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Date: 5/4/2021

Event: Managed Long-Term Services and Supports Meeting

StreamBox

May 4, 2021.

>> Good morning. We'll get started with the meeting in a few minutes. A reminder for those who are unmuted, can you please self-mute the background noise. Thank you.

>> Good morning, Sherry. Good morning. Thank you.

>> This is Luba.

>> Good morning.

>> Good morning.

>> Would you like to get started in a couple minutes considering our agenda?

>> Jamie, does that work for you.

>> JAMIE: We really should. I know we're on a tight time line.

>> If it's okay with everyone, I'll certainly take attendance at this point. Jamie, are you okay with that?

>> JAMIE: Yeah, sounds good. Go ahead.

>> All righty. Al-Ali, I see you're on and Cindy as well.

Neil, are you on the call?

Okay. I see David is on.

Denise, are you on the call?

Gail? Are you on the call?

German.

[Sneezing]

>> Heshie, I see you're on the call. Juanita, thank you for joining us.

>> You're welcome.

>> Lloyd is on the call. And Matt, are you on the call? Matt Seeley. Mark? Okay. Mike, I see that you are on the call.

>> Yep. Good morning.

>> Monica.

>> Morning.

>> Good morning. Richard.

>> Sheila Welsh is on for Richard. We'll be switching her over as a panelist, Luba.

>> LUBA: Okay. Thank you. And Sarah, I believe that you are on the call. And Sister Catherine. Hi, there. Sister Catherine.

And Tanya. William Spotts, are you on the call? All right. I believe that's my sheet as far as membership names. I believe that I got everyone. Is that correct?

>> I'm new. Linda is on the call.

>>.

>> LUBA: Thank you, hi, Linda.

We started with the attendance.

And then we'll go on to the housekeeping talking points.

>> This is Gail Weidman. I wanted to let you know I was on too. I jumped on late.

>> This is rich Wellins. I'm on as well.

>> LUBA: Okay. Wonderful.

Thank you for joining us. And now we'll proceed to the housekeeping talking points.

And I'll just review some highlights. Please keep your language professional. This meeting is being conducted as a webinar with remote streaming.

During today's meeting we'll hear from those community HealthChoices participants who registered to speak during our April listening session but didn't get a chance to speak about their experience in the COVID-19 public health emergency. We'll hear from participants one at a time in the order in which they registered for the webinar.

Allot up to three minutes per participant to speak about their experience. We ask those who speak do so respectfully and stay mindful of what they shared in this public forum. This webinar is being transcribed and audio recorded and both 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 clearly. Otherwise, the captionist may not be able to capture the conversation. If we're not able to hear from everyone who registered to speak today, we will make adjustments in the MLTSS meeting schedule to hear from those whee didn't get.

All webinar participants except committee members will be in listen-only mode during the webinar. While committee members will be able to speak during the webinar, we ask that you use the mute button or feature on your phone when not speaking to help minimize background noise and improve the sound quality of the webinar.

Representatives from OLTL and CAMCOss are present today. In order to allow as much time to hear from participants, they'll refrain from commenting during 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 CACMCO staff will follow up with them after the meeting. We ask that webinar participants who have questions and comments enter them into the chat box in the go to webinar pop of up window on the right side of YOU computer screen. To enter a question or comment, type into the text box under questions and press send.

Please keep your questions and comments concise, clear, and to the point, and OLTL will follow up on these questions and comments as needed after the webinar. In regard to the meeting minutes, transcripts and meeting documents are posted on the list serve under MLTSS meeting minutes. These documents are normally 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'll end promptly at that time. If you have questions or comments that weren't heard, please send your questions or comments to the resource account at raphchc@pa.gov and the request is listed on the agenda. The 2021 MLTSS dates are available

on the website. Thank you. All right, Jamie, I believe we would be ready for OLTL updates. We're a little early.

>> JAMIE: I'm going to quickly go through my updates, so we can reserve as much time for individuals who want to speak about their experiences with COVID-19, so I'll apologize to everybody up front that I'm going to whip through this presentation. I know we have a very -- I know we have a long list of people that want to speak, and we want them to be heard today. So with that, I'll start. So I just wanted to give just my agenda is a quick COVID vaccine strategy update for the Department of Human Services. I wanted to let everybody know about the we can work campaign very quickly, and obviously, we have talked a lot about a different stakeholder meetings about changes that are coming to the participant-directed service model and so I want to give an update on that as well. So turning to the COVID-19 vaccine strategy, last week, you may have seen on the news that the secretary, the acting secretary of the Department of Health directed vaccine providers to actually -- ooh, somebody needs to mute their phone if that could be possible. Thank you so much. To coordinate with local area agencies on aging or the applicable managed care organizations, meaning our community HealthChoices MCOs to schedule appointments for individuals seeking vaccination.

This includes individuals that are seeking a vaccination in their home because they cannot leave it. So our managed care organizations are CACMCOs than collecting lists of participants that need a vaccine in their home and they are now working to coordinate those participants with vaccine providers who can actually go into a person's home and provide a vaccination. So that order was released last week. And so we are working to schedule those appointments for participants that can't leave their home. For individuals that are not connected to a CHC MCO, those connections can be made by their local area agency on aging. So the next slide, this is just an FYI for everyone that is at the meeting. In April, the Department of Human Services launched the we can work campaign. You may have seen it on the social media sites like Facebook or -- I think the other place it was was on -- I'm blanking on the name now. That shows you how much I use social media. But I haven't seen it on Facebook. It's an effort to educate the public about employment and supports for those with disabilities and thou they can facilitate job connections and training programs. If you took a look at the we can work website, it has a lot of information, and it actually offers -- I want to say sample participant stories of Josie and Yasam and it's a really interesting and hopefully educational effort for people that want to work and learn about the services that they can qualify for and they can receive and then hear a little bit from the participants about how they access those services and supports and work at the same time. So I would encourage all to check those out or check out the we can work website and check out, obviously, you can click on it from Facebook. So next slide. So we talked a lot about this at the long-term services and supports subcommittee at the mack as well as the consume subcommittee at the MAAC. The Office of Long Term Living is working on making changes to the participant-directed model of services. Our current CHC home and community-based waiver, we have a statewide financial management service vendor, which is actually right now a PPL. We are working to transfer this statewide financial management services vendor that the state currently holds or the Office of Long Term Living currently holds. We're working to transition it to an administrative function of the CHC MCOs. You can see our anticipated benefits include a streamlined authorization and time submission process and enhanced

coordination between the financial management services and service coordination. We know that, obviously, we still have a very small population in our fee for service home and community-based programs and our act 150 and over waiver programs and obviously they'll have a different experience from moving the financial management services to an administrative function of the CHC MCOs. We are transitioning our fee for services from that statewide vendor to a process where providers, meaning financial management service providers will individually enroll. So please know this is the beginning of the process.

Proposed changes to the CHC and oaf waivers will be published for public comments in the coming months and I want to say we are working to set up a stakeholder group. If you talk with stakeholders continually through this transition process, we're hoping to hold the first stakeholder meeting on May 13.

