management got more financial support and training that's what I needed to tell you. Thank you for your time.

>> Reporter: Sellers. Meredith, now we will go back and try to get Patricia Wise. I believe Brenda will speak for both her and Lois. Brenda, are you there?

>> Sellers: Patricia is currently unmuted. I don't have Brenda.

>> Sellers: Brenda is under Patricia's sign on. They just left. They may have disconnected. We will go on to Erica Payne. Following Erica, next up would be Brandon Kingsmore and Lynn Weidner, Erica, are you there?

>> Meredith: Erica, I am showing you as self muted.

>> Erica: Can you hear me? Thank you. My name is Erica I'm a home care worker and home care worker with united workers of Pennsylvania. I am confused what this often mic is for? Is it to a pies people that are having serious issue was their home healthcare and MCO are is there some action or change in plans? I am fighting every single day not just for the home healthcare workers that meet the bare essentials of training such as vaccines, a pay raise that can pay their bills after being on assistance of working 62 hours a week. I know what the problems are for those consumers when they don't have the care that they need coming into their home and they're stuck.

Right now we are working with people that this is their lives. If we don't get this right, we are going to not just screw the quality of their life we can put them in serious health risk and danger. Right now they are just at this very moment there isn't an excuse to make serious changes to the policies and specifically to the procedures that are helping those people in their home every day.

We are getting oodles of money from the Biden administration flood nothing the state that can make serious changes if that is what the problem was, it is not a problem any more. We need to get this money to the front line workers and we need to make sure people are adequately trained, have adequate healthcare an have adequate pray so they can actually show up and be competent enough to take care of the people who need us, who depend on us and whose lives depend on us.

I don't even know how much further I can go with that. All I know I am hearing time after time there are serious problems. There are too many consumers that are being left out in the cold and these changes need to be made or what is the purpose. What is the purpose of doing this

work if these people are not going to get the help that they deserve? We need to start showing some policies that show respect to the people that we are taking care of every single day. That's all I had to say. Sorry it didn't go to like 3 minutes or so.

>> Sellers: Thank you. Meredith, do we have Patricia Wise log back in?

>> Meredith: Yes. Patricia is on and I am showing she is self muted.

>> Sellers: Brenda, are you there?

>> Brenda: Can you hear me now?

>> Sellers: Yes, go ahead, please. Thank you for hanging in there.

>> Brenda: Thank you for getting back to me. My name is Brenda Daron many of you know me in my professional capacity and consumer advocate. I am here for the voice of 2 rural consumer who's both live in Fayette County who do not have any computer access and we are having difficulty with the phone number that was provided by the Office of Long Term Living to participate today.

First I will talk about Patricia Wise. She is a woman who has multiple disabilities clouding circulatory disorders. She has over 30 blood clots in her system at this time that are active. She is under treatment for severe lymphedema and facing a reduction in hours. She has most of her care provided by a family caretaker. Patricia wanted to let me know she feels like she is being discriminated against by UPMC because of the fact that her son has chosen to give up other possible career paths to take care of his mother. Despite the fact that during her first level appeal and during her external review we have submitted information from her doctors about the fact that those hours are medically necessary and her condition has not improved. She is still waiting to go forward with a fair hearing. This has created immeasurable stress for her. I cannot say enough about how hard she has worked to be able to justify the hours that she needs. And she is a person whose condition

has not changed for the better in the entirety of her disability. She feels very much like she is having to defend the support that she needs for every little thing. She is just tired. I have to echo that is the experience of so many of the consumers that I serve. It's exhausting to do this work of sitting through assessment after assessment and answering questions about every little detail of your life only to have someone who doesn't know you decide that you need less help than you say you do, than your doctors say you do. At the beginning of the COVID public health emergency I couldn't have been happier to see the Office of Long Term Living protect people's services and say they couldn't be cut. The emergency is not over yet those drastic cuts are allowed to move forward. On Patricia's behalf I would like to say we need to respect what people say they need, what people's doctors say they need. The next person I am going to talk to you about is Lois Chapman she lives alone in

an apartment in Connelsville Pennsylvania she transitioned from a nursing facility. She is clear it was not a nursing home. It was never anybody's home it was a facility where she was forced today live after she was too disabled to live with her family that she moved to Pennsylvania to be close to. When she transitioned out she was not aware that community HealthChoices could provide her the assistance that she was entitled to. So she started by simply using 8 hours per week of services that was put together by friends and family who supported her. And then she got connected today community HealthChoices and was assessed to need 59 hours per week. Lois's life blossoms. She started going to church. She wanted to try to organize a Bible study. She was

looking at taking swimming classes. She was getting physical therapy that she needed in her home. She began to take steps in a walker an even though those weren't particularly functional it meant the world to be back up on her feet

again. At the very beginning of the pandemic she had a phone assessment with a coordinator who told her at the end of that assessment you are going to be cut from 59 to 30 hours per week.