We're working to publish the information so stakeholders can sign up to participate very soon. Hopefully by the end of the day today, maybe even tomorrow. So please put that May 13 date on your calendar.

The Office of Long Term Living is starting these stakeholder meetings, but as the CACMCOs actually contract with their own financial management service vendor, we may transition these stakeholder meetings over to them when they have a vendor under way, and they can talk more about the in-depth transition process that the stakeholders want to be involved in. But the Office of Long Term Living will be kicking off that process. And so with that, I think -- I don't know if I have any time for questions as I know I wanted to make as much time for participants to give their remarks. Are there any questions in the chat?

>> There aren't, Jamie.

>> JAMIE: Can I reserve my time for questions until the end to give as much time to participants to give their remarks?

>> Sure. That would be great.

So we'll switch over to start listening to the individuals who registered and we will work our way through this so much of the way we did the last time. So you'll see on the screen the list of individuals who have registered, and I'll indicate who is being unmuted and then who would be next up and then who would be followed by. So we'll be starting with Jan Stewart and Meredith is unmuting Jan, and then she'll start the timer for the three minutes. So Jan, can you let us know that you're unmuted.

>> So I don't see Jan on the line. But Toro luby, I do see.

>> Okay. So then we'll unmute Toro and then followed by Christopher Fisher and then next up, - yes, go ahead.

>> Thanks for making it possible for us to share our experiences.

At the end of my time, there will be a call to action for one of the managed care organization reps. My mother is in her 80s and had her apartment for over 20 years. She was -- she had mobility problems and is completely blind. I had been overseeing her care for decades while I lived and worked in another state four hours away.

October 21, 2020, my mother fell and was taken to the hospital.

Fortunately, there were no fractures. In the following weeks at rehab, her mobility did not improve in any way that would provide another -- prevent another dangerous fall. We made it clear to her service coordinator that returning home safely by November 12 would require

personal assistant service 24 hours per day seven days per week. November 11, we were old 24/7 care was approved.

November 12, mom returned home with personal care assistance on-site. November 13, now we're told the maximum care she will get is 13 hours per day. To provide my mother with 24/7 care, we began paying \$120 per day on our credit cards to make up the difference while appealing the denial. My mom's doctor wrote a letter of medical necessity in response saying quote, to limit her in-home assistance to 13 hours a day leaving her unattended for 11 hours per day will almost certainly result in a rapid decline in her health and place her at risk of serious injury or death unquote. By the day after Christmas, we were denied for the second and third time with no other options. On January 19, 2021, after \$8,000 of total debt, regretfully and tearfully my mother left her home and familiar friends and I moved her to a nursing home. An external review board finally overturned the Keystone First denial, but it was too late.

Some may say things are better now. Well, here's a call to action for Jan Rogers of Keystone First. My father's only living sibling is in her 90s with mobility issues just as bad as my mother's. A week ago, her Keystone First contact denied her request for 24/7 care. So Jan, what will you do to arrange for approval of my aunt's 24/7 personal assistant service in a timely way? That's all.

>> Thank you for the comments, Christopher. And we will make sure that there's follow-up that happens with that. So now Meredith, unless Jan has joined us, we will unmute Christopher Fisher and then next up would be Gary Groves followed by Colleen hofmeister. Christopher, are you unmuted?

>> So I don't see Christopher on the line.

>> Okay.

>> It looks like the next person on the list that I see is Jill Spector. Jill, it looks like your audio might be off.

>> Jill, are you there? Jill, are you there? Are you able to unmute yourself? Okay. How about Meredith, do we have Stacy Sharples? I don't see Stacy on the line.

>> Okay. We apologize. I know we have Rich is on. Right? Or Rich isn't on yet?

>> I'm on if you're looking for Rich Wellins.

>> Yes, if you want to go ahead and just remind folks if you can, make sure you mention the name of your MCO.

>> All right.

>> Go ahead.

>> Since the other two people didn't show up, I can have nine minutes, right? No.

>> No.

(Laughter).

>> You tried.

>> Our MCO is UPMC community HealthChoices. I'm the parent of Andrew. Andrew is a 35-year-old now adult who suffered from a brain tumor at the age of 8. He has some physical and intellectual disabilities, because of the required surgery. One of his bigger challenges is something he's acquired. Some of you may be familiar with that where there is pituitary dysfunction that leaves to a constant hunger, and he's never satiated.

So it requires quite a bit of care and security on our part.

During COVID, UPMC has been amazingly supportive. Our concerns were medications. No one's brought that up. In 1 or 2 cases, there were shortages of medications, so we had to work around with the UPMC pharmacy.

Thankfully, our hours were not cut. He currently gets, has, and work support. And so both of those are provided, although during the first three months, those services, he could not take advantage of those services because of the shutdown. But after that three months, we were able to -- our provider, she work at -- I'm sorry. Work at -- I'm sorry. Work virtually, and then after about six months in, visits to the home continued. So we're very satisfied with that support.

And our service coordinator is excellent. She does call regularly. She updates the service plan. Unlike some of the stories I've heard, she's very good. And the UPMC has been very helpful. The biggest challenge ahead, sort of similar to the first gentleman is we're getting older. In fact, I turn 70 on Saturday, so we need to --

Yep. Did I lose you. Time is up, right?

>> Yeah. You have one final sentence?

>> Yeah. One final sentence.

We need to find 24/7 home support for Andrew and to date, that's been the biggest challenge. So thank you very much for your time.

>> Okay. Thank you for those comments. Meredith, the next person I saw on the list was Christine unless there's someone that you found that had joined us that was previously listed.

>> It looks like Jill Spector is connected to audio.

>> Okay. So we'll go back to Jill. Are you there? And can you -- are you unmuted?

>> Jill, I'm showing you as self-muted.

>> Jill, just press on your microphone.

>> Okay, I'm showing you as unmuted now.

>> Are you there? Jill, are you there? Okay. Meredith, how about if we try to go to Christine and then we can try coming back to Jill.

>> Sure.

>> Christine -- I'm sorry if I mispronounced your name.

>> Hi. I'm Christine. I want to say during the pandemic, I know a lot of people are getting their hours cut, and it's very unfortunate, because a lot of us rely on these services to get in and out of bed, to get our daily needs met. I cannot do a lot on my own, so when hours are being cut, you have to realign the schedules, and it's very unfortunate that we have to do that, because it's not our choice to have to go through all this. And as far as my service coordinator, ever since this whole thing has started, I do not have a lot of contact with my service coordinator (off mic). And it's just -- I don't think that people who don't have to rely on their service realize what an impact it could make on someone's life. And I just think there needs to be more feedback and more looking into the problems and not just listening to what is going on, but something needs to change, because fortunately, I have family that can help if something was to (off mic) but a lot of people who are older do not have the privilege of having extra supports be around someone when hours are being cut and things like that. It's not fair to those who don't have other supportsupports. That's all I have.

>> Hello? This is Lois Chapman.

>> Sounds like we lost Pat.

Lois, were you on the list here?

I don't see your name.

>> I'm sorry. I was on mute.

>> Oh, okay. Sorry about that.

Yes. So did we have Jill or did we have -- was there someone else? I heard Lois.

>> Yeah. I'm here.

>> Okay. Lois, if you --

>> Do you want me to --

>> Sure, if you could say your name, Lois and the MCO that you're with.

>> I'm Lois. I can't -- what are you saying? I can't hear.

>> Lois, we can hear you.

>> Okay. Now, what was the question?

>> Did you want to share some of your experiences with COVID? .

>> Yeah. I don't think it's been fair for me to have to change hours, because I have a lot of bowel problems for one thing, and when I have to go in there to the restroom, a lot of times, I have to have help to get cleans up, and I never know when that's going to be. I could be fine and then the next thing I know, I'm having diarrhea. And I just need the help, you know, to help me get cleaned up and of course, then I can't do my own shower. I have to have help there. I can't make my own bed. There's just a lot of things that I can't do.

And I don't think that I should have my hours cut.

>> Was there anything else you wanted to share, Lois?

>> Right at the moment, they're not giving me anyone on Sunday morning and that's when I need help because I'm getting ready to go to church. I still go to church if I possibly can. Some Sundays if I'm having diarrhea, I can't go. Then there's some Sundays that the bus doesn't come and then I can't go, because I have to ride the bus.

And so there's that. Most of the rest of the time, I'm doing okay. I just need that time.

That's all.

>> Okay. And are you willing to share the name of your MCO, Lois?

>> My MCO? Brenda helps me from (Name) Trifle? I'm with UPMC and so far I've gotten along with them pretty good.

>> Okay.

>> Okay?

>> Okay.

>> That's my biggest concern.

>> Okay. You're welcome.

Bye-bye.

>> Okay. So Meredith, do you want to try Jill again?

>> Sure. Jill, you're unmuted.

>> Jill, are you there? Jill, are you there? I guess Meredith, I know we have Maureen Mim.

>> Sure. Maureen, you're unmuted. I show you as self-muted.

>> Can you hear me now?

>> Yes. Go ahead, Maureen.

>> I'm speaking on behalf of my friend who I am her advocate.

Due to experiences from September 2020 through February 2021, my friend fears of having communication with her service coordinator as she feels it may put her in danger of losing services. You see, UPMC cut her caregiver hours in half which she had been receiving for ten years when the waiver program was run by the state.

This was the beginning of a long and hellish road of appeals.

Why were they cutting hours for a person who has been receiving that number for ten years and is progressively declining with MS neurocarneurocar Cossis. Service coordinator and their hearings are not trained. Ineffective at follow-up on goals and needs, inflexible, unavailable, made little or no contact with the member, do not do their due diligence during assessments and be unable to use the time task tool. The confusing nature of the appeal process makes it nearly impossible if you don't have an advocate, way too much paperwork. Instructions are confusing, vague, and contradictory. Member services are ill prepared to answer questions and handle problems.

The time task toll seems to have changed and this is a biggie.

What changed to have my friend's hours cut in half? Her medical condition has declined considerably since beginning the program ten years ago. I can only assume it was due to a time task toll that is flawed and does not allow for flexibility or understanding of a member's everchanging abilities. The health plan policy is impossible to comprehend much one needs an administrative law degree to understand what is not covered and what is covered. Appealing is a full-time job. If you don't have an advocate who can do this, the member doesn't stand a chance. I spent hundreds of hours working to understand the appeal process, create a case, and present it before UPMC an outside group and ultimately a judge. This was six months of agony, frustration, and anxiety with the only hope coming from PA health law.gov. I could not have persisted without their help. I can share the details of her case which resulted in a favorable ruling by the judge for my friend, and her hours were rerecently reinstated. We are extremely cautious about the program. Will she have to go through this again? This took a huge toll on her health. There is no trust that they are doing anything but cutting hours, services at the expense of the health and well-being of the member. They do not follow the dictate to have members stay in their home safely and independently. Rather, it seems they're an administrative arm only and their performance has been disgraceful.

>> You have ten seconds left.

>> That's all I have to say.

We're very very unsatisfied.

>> Okay. Thank you for these comments, Maureen. Okay.

Meredith, I don't know if you have located anyone else on the list.

>> Not at this time. We can try Jill again. And then I wasn't sure if George Gilmer might be on the phone connection.

>> I have some of the people on the phone line. So if you want to try Jill.

>> All right.

>> Jill, you're unmuted.

>> Jill. Okay. So how about we will go to Christine Perry and let me get you unmuted, Christine.

>> Me?

>> Christine, are you there?

>> Which Christine?

>> Christine Perry, yes.

>> I'm new to this. So please bear with me. I have several problems. My UPMC is PA health wellness. My doctor put in prescriptions left and right for me with PA health wellness for things I need, and I have not been accommodated. I've been approved for an air mattress in June 2019. I have yet to receive it we put in for an encore brand for me, because I have mobility problems as far as getting up, I don't want to get hurt trying to get up, and I've been denied. Every time I talk to PA health and wellness, I get the run around and end up with migraine headaches for a week at a time. I'm still waiting for (off mic) when I was first diagnosed in 2018. When once I got the waiver and got on PA wellness, I've been having nothing but problems. It seems like it's a dollar thing to them. I have become paralyzed from my waist down. And when I am trying to get up, I need assistance. I'm not trying to -- and I've gained weight for two years without even moving. So finally, I get somebody in here to help me. I'm not trying to hurt anybody. But I'm scared to say, anything to anybody, because first thing I want to take out your (off mic) or take people away from you. I have to fight for my hours to get back.

Now they're still again, I get 84 hours a week. I need them 84 hours because I can't go to the restroom or prepare my own meals. I can't dress myself from my waist down. I need help take my showers and everything.

Without me having the help they need, I can't do anything. I can't even get up to go to my doctor's appointments. I need help to get up my stairs. There have been times I went from March 27, 2019, all the way till just recently that I went without my -- the things I need every day, my disposable bed pads, my gloves, my wipes and all that, because they weren't doing anything about it. I was approved for the stuff and never got it. And I said just recently.

>> Okay.

>> So it's frustrating.

>> Okay. Thank you, Christine, for those comments. And then we'll move to Deirdre Meredith and let me get you unmuted.

>> Yeah, I'm here.

>> Okay. Great, thank you. Go ahead.

>> Hello.

>> Yes.

>> I'm with UPMC health choice.