That was just heart wrenching for her. And we advocated and that was stayed because of the status at the time at the beginning of COVID. Just recently in November low is was addressed to only need 32 hours of service per week. And we contacted PHLP and I assisted her in moving forward with an appeal. And we are still in the process of that appeal and she got word that another assessment is due.

There's been no triggering event. There's been no change in her condition. There was no request for another assessment. The only thing we can relate this to is a sort of harassment. What happens now if she goes forward with that assessment and disagree was it? She will be caught in a loop where she is processing 2a poles at once. Lois cannot comprehend the inanity of that environment she asked the service coordinator to wait after her final level of appeal is finished to do a reassessment. She is waiting for a response on that particular question. I just have to echo along with lois that that doesn't make any sense to me you wouldn't finish out due process and a low the decision to be made before you reassessed somebody who hasn't been through a triggering event.

We need more -- signal Sellers: You have 10 minutes.

>> Brent A. Thank you for listening to the stories of lois and Patricia. We need more listening sessions like this.

>> Can you hear me this time.

>> Go a he had had, please. I have been disabled since 1989. I was 12 years owed. I I ended up with a spinal cord injury. I had my mom helping me and I went to college and learned about attendant care and I thought that I would be able to move back out on my own after that. After graduating I moved back home with my parents for about a year. I was starting my masters grow at CMU and it was necessary for me to move into Pittsburgh in order to be able to access school and everything. And ever since then I have been very depressed using the attendant care program and moving back in with my parents a few years ago I had to use the consumer model for a really long time and then I just started using the agency model recently because I was always told that the agencies couldn't handle a lot of the care that I needed.

But now since using an agency model I have been having such a difficult time through COVID because I am just told all of the time that they have a difficult time finding people who would be able to do the level of care that I need, qualified people are lacking. But also people don't want to do the amount of care that I need when they can be a companion and sit around someone's house rather than to learn all of the things that I need and follow directions and be so detailed with everything and have to kind of obey me and do what I am telling them to do. The pay is just not high enough for people with needs for a higher level of care because with unemployment and the stimulus checks and everything, people don't need to put in an hourly wage in when they can get all of this other money.

I have not had enough help. I have 2 caregivers right now. They can't cover 135 hours a week.

My mom has been helping me but she is 72 years old. My family thinks it is going to kill her. Then I am going to be stuck without any back up. It is just -- I always have so much fear around the situation with the pay and the lack of people available to work. Thank you.

>> Sellers: Okay. Thank you. So we will unmute Brandon KingsmoreLynn Weidner.

>> Brandon: Yes. All of the stories that I am hearing today break my heart. I am fortunate enough to have somebody knows me for who I am. You know, the UPMC thing started I was skeptical about it. I don't like it. The people that work the most the caregivers take it from somebody that lives it every single day without my caretaker I would not be able to have the quality of life that I have. Without my caretaker I would not be able to do nothing I have Cerebral palsy. She is working day in and day out not nearly making enough money. And when UPMC cut my hours from 56 down to 40 hours a week, that may not seem like a lot but whenever you are fully disabled and you depend on your case worker every single day, they should get everything that they need. They should get more pay, they should get paid time off. In my caretaker gets hurt or sick, I don't have anybody. I don't have anybody else to take care of me.

I don't even know who to contact. So take it from somebody that lives it every day, we are not -- we are real life people with needs. If something needs to get done because I am hearing each and every story this morning it is making me annoyed. We are not a bottom line. We are people too. We can start being treat treated as such.

>> Lynn: I am Brandon's caretaker I am a home care worker for many years. I am a CNA I have worked at nursing homes. I have seen it all. The stories that I am hearing today outrage me. The fact that people are not receiving service that's they need. The fact that this is a global pandemic. People are dying. Home care workers are dying because we are going into people's homes without protection. Gloves are not provided. Masks were not provided at the beginning of this pandemic.