For almost a year ago I've been appealing my hours. They cut my hours due to service coordinator that came into my house. She should have never been here. Me and her had an interaction when she took care of my mom and my dad. She called me out of my name. When they called to tell me I was coming in. I knew who she was and she never should have here. They let me know she would be here just the one time because the appointment was already made. It came about she was here multiple times. What happened the very last time, I have called over half a dozen times asking them to change my coordinator, and they still wouldn't change her even though they knew the problem. What happened the last time is that she came in, she knew I had an appointment. The day of the appointment I was at the opened orthopedic. She got called into her boss' office. I told her she still remembered that I had -- and I don't want to be there when she came. I told her as she was doing that, I told her I had to go because I had

another appointment. She called UPMC health choice and told them that I was putting her hours for her hours. And I was sitting in the car and I came in the house exactly because I came in from the doctors and at that time, my worker was off. So she told me I was by myself. To make a long story short, from that process on, I got a thing from UPMC they were going to cut my hours down from 79 hours down to 24, because she felt that I didn't need one. She said that she's seen me by myself and everything, so from there on, I have been fighting for my hours. Still to this day, I am still fighting for my hours. I fought it and fought it until I finally got back. They tried to put them down the 56 to 59. The only reason it didn't get cut was because of COVID. They said now I'm up to 56. But from the 56 to 79, I still need the hours because I'm going through a lot of problems. I wait for COVID to be over to do a biopsy of my lung. It's a lot of stress.

This might be the third cancer that I have been dealing with.

I'm also dealing with pressure and fluid on my brain. I'm in the process of maybe 50% chance of losing my eyesight due to thyroid and Graves disease. I got floaters the pressure and now tare they're talking about --

>> Deirdre, you have about ten seconds left.

>> Okay. I think that it's very unfair they're going to cut my hours and that it's been over a year. The stress is about killing me, because I am needing help and I have to go through.

I think it's very unfair.

>> Thank you, Deirdre. All right. Meredith, do you want to try going back and see if we can get Jill. And I want to remind folks as we are working our way through the list with folks who have identified previously that they wanted to share comments.

If individuals -- after we work through that list, if other individuals want to share their comments, please type into the chat box that you would love to speak, and we'll try to get to you in the order that we see your names. Meredith, do we have Jill or any of the other folks who were registered?

>> I see Jill. She's unmuted.

>> Okay, Jill, are you there?

We don't have anyone else on the list. I saw Juanita mentioned she would like to share something. So Juanita, we'll turn to you.

>> Hi. Can you hear me?

>> Yes, go ahead, please.

>> I missed two of the previous speakers. I made the same appeal, and I the appeal process. They don't listen.

They make up excuses. The service coordinators should not be doing administrative functions because they hurt people through their services.

They're not equipped to be --

I'm sorry. I have a lot of problems as well. Like I told people before, I much a survivor and I have a lot of problems and I listen to these people and these services is for us. They should not be in charge of the financial aspects. We would like it to continue with a third party. I've been having so many problems with it. And the coordinators are using assessment tools to cut hours and finances for participants in which this program is built on for us, for disabled people.

And we do not appoint them in charge of all our services.

They already give us problems with the hours. Now they're going to cut services and all kind of ways. No, we're not in agreement with that. We do not want them to be able to have full control over our services.

When they said services that gave us different kind of ways to help ourselves and advocate for ourselves. They're making it hard for us. They're taking it away and abusing us. We would like to get everyone's signature on a petition. We do not want them to be in charge.

We want PPL to be able because they help us when the coordinators and the MCOs harm us. They are our help. So we want to make sure we're still being treated fairly. Nobody listens to us, because we're just sick people. It's for us.

It's not for them. So no hours should be cut from a disabled person. They're treating us mean. And it's wrong. So I thank everybody for listening.

I hope you hear us. And like I said, this program has created because we're disabled. They're able-bodied people, so they don't care. And I got to take a rest now. Okay?

>> Okay. Thank you, Juanita.

>> You're welcome.

>> Appreciate your comments.

>> Thank you.

>> Okay. So the next individual that I see has indicated they want to share something, Angelique Sapia, did you want to share something? Meredith, can you unmute Angeliqua?

>> I'm showing you as self-muted.

>> Got it. Good morning.

>> Good morning. Thank you.

>> So I have an issue. It's not related to COVID. It might be, but it's the case of our consumers being hospitalized.

And this is happening with all MCOs. In my opinion, there's not a system that is helping our agencies, not only mine's, but everyone throughout the state.

These consumers and patients are trained to contact the agency to let them know when the consumer is hospitalized. We rely on the trust of these employees and patients and sometimes we don't get no reports, and maybe 3 or 4 months later, we get a letter from the MCO stating that we billed while a patient was hospitalized and we're having this issue most of the time, because we rely on employees and patients. It's been a lot this year, and I'm guessing it's maybe because of COVID. We do pay the employee (off mic). We do pay and then receive a few weeks later. You got to pay back this money because the patient was hospitalized. We contact the patient and ask.

They state they're not hospitalized and then we have to go through the dispute and appeal, and it's been a headache, and it's taken up more of our time trying to appeal for these things than us focusing on the actual services of consumers. And making sure the consumers are receiving the adequate care. So I just wanted to put out there the MCOs are listening. If the system can be created that every time a consumer is hospitalized, we can get a notification. If they are paying for these services, in the hospital, I think we should be aware an e-mail, an alert or something where they can be created where we can be notified someone is hospitalized and we can get in contact with consumers and employees to let them know, okay, this patient is hospitalized. You can't return to work until this patient is discharged. This is an issue that's been going on for a

very long time.

>> Okay. Thank you for sharing.

The next person that I see, Meredith, is -- let me scroll down here. Amy Chicoky. I apologize if I mispronounced your last name. Can you unmute Amy?

>> Yes. Amy is unmuted. I'm showing you as self-muted, Amy.

>> Hi. Good morning. My name is Amy Chicoky. I'm a receiving ENS services and have been since the beginning of time. I also work in a Center for Independent Living, and every time I see someone's hours cut, it makes me sad, because it makes me upset, because if that were one of you or if you were in a position that -- where I can't get out of bed. I totally rely on my personal care attendants to get me out of bed, to bring me to work every morning and to be with me, to help me with my work functions such as going to the bathroom, setting up food, reading and writing and things like that. So I rely on my attendants to do those kinds of things. And with COVID, we all know there's been a shortage of attendants, and nobody seems to be doing anything, which I understand, you can't make people work, but I don't understand why we are cutting people's hours during COVID, especially when the service coordinator can't see us face-to-face. They can only make an assumption over the phone and based off what we're telling them. Now, I myself have experiences and know what to say and things like that.

But what about consumers who don't know? I think it's very unfair not only that you are cutting hours but especially during COVID, and I would like you to reconsider, you know, putting that we are (off mic) so that no one's hours can be looked at until then. Until the pandemic is over.

>> Okay. Thank you. And was there a -- I don't believe I heard you mention -- I apologize if I did, the name of the MCO?

>> I'm currently with AmerihealthAmerihealth Caritas.

>> Thank you.

>> Thank you. I think the next person I see is Caravilla Green.

Meredith, can you please unmute Carabilla.

>> Yes. You're unmuted.

>> Good afternoon. I'm just going to say this real quick.

We have to get better care from the agencies, and I personally have been made to take up to 30 hours just to get a home health aid. And my story is --

since COVID, I really don't get help, and when an agency forces me to get 30 hours so they can be happy, that's not fair to me.