Our consumer's hours are being cut. The threat that that takes, the stress on care workers and on our consumers. We have had consumers die because their hours were cut and the stress they can't handle it and their hearts gave out. Do you understand that's what is happening right now? I know you hear us, but is there going to be any action taken? We can speak and speak and speak and we are screaming into the wing and nothing is change. Things need to change. We need sick time. We need -- speaking for Brandon he can't find a dentist through UPMC. There are no dentist. We have sat with them on the phone for an hour. They called phone numbers that were disconnected. They don't know what dentists are in the area and who would accept their insurance yet alone somebody that would take somebody in the whole chair without me having to physically pick him up up out of his chair. We have started the process of getting a shower chair at least 6 time. They change case givers and somehow the foil disappears. I have to physically lift him and set him on a counter top hoping I don't drop him an get into a hower because we can't get what we need. This program is completely, completely inadequate. Job what the solutions are to this. I am telling you things need to change. There is no way we will be quiet about it.

I can't especially after hearing all of those stories today. It is abhorant that we are treating people this way keeping people in their homes is important not just for their own lives but for communities. People with disabilities contribute so much to our society. Yet they are treated like garbage. It's absolutely terrible. And I cannot and will not it stand for it. We need better. We

need to do better. You need to do better. That's all I have to say.

>> Sellers: Thank you. And next we will be unmuting Nannette Shenk and then we will double check to see if we had anything who was signed up show up and if not we will work down through the list of individuals that were scheduled today provide input on May 8. We would go to Helen flowers. Nannette, are you there?

>> Nannette: Yes, I am, hello. Thank you for allowing me to speak today. I just wanted to share my experience my family's experience in reference to my mother Anne Marie Atwater. At the beginning of the pandemic her adult daycare center was closed. Of course this caused a decrease in her cognitive and physical abilities. But we were able to care for her at home thanks to the caregiving service that we had.

However, we now that a reevaluation of services was going to be needed. Due to COVID things were a little postponed and things were upside down as we all know. It had to be postponed. And that's fine. But once they did the reevaluation they did it all over the phone. Again, that's fine. Spent over 2 hours on the phone for them to assess over the phone without speaking to her or seeing her only speak to go me and my sister whom she lives with about her care and her care need et cetera.

Then we ended up having a surprise visit from I am going to say a case manager. I think you call them service coordinators. Literally called like 10 minutes before they showed up at my sister's door where my mother lives and stood outside in the yard for a 3 minute evaluation in.

That 3 minute evaluation they came to terms that mother's hours need to be cut by 30 hours a week. I received a phone call from the care manager that following month because -- from the service coordinator, in that service she mentioned that her hours had been cut. But we didn't know that. That was the first we heard of it. And I was like excuse me? What do you mean her hours have been cut. The letter you got in the mail. What letter? What are you talking about we didn't receive a letter.

This was a shock to us because we were never formally informed. Plus we didn't believe that the person who came to the home could actually give us a proper evaluation in the manner in which she did was standing there looking at my mother from afar.

Anyway, everything decreased by 30 hours a week which was object husband a significant decline. I am hearing that everybody is having that happen. Long story short we appealed. When I appealed I appealed with a person that could not speak English. I constantly had to respell things, restate things to him and it was obvious he did not type things properly and the people fell through it wasn't right. We were told we didn't need to show up. Her hours continued to delay at a decrease. Because so many time passed mother's cognitive state decreased. Everything just kind of went south from there.

We all scrambled as a family to try to take care of her needs. But there was a significant loss in time actually a loss of a job for one of us and because of trying to take care of mother and there was obviously a loss of income et cetera, et cetera in order to meet the needs the many needs of my mother.

Again she is our mother we will do whatever we have to to take care of her. We were very, very upset with UPMC and the way that they handled this. They didn't listen. I tried to call supervisor who's never returned phone calls.

The service coordinator she would return phone calls never actually take care of the problem. It

was really, really upsetting with the way that all of this was handled.

>> Sellers: Thank you.

>> You are welcome. Thank you for hearing that. Thank you.

>> Sellers: Now we are going to start on the list. I should ask is there anyone that has not signed on that has since joined us?

>> Meredith: No.

>> Sellers: Then we will go to Helen flowers and next up after her would be [enable] followed by Hellen Nad ge.

>> Helen: Hello. This is my first time on -- I have been taking care of my brother since October of last year. And I just have never herd the things that I am hearing today I just can't believe that people are having the problems that they are having trying to get help. I can't believe that UPMC as big as they are that they are having these problems. I don't have a lot to say. I agree with a lot of the callers calling in saying that they are appalled. I am appalled. It is just unbelievable that people need help. They can't get help.

There's money for help and they are not getting it. That's basically all I have to say. I just hope these -- whatever is being said here today is going to somebody's ear that is going to talk and not just talking -- talking and asking for help and not being herd. That's really all I have to say.

>> Sellers: Okay. Thank you. Next up with Nadge followed by Clamenta Johnson. Are you there?

>> Meredith: I don't think Rodnia is find on.

>> Sellers: Erica?

>> Meredith: Erica is not signed on.

>> Sellers: How about Clamenta Johnson?

>> Meredith: I am not seeing Clamenta either.

>> Sellers: Okay. I don't see George. Or Ashley. I see Chris Byrd. Let me unmute her.

>> Meredith: Chris, you are unmuted. I am showing you as self muted.

>> Chris: Can you hear me now?

>> Sellers: Yes, go ahead, please.

>> Chris: So I am Kristin Byrd. I life in the south western Pennsylvania area. I am currently a personal Cara tendant. I have been for over 20 years. I want to attend I want to address assistance with PPE. It didn't come and when it did it didn't come in a timely manner. I fight to get gloves. When I ask why I can't get gloves I'm explained that the healthcare workers in the you nursing homes and hospitals come first. Well, I could have sworn it was medically necessary workers which wo automatically make us healthcare workers. But it's being sent to the nursing homes and the personal care homes first.

I'm lucky if I get one box every other month but 2 boxes every month have been ordered. The masks a couple in an envelope where somebody took their hand and put it in a box and put it in an envelope unsanitary in my eyes mailed to me. When asked for more got another. I pretty much gave up and ordered them myself at my own cost while making an unliveable wage. I had to pay \$186 for masks one time to get the masks I needed. The letter that allowed us to pass in the state of emergency was post today the websites too late. A month to a month and a half. Again at our cost for us to print at an unliveable wage.

Support was not there. It was not it was not in a timely manner. The reason why there are so list left places like Arbys and McDonalds are paying 2 to \$3 more than me after working 23 years at

the same job. I have not received a raise to amount to anything in \$10 because I am capped.
>> Area on aging is calling this a national crisis. Support services for continuity of care for participants and personal Care tend ants was not there. We are in a national crisis not a statewide crisis. It is not enough. I wo like to know what they are going to do about us not getting the gloves an masks we need. I work 7 days a week. 2 and 3 masks in a package and 7 pairs a gloves in a package is not enough. The support at the state level or agency level was not enough and not in a timely manner. Still today it continues. I am here to spoke on both halves. This is not McDonalds I'm not flipping burgers. This is people's lives whether it is my life and I didn't get paid for 2 and a half months I went through that and ended up \$400 in late charges. Yes, I did. talk all of the way up to the powers that be after \$4100 in late charges and 2 and a half months of no pay I finally got my pay and I had pleaded my whole savings doing so.

>> Sellers: Thank you, Helen.

>> Helen: Thank you.

>> Sellers: I will unmute Yuanetta gray. Are you there?

>> Juanetta: Good morning. How are you? I quo mend everybody that was speaking today. Way tonight thank you also for listening on having these meetings everyone on the board and the agency. These assessments -- they need to do away with the assessment process. It is something that is not helping. It is actually hurting. Like they said the moneys are for our benefit. It is for the participants and consumers. Most of it is not going to them.

So I wanted to let all of the speakers know that we should get together in an alliance. Write letters to the government and compliance office and let them know we are being harmed instead of being helped with the reduction of the hours because it is hurting our okay it is hurting our lively hoods and this is what this program was built on. That's what I wanted to say. Sorry about the appeal process. The people that sit on the appeals boards they are harmful to our services they are not helpful at all.

>> Sellers: Thank you.

>> Juanetta: You are welcome.

>> Sellers: We will go to Eva Kay. Eva, are you there?

>> Sellers: I am showing Eva as off line. It looks like Fran Palm has signed on.

>> Sellers: Great. Let's unmute. We are run ago head of schedule. So Fran, if you are there we will unmute you..

>> Meredith: Fran, I am showing you are self muted.

>> Fran: Can you hear me?

>> Sellers: Go a he had had, please.

>> Fran: I am calling in on be half of my grandmother. She is 96 years old. She has lived in every residential setting I think you can imagine. When her health start today decline she chose to go into a nursing home an hour west of Harrisburg there are very few facilities. 3 nursing home one home health agency. She was placed in a local nursing home. I am a registered nurse. I used to go in and out of that facility quite often. The care that they get in some of these places is not adequate.