And I am going to stand with the young lady that said we need someone to look out for us.

Someone that will. I have a good coordinator. I do have a good coordinator. But previously, I fell through the cracks from day one. And now that I'm sick, I'm really want some changes made to the program for our safety, not for the home health aides, not for the agency. For the disabled to be safe in their own house. What kind of agency leaves someone sick and (off mic) because they're sick and don't want no one in the house. That has happened to me. They wouldn't let me go to the hospital.

Nobody knew I went to the hospital. Can you please figure out how to keep us safe in the home. I had home health aides refuse to go get me food and leave early because they didn't want to do the work. This has to stop. And thank for listening to me. By the way, my provider is Keystone First.

>> Meredith, now, can you unmute Amy Chitocki. I apologize if I mispronounced your last name.

>> Okay, Amy, you're unmuted.

>> Hi, Amy, are you there?

>> Yes, I just spoke.

>> Oh, okay. I'm sorry. It's a little challenging tracking off of the chat. So thank you. So then Meredith, we'll go to Brenda Bear.

>> Okay, Brenda, you're unmuted.

>> Hello and thank to you everyone. My name is Brenda Dare. I reside in Allegheny county and work in Washington for a Center for Independent Living. And I am speaking today from a place of sincere privilege. I'm an act 150 participant. So I have not been affected by the MCO changes. What I want to speak about is the experiences of people whose appeals I've assisted with. Over and over again, I've heard that so-and-so has informal supports, and because of those informal supports, they don't need as many hours as they are listed as having. I want to talk a little bit about informal supports and what they mean to people with disabilities. First of all, what are they? Informal supports are family, friends, neighborsneighbors, and community members who are able to lend a hand when it is sincerely needed. When we force people to rely on those informal supports for everyday care, by cutting their hours, we strain those relationships. We break those ties. We put strain on people who out of the goodness of their hearts and their understanding of struggle want to step forward and help, but can't do it on an everyday paid basis. If they could, we would have hire them as paid caregivers. But over and over again, throughout this process, I have seen informal supports used as a reason for slashing someone's hours. And that can't be if we want to say we care about people with disabilities having community,

Being in their homes isn't the end up be all. It's about putting people in their community. If they strain all their informal support relationships, their community is the nothe same kind of place. I don't think enough is given to that. And to the MCO staff and the OLTL staff who I thank wholeheartedly for the ability to speak today, but I want to ask you. If you needed help going to the bathroom, getting out of bed, eating a meal, which one of your friends and neighbors could you ask to do that every day? Which one of your friends and neighbors could you count on to keep you healthy and safe on an everyday basis?

Even family. The reason we fought as know cosoupers for family to be paid caregivers is because we understand the value of that work and understand that giving up opportunities to do that work. And yet I feel that people with family caregivers with live-in caregivers and high degree of informal support are being penalized by this system and I want to care attention to that. That's what I wanted to share with you today. Thank you for the time you have given for people to speak.

>> Thank you, Brenda. Okay.

Meredith, we will go to Kelly Barrett next if you can unmute Kelly.

>> Hello. My name is Kelly Barrett, and I am a recipient of services. My MCO is Pennsylvania Health and Wellness, and I also work with a Center for Independent Living as an advocate for people with disabilities. There are two things that I wanted to speak about today. Especially related to one of the programs that was spoken about at the beginning of the meeting. I want

to work program and its launch considering people with disabilities to work every day. I work every day 40 hours per week and the full-time is attendant care. In my journey of full-time employment, the attendant care is essential to me being able to complete my tasks at work. The MCOs will need to know in order for people to be able to be employed, cutting hours is not going to be advisable to this. And consumers are going to need support and employment to include more personal assistant services not less. Also, they're going to need to understand the medical assistance for workers with disabilities program. I have had several run-ins with my MCO, where things have not been paid, because they did not understand what the difference between the regular medical assistance and medical assistance with workers with disabilities coverage provided for me. And that brought up issues between out-of-pocket payment for different services that I needed to have. Thank you for listening to me today. And I look forward to speaking with you Pennsylvania Health and Wellness in the future.

>> Okay. Thank you. Meredith, next we have will go to Pam how afterward if -- Howard if can you unmute Pam.

>> Okay, Pam, I'm showing you as self-muted.

>> Okay. Pam, are you there.

>> There we go. Can you hear me?

>> Yes. Go ahead, please.

>> Okay. Sorry. A friend of mine wasn't able to speak, because she has a lot going on right now but asked me -- she also put this in the chat. I wanted to make sure it was heard. Questions that she had around and she developed (off mic) and part of that work with people with disabilities to keep them in the community. These questions are what we've been hearing from the community far and wide. Wanted to make sure they were part of the public testimony. First question, for speakers that were unable to unmute, were joined what efforts will this community take to ensure that their stories are captured? Webinars are not always easy for people to navigate. Question number two, how is OLTL, CHC addressing racial equity and meeting the needs of Black and Brown communities. Question number three, what will they do going forward with all of these complaint? Question four, will a subcommittee be formed to address these concerns? Next question, for each of these stories today, there are dozens and dozens more. How are you ensuring all voices are heard going forward? How will consumers be made aware of any changes that are a result of these listening sessions? Will this committee commit to ensuring that all communications, updates, and these meetings are accessible to people with disabilities? And then last question, how long must we accept CHC MCOs put profits above people? I want to thank you and thank Amy Miller for creating these questions as well as the coalition for communities. Sorry I have the name wrong. But anyway, I want to make sure that we say this strong enough. We want answers.

This isn't just about speak speaking up and telling their truth. We want to know what is happening going forward, what are the next steps. We understand that you're hearing us. But what's happening going forward? Thank you.

>> Okay. Thanks, Pam.

Meredith, next I have Amy Miller. So can you unmute Amy.

>> You're unmuted, Amy.

>> Amy, are you there?

>> Yes. You can hear me?

>> Yes. Go ahead, please.

>> Okay. Thank you so much.

And thank you, Pam for reading those questions. I want to thank all of those who have shared their experiences today.

I hope this committee will commit to ensuring there is meaningful follow-up and more opportunities going forward to ensure that the voices of consumers are not only heard but no longer ignored. I prefer to field the remainder of my time to those who vO lost their hours, the ability to live in their own homes, their safety and control in their lives and sadly, we know many who have lost their lives while waiting for needed and life-sustaining services and supports.

When we know better, we must do better and commit to that. I thank this committee for their time and yield the remainder of my time to honor those.

>> Thank you, Amy. Meredith, can we try Jill again? I think she was going to try to rejoin.

>> Hello.

>> Yes, Jill.

>> Okay. Oh my goodness.

>> Thank you.

>> Can you still hear me?

>> I can.

>> Okay. Good. I'm going to hang up the phone then. So thank you. I apologize for all that difficulty. Technical difficulties. Thank you for opportunity here to speak today.

And I want to just say one thing about the former speaker who is the advocate helping people with their hours and appeals, and I thought that her words were very wise, and I appreciated that.

So what I wanted to say was I have a 22-year-old son who has severe physical disabilities and a variety of other disabilities.

And the point I'm going to make is that I do not believe, and I'm certain of this in my gut from what I've seen, from the switchover, to the community HealthChoices, and even before that to some extent, the Office of Long Term Living waivers, but let me just address the CHC.

The CHC lumps people with physical disabilities and into that waiver as though they are all like with elders and seniors and much of that population, and I've gotten this from several service coordinators are seniors and that's understandable, and that's terrific that we have services for seniors. However, when you put a young adult into that mix, you are severely limiting their ability to access community, to access -- to be independent. So, for example, my son is 22. He's articulate.

He has a lot of other disabilities, including cognitive disabilities to some extent, but you know, he's vibrant. He can't sit home all day. So since we got into the OLTL waivers which I appreciate in many, many ways, and I'm very thankful for them, but at the same time, they need improvement for young adults. I've looked at programs, and I've found --

like if you want to do some sort of program during the day for someone, what I have found are adult senior day centers. Okay?

That's just one example. And that's great for the service they provide for people.

However, that is not what a young adult needs. And where is the programming that's the

problem. I know of many, we have friends whose children are in the ODP waivers and they have a very rich -- I'm sure they have their own problems.

Another repertoire for programming. And that is a travesty. Life is more.

Personal care assistance is critical. But life, of course, is more than that. And my understanding is that these waivers by law and intent are supposed to be encouraging community, independent, et cetera. One look at the difference between CHC, for example, for a 22-year-old and the ODP waivers.

>> Jill, can you do one last sentence, please?

>> Sure. I guess my final point is ODP looked to the future.

They're all about planning the future. They have support brokering and rich services and supports. CHC, for a 22-year-old person, other than physical care and personal assistance, does not. And that's not fair. Thank you.

>> Thank you. Thanks, Jill and thank you for hanging in there with us until we could get you unmuted. Shona Aiken.

Meredith, can you please unmute Shona.

>> You're unmuted. I'm showing you as self-muted.

>> Hello? Can you hear me?

>> Yes.

>> Okay.

>> Go ahead, please.

>> Hi. I come here today with a unique perspective. I am a (off mic) user. I'm a spouse of a waiver recipient, and I am a provider of personal assistant services. Today I want to talk to you about why I felt it was important that we have this forum. People need to be heard.

This pandemic has been difficult on many of us on so many levels that we can't even begin to articulate it in three minutes.

For me, as an act 150 user, I lost my mobility during the pandemic. I could no longer transfer independently. It took me months to gain back my strength simply because I wasn't working in the office every day.

I wasn't transferring every day the way that I had been, and I am finally now, months later, after much energy, able to get myself from my chair to the toilet, and that's only been in the last three days. I think we are not thinking about all the unintended consequences that working from home and even more sedentary lifestyle has created for people with disabilities.

Now is not the time to be cutting anyone's hours. Now is the time to be asking people, how the pandemic has affected their lives and what supports they need, not what supports should be taken away. I was successful in winning an appeal for my husband's services. He lost initially 57 hours a week.

He's a 24-hour a day ventilator user. I know the panic these families feel that people feel when they think how in the world are we going to live independently in our lives, and I'm thankful that UPMC overturned their decision. I also know what it's like trying to get direct care workers who cannot social distance to be willing to sacrifice themselves, put their families at risk, and everyone in their lives, to be able to serve people. We are not paying direct care workers enough. These programs have not had any kind of increases or any kind of incentives for us to give to workers in such a long time absent CARES Act funding and that runs out. We need to

reevaluate how we're providing these services, how we are prioritizing these services and giving people the ability to control their own lives once again. Ask the right questions, please. Help us to remain independent.

>> Okay. Thank you, Shona: And Meredith, I don't know if you have anyone else that you have seen has arrived that previously had registered.

>> Nope.

>> And I know there's several folks who were going to participate just by phone, but I do not see them either. And it looks like hopefully the ones who are will be dialling in momentarily. Are there any committee members who wanted to make any comments?

>> I would like to make a comment.

>> Go ahead, Linda, please.

>> CHAIR: The appropriateness.

I feel that since we have switched over to this CHC MCO program that the state is giving money over to these people to handle the health care needs of the disabled, and they are getting greedy. They want to keep the money for themselves to determine how big a bonus they're going to get at the end of the year let alone how much they make during the year. I think it's totally deplorable they're being this way and taking away people's care needs.

And what if this was you or your family member? How would you feel? And how would you expect the companies to come through for you? And that's all. Thank you.

>> Thank you, Linda. Now I have Lauren hatcher on the phone.

Are you there?

>> Yes. I'm here.

>> Go ahead, please, Lauren.

>> Hi. I just wanted to by CHC for UPMC community HealthChoices. I've had a relatively uneventful experience with my service hours. I work as a person disabilities for assistance for the Center for Independent Living. Such as going to the bathroom, making meals, eating, doing the work, having to work on a task, using the phone, et cetera, every time that I'm applied to my hours, I and that is because I'm waiting for my hours to be cut. I want to reiterate what everybody said today. Supports should not being is that are used as a punish: Those in informal supports give us access to our community and others way. They should not be used to provide service to us as people with disabilities. It puts strain on those relationships and I feel that informal supports should not be taken into account when we don't understand their hours the fee for service model. I feel that our needs were better met. And that's what I feel needs to happen. (Off mic) no longer a person, and that's all I have to say. So thank you.

>> Okay. Thank you, Lauren.

>> Okay. Are there any other committee members that want to share anything?

>> Yeah. It's really -- it hurts our hearts to hear stories such as the ones we're hearing and I'm sure there are others that are positive as well. The reality is you're going to have two different sides to a number of different stories. If there are ways that the grievenessas might be shared or other ways to try and get a better grasp on both sides of the stories we've heard today, that wouldn't be a bad idea. My primary concern, you have behavioral health and here we are in the second session of hearing commentary from participants in which there were no stories received whether good or bad of behavioral health services as part of the CHC program. I think this does

nothing but highlight the concerns we have raised in the past this needs to have greater attention, perhaps an ad hoc community to address behavioral services through this program. If this is the iceberg, we're only hearing 10% of the stories and other 90 are either not understood or not willing to be shared and I think that's kind of sad. And.

>> Thank you, Lloyd. Was there someone else?

>> This is Rich.

>> Go ahead.

>> There's somebody before you, Rich. Then we'll come back.

>> Go right ahead. I'm on a phone, y so I can't raise my hand.

>> This is George. Am I in the queue?

>> (Off mic).

>> Hello?

>> Was there a committee member and then I had George and then I had rich. No? Okay. We'll go back to George.

>> Yes. George.

>> Can you hear me?

>> Yes.

>> Behavioral health, this is George Gilmore. I had a little over a month ago two shootings next to me and I asked for help.

Post traumatic stress of the shootings. And 17 years, seeing it happening before it happened. I've got nothing.