She kept getting recurring wound infections in her leg. She had to go to wound clings constantly. They were infected. I think she even had hyperbaric treatment we start today get her caregivers and an apartment. She stayed there a few years needing only a little care as she

declined she needed more and more help. We did get a live in caretaker through Office of Long Term Living. We went through several. We have been through it all. People have left her and other members unattended. Most recently was August of 2020.

I got called in to look at leg wounds when I opened the door to her apart mint it was filthy. I took pictures of trash, food filling the sink. The bed that the aide slept on was falling apart. Nothing in that setting was good. So I contacted the agency. The aide that she had temporarily while her p.m. ent aide decided to go shopping and left her and the quad plowing I can member across the haul unattended for over an hour. I called the agency and told them this was not acceptable she gave us 30 days to find an agency in the middle of a pandemic. We did apply for nursing home care for her. We never herd back from any of the nursing homes that we applied to. We had 30 days to figure out a solution. I turned my house upside down. My kids moved to basement beds rooms my grandmother moved in with me where she has been living the last 5 months. It's been a constant fight. But our story is a positive one. I did reach out -- I was not giving up. We live in a rural area

there are hardly any agencies out here. We were able to get the hours that we need add proved. But it is still a struggle finding help. I don't those people that live in our community, people need to listen straight from the doctor's office to the recipient. You are not a 15 minute visit. That's what these people are made out to be. You go meds are not reconciled. There are so many issues.

I just feel for these people I want to advocate for these people and 4 to 5 people live similar to a group home may be a better option. I would love to take 4 to 5 seniors in and care for them in my home. I think it would be a better option. Especially living in rural areas.

>> Sellers: Thank you.

>> I appreciate everything you have done. The outcome has changed. I am getting help for my grandmothers. I hope others do the same. But you can't give up. You can't give up.

>> Sellers: Thank you. Okay. So Meredith, do we have anyone else join us?

>> Meredith: It looks like Eva jumped back on and now I am showing her off line again.

>> Sellers: All right. So I was asked about introducing if any of the MCOs were represented today. I did want to interest deuce them. I apologize for the barking in the background AmeriHealth.

>> Meredith: I am showing Eva on line.

>> Sellers: Let's unmute Eva then.

>> Meredith: Eva, I am showing you as self-muted.

>> Eva: Good morning, good afternoon. Can you hear me?

>> Sellers: Go ahead please.

>> Eva: Thank you so much for this opportunity. I will give my name and number to anyone that's interested can feel free to reach out to me. That's waiver participant people getting services in a nursing facility and home an community. Family and friends. Anyone interested in supporting and working towards positive change. You can share your experiences anonymously but please share so it can be documented and can be used to bring about the desired change for the better.

I am out of breath. I might need an extra minute. I don't know why I am out of breath. I have been sitting. Give me one sec.

>> Sellers: Take your time.

>> Eva: The first is about ensuring that services are in place for all waiver participants. That means that all participants should know and be aware of all of the benefits and services available to them. Often times we are not. 90% if not 99%. I myself have been without services for a while. I have not been receiving services for a while haven't had consistent services.

It's been an atrocity that the state of human services and Office of Long Term Living have allowed their contractors which are the CAC and MCOs managed care organization to not have to provide these services that are set up for people who are considered a vulnerable population who have medical needs who have determined to be nursing care accessible. That means that the state had agreed to pay for them to receive care in the nursing care facility or at home. Those that have chosen to receive home care services in the community were told we will receive the same care you would receive in nursing care physical therapy nursing care et cetera. Unfortunately that is not the case. The second is about living wage. I know advocates have been working to do \$15 wages but I would add to that campaign and one of those advocates to do a living wage not minimum wage. Part of the issue with caregivers are not valued are not considered a valuable subset. They are healthcare workers. Their pay has not matched that. The third thing is quality ensuring that the care and services that are received are quality care services. Then the fourth I would offer a suggestion for the state to perhaps offer a \$1000 sign on bonus for caregivers to commit to 2 years of service providing home care needs. We know there is channels with caregiving pool, finding caregivers and keeping them. And there are various reasons. I think that could definitely be address. Unfortunately right now the state has decided to say, hey, we see there is a problem high turn over rate let's cut hours instead of saying, hey, we see there is a problem let's address these issues by offering more incentives and again holding accountable the CAC, the imagined care home care agencies. Thank you. I appreciate your time.

>> Sellers: Okay. I was asked any of the MCO and to identify who was on for the MCOs. I am going to go ahead and do that at this point. So for AmeriHealth, Caritas and Keystone First, Jen Rogers, Daniel and Christopher are all on. For PHW we have Anna Keith, Jennifer Burnett, Nora bends and Joe Pasnye. UPMC we have Andrea Ferrell. Mike Smith, Karen Caldwell on and I can go ahead and unmute and I can start going in reverse order. Unmute Mike Smith from UPMC to see if you have any comments that you would like to offer Mike. Give us a second here to get that done.

>> Mike: Can you hear me?

>> Sellers: Yes.

>> Mike: I want to thank everybody who called in today to share their stories and the Office of Long Term Living for arranging this opportunity to hear directly from participants. UPMC currently serving 135,000 participants in the program about 26,000 receive home and community based services. And we appreciate those folks who responded to today's event and shared with us their stories. Whether they be problems that they are having with receiving services and in getting responsiveness I would like to acknowledge a too that we receive about 20,000 calls a month for our programs. We are responding to those calls typically in a 48 hour window as a part of our operations. We consistently train our staff and actually have added training to staff over the last several months to improve understanding of issues that are coming

out of COVID and/or service related issue that's we address on a timely basis so we can conduct not only quarterly trainings we conduct weekly trainings that are held in teams of service coordinators and we also have a statewide training that is held every other week on timely topics. So that being said I want to mention that the stories that we have heard today will be a part of our discussion this coming Friday not tomorrow but the following week, to share with them the angst and what is going on from the perspective of the people we serve. Although, I am sure that there are stories that were not relayed here of a positive nature that our service coordinators are involved in. It doesn't mitigate the fact that the story that's were told today reflect on our ability to support people. I think we have quality assurance measures in place. We have Office of Long Term Living, national quality standards and NCQA which is a nationally recognized distinction that UPMC has earned. We audit our staff on a regular basis to ensure compliance. Those audits are not only designed for compliance but for internal standards. We review records consistently to make sure that we are appropriately providing services over the summer or over the winter in December and early January. We decided to open up the time frames for responding to reductions in services because we learned of mail issues. I believe we were the only plan that voluntarily extended our hearings and appeals time frame to 15 days for that purpose.

We're anxious to act on and a mealier ate the issues that were discussed today. Pat has a lot of your contact information. We are certainly open to working and learning more about the circumstances that we heard about today.

I will also say one other thing an then I will let some of my counterparts spook. We are an organization that prides itself on doing the work of this program. I personally worked at the area agency of aging across the state. Center for independent living and we want our programs to reflect excellence, respect and dignity for the people we serve. We hold those elements highly esteemed in our program. I think it is reflected in the continued growth of the number of folks that are selecting us as a provider and want to make sure we earn folk's respect as we continue to grow. Thank you.

>> Sellers: Thanks, Mike. Next we will go to W H.W. Meredith, can you unmute Anna Keith and Jen Burnett?

>> Thanks, Pat. My name is Anna Keith I am the vice president of long term supports and services for PA health we willness I do want to thank folks for bringing their courage to the call and sharing their stories. These stories that you share are very important to our health plan even if they weren't particularly identified as being a PA health around wellness issue. We take them seriously and we will bring them back to our leadership tomorrow and share the feedback about the concerns. Not only those receiving services but the healthcare workers and those receiving PPE and how we can be a positive solution for some of those areas that were identified. PA health and wellness has done a number of community outreach initiatives to get PPE in the hands of direct care workers that work under PPL. We did quite a bit with support to SEIU to get that PPE in the hands of individual we work with the home healthcare association to hear the issues of home healthcare workers and how we can work with the department to improve the working conditions of those workers.Ed

I recognize that there were 3 individuals who shared their stories that had to do with PA health

and wellness. I do have their names and I can give my personal assurance that we will look into those issues and have somebody outreach to those participants. We are working our hardest to do really positive things for people in Pennsylvania. We believe in the community HealthChoices program. We work closely with the department to address any issues that come forward. PA health and wellness does have an escalation department and those -- any and all escalation that come through our call center 844-626-6813, when calls come through and they are escalated they are addressed within a 4 hour time training and then if service coordinators are sought, we also reach out to get them connected individuals connected with their service coordinator doing as best we can.

If there are issues that are out lying, please call our call center and share your information and we will get back to the participant or their family member and do what we can to resolve whatever the concern is. That's all I have got for now. Thank you.