Transportation has been a big issue for me. I've had to have four service people trying to do things that over the time since the MCO has taken over, I think I've had 16 different service coordinators, two in one day service coordinators, a lack of continuity, mostly ODP people who have no idea of OLTL measures. So that's been a huge issue, not being able to get to medical appointments. A huge issue. The PPEs, not happening, the food not happening. I could go down a whole list of things that haven't been happening.

Behavioral health, yeah. It didn't happen. So right after a murder, and through the whole thing, the pandemic, the aggressive nature of it. Yeah.

And I don't want to get my head shrunk, but now the car door slams or a cabinet door I'm getting post traumatic because I went on with what happened with the shootings with hearing the shots. An immense amount of lack of -- and then it's almost like the service coordination is happening from the Appalachian trail or something. It's so remote. It's really not working. And the hands on, whether it's service coordination or you folks at the state. It is so remote that it isn't getting traction. Any questions from me? I'd be glad to answer on many arenas.

>> All right. Thank you, George. Meredith, if you can unmute, it's under Michael Kn ooken.

>> Hello. Can you hear me?

>> Yes. Go ahead, please.

>> Yes. I'm keeny Lauren. I'm a caregiver but I'm also an organorganizer with united healthcare workers. Not only do I experience firsthand with my brothers and sisters of caregivers go through but I'm on the other side meeting with various people throughout the state. Just last week, I spoke with two caregivers who, one is terrified, you know. I wanted her to share her story. She's so terrified of losing services for her adult son who is living with disabilities that the

threat of losing hours and services for our consumers is very serious, and no one should live that way in fear of expressing what's wrong with, what they're going through, that they will be penalized for that.

Another caregiver I spoke to last week, she's being -- her child also has adult disabilities and her child is being assessed every month, and I just don't understand how that is happening when he clearly has health issues and difficulties.

So the gentleman said there's two sides to this story. I would like to say in response to that that I don't believe there's two sides. I just think there's people who are actually experiencing these issues as caregivers on a personal firsthand basis, and then there's the business side of it. And when you're dealing with humanity and business, that doesn't always work. So we really need to listen to these stories and understand that caregivers are suffering. We've been suffering before COVID.

I've been a long-time family caregiver for 20 years taking care of a grandfather, two grandmothers and a mother. I've been on the paid side to do it because my grandmother qualified financially but I've also been on the side where I didn't get paid due to my mother's income and my grandmother's income, where they're on a fixed income, but they make too much money to receive services from the state.

So I just want to say that it's been very difficult. I've been living paycheck to paycheck, taking care of my loved ones because I didn't want them to go into a nursing home. And these people -- my grandmother is 95 right now. She does not want to go into a nursing home. We do our best we can with her to keep her home, but it's very difficult.

It's difficult when, you know, you decide -- you make the personal choice to leave a career -- I worked outside of the home. I went to college, went to school, but I made a choice to take care of my family members because they took care of me and provided a great life for myself. I made a choice to give back to them. I didn't know that choice was going to put me in poverty. I didn't know that choice was going to put me on food stamps. I didn't know that choice was going to make me live without health care, without health insurance.

>> Keeny, can you wrap up, please?

>> Yes, I'm so sorry. What we've been experiencing before COVID, it's just been heightened after COVID, and we really need to come together and solve these issues that we're going through.

Thank you.

>> Okay. Thank you. Meredith, can we go to Jay hanker next.

>> I think Jay hanker is off the line at the moment. Someone else just joined under that name.

>> Jay, I unmuted you.

>> Can you hear me?

>> Yes, go ahead, please.

>> So I'd like to follow up on that last person's conversation there. I am 42 years old. I am a quadriplegic. I broke my neck when I was 18 years old and started receiving services in January 1998. At that time, my caregiver when I started receiving services through the community sources of independence in Lewisburg, I believe they started at \$8 an hour. 23 years later, the rate is 11.55. 23 years. \$3.55 cents. That's all that people are earning more over that period of time. Would any of you executives on the call accepted a pay raise and living increase over that

amount of time? Of course you wouldn't.

Do you know how difficult it is for loved ones to go to work and try to earn a living knowing they have people at home that can only have their loved ones being taken care of be paid that much and how difficult it is to have somebody come there into your home and take care of a loved one and be paid with no benefits no vacation. I've gone to Altoona, to Harrisburg, to speak at these forums the past 23 years. And do you know what happens? Nothing. All you do is talk. The MCOs, I have Amerihealth. My service coordinator is great. I appreciate the services. But the executives, all we do is talk. We've talked about creating a union. We've talked about health benefits. We've talked about vacation time.

Nothing happens. All we do is talk. You take these conversations, and nothing happens. You open these forums up. It's a good way to get people to vent and feel like they're making a change, but I've been there. Nothing changes, and it's pathetic. Why is it that you have all these consumers telling you the 3MCOs.

This wasn't going to work. Why is it that in my area we have agencies who are no longer taking individuals on the program because of how bad the MCOs have been functioning? Why is it? Because nobody listens, because it's the almighty dollar. It all comes down to dollars and cents. I was on the Amerihealth call about two weeks ago. I might have let my emotions get the better of me.

All I'm trying to do is express myself because at the end of the day, nothing changes. You're going to take these conversations, and you're going to put them away, and we're going to do this again in a couple weeks or a couple of months and we'll all be on here stating again what needs to be done. You need to listen to consumers, pay a living wage.

\$15 an hour. Find a way to give benefits and people to have backup plans. We're the ones suffering through this and nobody is listening. Please help us. Thank you.

>> Okay. Thank you for those comments, Jay. Next Meredith, can you unmute Hiran Patel, and Mikelina Morales is going to share some comments.

>> Hiram, you're unmuted.

>> Hi. I'm Mikelina Morales. I come (off mic) and it's a very good center. They take care of me good and everybody here is very clean, and they wanted to take my ride out. I needed it, and they take good care of me.

And (off mic) they took out the virus was in, drew a bath. It closed it. I got very very sick, and very depressing. Very bad depression. I came back to life again. Because it was very good. They're very good people here.

>> Hello?

>> Hi. Yes.

>> Did you have something else you wanted to share?

>> Yes. I hope there's never COVID again. I enjoy it. And enjoys it and everybody is clean and healthy.

>> Okay. Thank you.

>> I had ran, was there another participant?

>> No. He's not available right now. If I can get him later on, can I post that in the chat?

>> Sure.

>> Were there any other committee members who wanted to -- I think Rich.

>> Yeah.

>> Okay. Thank you.

>> Yeah, so a few general comments as a committee member having listened to the last two sessions. First, I think it is -- while the news and the stories are concerning to say the least, I think it's a good thing we're doing this, because after a year and a half of service on this committee, most of the presentations were provider oriented. And I think it is extremely useful, if that's the purpose of the committee, is the consumer advisory committee to hear from consumers. Second, I think those at the state level including Kevin and now Jamie and her team got to be a little discouraging for them to hear this, because I think they're doing everything they can in their power to provide levels of service that need to be provided. I don't think they're sitting back. They probably have some of the same challenges we have if we were listening to that. I found the a woman talking about the difference between waivers. Very interesting. Because we're going through that now and intellectuallily, I don't understand the different levels of service. The person who spoke who is a paraplegic should in theory in my mind have the same level of service of someone who is on the -- I guess it's called the consolidated waiver, the ODP waiver. I never truly understood that. I understand the rules, but I don't understand the logic. Fourth, and I guess this would be the biggest concern is what is the committee's role in going forth?