>> Sellers: Then we will go to Jen Rogers for AmeriHealth.

>> Jen: Pat, this is Jen, can you hear me? My name is Jen Rogers I am the director of LTSS program manage Anne and quality Keystone first CHC. I want to be clear. I understand fully today was about listening and thank you to everybody who took the time to provide the feedback and information shared today. I echo what has been shared by Anna and Mike. We take this very seriously the information shared today we are taking it back to our leadership teams for review. And to look for opportunities to improve and I fully appreciate that LTSS is very personal. It is a service rendered daily by thousands of people across the Commonwealth. So this information shares us to get better. We are grateful for the opportunity to improve and continue to serve Pennsylvanians in the CHC program. So thank you.

>> Sellers: Thanks, again. I think Jamie and her team wanted to see if the committee members had any comments that they wanted to make. I guess Linda starting with you.

>>

>> Linda: Excuse me. It was very good to hear everybody's comments for today. It was sad to hear the negative comments that need to be addressed, the cutting of the hours and so on and so forth.

I think that need to be done in a more in depth way with the person to whom the, you know, information is being sought off.

>> Sellers: Okay. Anything else, Linda?

>> Linda: That was about all

>> Sellers: Luba, how about you?

>> Luba: Thank you, this is Luba Somits. My take away I think it is important to be able to facilitate regular conversations so we all feel aligned with our participate and things that we want to do. All of us here together want to do the right thing when it comes to community HealthChoices we hear that from everyone. I think that we have had a conversation like this only steers thus the right direction. I thank everyone who was part of the process and participating in coordination as well as those participants who came forward with their stories to be honest and straightforward how things worked and how is this things did not work. I thank you.

>> Sellers: How about any other committee members? I know that be --

>> We are hearing reports from a 10,000-foot view and reports coming from boots on the ground. I believe we are driven more by reports of boots on the ground what people are

actually getting in their perceptions and their homes. I get it, there is certainly a major proportion of the consumer recipients from whom we did not hear. I am sure many of them are positive reports. We need to cope in touch with those that aren't that's where failures occur and those failures can be devastating. I am really concerned that we heard nothing about behavioral health services today. Is that mean there are none offered or there are so many problems they couldn't be addressed? I am concerned from that from a behavioral health concern. More of input of this on a regular basis should be part of what the subcommittee seeks going forward. Thank you.

>> Sellers. . Thank you. Juanita Gray I see you would like to make a comment.

>> Juanita: Hello. Okay. How are you, sellers Dorsey today. Thank you again. I want him to say it is being offered on my be half. My issue basically like Linda was speaking on was the sadness of them trying to take away hours and Keystone first is an agency where I have complained and I put in appeals and different things. They haven't -- when they replied it is very negative. They are very harsh to us as consumers. There is no dignity given to us or respect. We are treated very badly. As a consumer an subcommittee member we need more help, we need higher up to watch over them and we do need certain changes when they cannot harm us. I have had that happen to me multiple times.

>>

>> Sellers:Ali alley saw that you wanted to offer comments.

>> Ali Kronley: I am with united home care workers of Pennsylvania. I really appreciate the department making the time to make sure that we are hearing the voices of participants and direct care workers. I just think it is so critical that their voice is heard and those stories as many people said it is heartbreaking. It really shines a light on our ability to ensure that consumers are able to live at home with independence and dignity. It feels like if we can't figure out how to make some of the reforms particularly around hours we just don't have a system that works. So many people lifted up. Our direct care workers and their consumers they are facing huge challenges from just low wages and lack of benefits making it really hard to find attendants who can provide care. We have an overwhelming number of our consumers reporting hours cut that don't seem to be based on need or focused on eye person-centered approach when determining care plans and long delays for home modifications. The challenges people mentioned service coordinator turn over and communication. Overwhelming partly disappointed that there isn't more time to hear more voices. I think it would be really valuable for us to build in some regular time to hear from the participants and the direct care workers on a more regular basis in those meetings. I echo Zachary and Lynn mentioned listening is the first step we just need to figure out how we are working collectively to take action to address the issue that's so many people raise. So looking forward to doing that work together and appreciate everyone on here. I am feeling overwhelmed by all of the stories we heard and hoping we can figure out we can figure out how people get the hours they need.

>> Sellers: You wanted to offer some comments?

>> Mike: This is Mike from Pennsylvania council on independent living. I just want to echo what Ali and Lloyd had mentioned. I think it is so critical. I think a big piece of the MLTSS meeting is that feedback loop. When we were meeting face to face together that was a constant in the

meeting and then for almost a year now -- because of the pandemic we haven't been able to receive that feedback. I for one encourage us, Jamie and the folks at OLTL, to take a look at integrating that as a regular part of our meetings.

I also just want to point out that it took a lot of occur aim for people to come in here an empty their hearts trying to deal with technology they don't deal with all of the time but they still wanted to do it.

I just hope that we can work together and actions happen as a result of the testimony that was given today. It was very powerful. I agree with what everybody said. Thank you.

>> Sellers: Thanks, Mike. I see -- I missed this earlier Monica, it looks like you wanted to add some comments.

>> Monica: Might, thanks. Are you hearing me?

>> Sellers: Yes.

>> Monica: Thanks for unmuting me. I had a question that I posed. I am representing the brain injury industry. One of our providers passed on a concern about changes in the transportation system. The issue is that the system was changed so that people can no longer get transportation passes for public transportation from their service coordinator they get some sort of a card where they have to go and purchase their passes. It can't be done on line they actually have to go to a transportation office and purchase them at a window during hours that the office is open.

For many of the clients with particular provider works with that is really channeling. Even they live in a rural area and can't get there and don't have transportation to get there to buy the passes or just it is more than they are able to manage. The question was whether there are any potential to change the system so that people can make these purchases of transportation passes online? It was specifically a provider who was working with Keystone.

>> Randy: This is Randy from the Office of Long Term Living. We are taking a look at that at the Office of Long Term Living we will be having some further conversations about it. We understand that it is an issue and concern. It is something that we are looking at. Talking with the policy folks and with our internal staff. So we will be talking more about this as time moves on. We are evaluating it.

>> Monica: Great. I have another question that is unrelated. I should have sent it in between meetings. We are still having reports from providers that they are not consistently being able to find out who a service coordinator is once a person has been enrolled. They are not able to find it out in a timely way. This particular provider said once they find the service coordinator that authorizations have been challenging because they don't recognize this provider as a provider and they are in the system. And they have to keep not elevating the issue up the chain to get it worked out. Eventually it gets works out. There is a big time lag between finding the coordinator and getting the authorizations I am passing that on as a comment.

>> Randy: Again this is Randy we have been working with the MCO to try to identify the SC on the HHC system to the providers can have access to that. That is a work in progress that we are trying to put this information out there so that it is more accessible. Cindy Celi the fact that the service coordinator didn't recognized the provider as someone who has a contract to provide long term services and supports seemed to be an education issue. I don't know what the issue is about that. It was a provider that has contracts and has been working for a long time with the

managed care as a service coordinator who still didn't recognize them as a provider.

>> Randy: In another situation you can reach out to the MCO or you can reach out to the Office of Long Term Living and we will help correct that situation. I agree with you it is an educational piece that needs to be addressed.

>> It was odd not to have recognized it.

>> Randy: I agree.

>> Sellers: I think Cindy see seeley.

>> Are there other things that might be brought into the office such as emergency response system, home delivered aides to assist folks if their hours were going to be reduced?

>> Sellers: I don't know if you wanted to speak to that or if you want to follow up with that off line.

>> Randy: I am going to -- the MCOs certainly talk about this off line I can give her a call or E-mail. The MCOs are to be looking at whether they assess individuals at all services that are available in the program. Adult daycare. Any other service that may be beneficial for the individual. So they should be looking at that also as a part of their assessment if possible

>> Cindy Celi: Thank you I will put my information in the chat box.

>> Seller: We are at 12:58. Did you want to offer any closing comments? I know when Jamie -- I know you are planning to take some additional input at the next meeting.

>> Jamie: Pat, this is Jamie. I want to echo some of the comments that previous speakers made. I thank all of the speakers today for braving our technology and actually offering their comments. It was very brave of you. I appreciate hearing everything that everyone had to say today. I also heard loud and clear what many have said. So I started in the midst of this pandemic and have really only participated in the MLTSS meetings in this virtual format. So I don't have the great experience that many of you have with being in person and hearing the open comments that are able to be made in a more inclusive setting when we are altogether in one room.

But we have heard that loud and clear at the Office of Long Term Living and at least in those meetings in the virtual format going forward we will reserve time for commenters so we can continue to hear what our participants have to say and we need to start reserving some time at the end of our meetings.

>> CAPTIONER: Scheduled time is up. I have to go to another meeting.