I think a lot of people expressed frustration that they're being heard but being heard doesn't lead to action.

So I don't know whether we devote some future meetings. I don't know what we do to address some of the issues that seem to be persisting. But obviously, there are some signs that there are places where this is broken, and listening and then not doing anything is perhaps the worst thing we can do as a committee.

That's it. Thank you.

>> Okay. Thank you. Any other committee members that want to make comments?

>> Yeah. Hello. Yes, I would like to make a closing comment.

This is Juanita Gray again. I think that the gentleman that just spoke, my fellow committee person, thank you so much. I do believe that there should not be any changes with the -- with our -- trying to get it together. With the implementation of that change to the administrative functions.

We took it from the CHC from the MCOs because of their mismanagement and abuses and practices. We do not want it to go back into their hands.

Before it happens, we should have some sort of sign of petitions to see if the participants, how many participants are against that change, and I don't think it's fair to have that change. And that's my closing comment.

>> Okay. Thank you, Juanita.

Any other committee members?

No? Okay.

>> Can I make a comment?

>> Sure. This is Matt Seeley.

I'm a committee member, also a director of the Statewide Independent Living Council. I have to agree with the two people who just spoke, my fellow committee member and especially Mr.

Hanker a few speakers ago.

I was cynical about this whole process and thought it would be a waste of time. I didn't think you would allow any negative feedback. I have to say I've been pleasantly surprised that we actually heard that.

I have to agree and echo with what the other individuals have been saying much what's going to be done with this? This committee really has felt -- I don't want to say pointless, but not much has come from it that I've seen. So I really hope that some kind of action is taken with all of this feedback that we received. We have gotten real particular details here that we can actually do something about. I hope that the department will think of some sort of step in fixing some of it. Some of the other individuals have said, I probably would be have a participant if I didn't work.

I'm on act 150 and I feel really lucky to be on act 150 right now hearing some of these deplorable stories. So I really have to --

I hope -- I'm not a very hopeful person, but I hope the department will do something with some of this. Thank you.

>> Okay. Thank you. Any other committee members?

>> This is Rich again. One quick comment. As I understood this when they changed waivers that someone said this earlier.

The intent was qualification that a person was still nursing home eligible but to keep people out of nursing home for longer-term care facilities. So I wonder if that was the goal, what was the expectation around service hours? And I think someone said, you know, very well, but if that's the goal, and I were listening to this, to me, the expectation is service hours would go up radically.

They're not under 24/7 care in a nursing home. We're trying to get them to live as independently as possible. It seems to me the logic would be people would need at home or group home or whatever the situation is more hours ought to rise not less to keep them on the nursing homes which are still far more expensive.

Thank.

>> Thank you. Any other committee members?

>> Okay, Linda, lube a Jamie, Jill, that's all of the current folks I have. I know there's a few that I believe are going to be joining afternoon if you want to go back up, we can start with asking some of the comments or the questions that were asked from the beginning of the meeting.

>> Pat, do you mean in the chat?

>> Yes.

>> Do I have a couple of minutes to say anything first?

>> Yes. I should have asked that first.

>> Linda, Luba, is that okay with you? It's Jamie.

>> CHAIR: That's fine.

>> Yes, thank you. I'm going to refrain from addressing anybody's particular comments.

I did want to say that obviously a lot of OLTL staff have been on the line for these listening sessions as well as the CHC MCOs. After the first meeting a group from the Office of Long Term Living reconvened to summarize the comments that we heard at the first listening session. I took those comments that we received in the first listening session and listening again today, I just

added to it.

I really want to go down through what I heard in terms of or what the Office of Long Term Living heard as the predominance or I want to say what jumped out at us as the kind of the flavor of the comments. So a couple of things. We are pledging to do.

We are looking at these main points that are coming out and came through in the comments, and we are actually listing the things that the Office of Long Term Living will be doing, and some of them include, obviously, work that the CHC MCOs will have to do and consider going forward as well. And so at the June meeting, I was really hoping there was time on the agenda where we could talk about these main themes and talk about the OLTL and CHC work that was going to be done to address those main themes. I hope that's okay with the committee members. And all of the commenters. Somebody said what are the next steps?

We want to make sure action is taken on what we heard, and we would agree at the Office of Long Term Living and that's what I'm proposing as next steps much the other thing I wanted to say just before I get into the main themes here was we asked for the MCOs to be named when the participants were talking, so the CHC MCOs could follow up with a participant on any issue they raised. The idea was not to do for the CHC MCOs to take any type of retaliation action, and I hope it's not viewed that way. But if there was an issue raised that the CHC MCOs followed up with the participants to make sure they had an understanding of the issue and to see if there was anything that they could do to resolve that issue. Especially if it was a communication issue, a communication breakdown issue, which we heard time and again that was raised during these listening sessions. So just to get into the main themes of the OLTL heard during the listening session, number one, what we heard was participants had various issues with their service coordinators. Either they couldn't get in touch with the service coordinator. The service coordinator of not helpful in addressing their needs or the service coordinator kept changing or was new or had no knowledge or training and I think there's a laundry list of issues that or things that the Office of Long Term Living or the MCOs can do moving forward.

We will talk about those more at the June meeting. A second issue that was raised were service cuts. People experienced different levels of primarily personal assistant service cuts during obviously COVID and the troubling issues with service cuts. So let me just make sure everyone knows the Office of Long Term Living is looking at service cuts now.

Obviously, we cannot look at every participant's plan that had service cuts, but we are looking at a sampling of all three CHC MCO cuts they made or reductions they made to service plans. So our clinical staff will be reviewing those reductions to determine if they were appropriate. And so we look forward to presenting more information at the June meeting on that Office of Long Term Living review of service reductions. The third thing I heard, and that came up today and I added it to our list is appealing. Going through any type of appeals process, complaint process, grievance process and the difficulties that both participants, family members, advocates had in navigating that process. It was difficult, and are there things that the Office of Long Term Living or CHC MCOs can do to make that process easier, more straightforward or more understandable for all of those groups? The fourth theme I heard was the need to support home care workers. Direct care workers that are in the participant-directed model or agency model of workers.

Participants are having trouble getting and retaining quality staff across those two service

delivery models, and staff need to be compensated, and I think that came out again today, for the very, very difficult jobs they're doing. Without these workers, obviously, participants are suffering, and we need to make sure that we're doing as much as we can to support these workers. And so we look forward to talking more about that effort at the June meeting as well. The next theme that we heard is participants were having trouble with MCOs authorizing services such as home modifications and (off mic). While it cannot come out at today's conversation, we heard that in the main meeting.

Many participants talked about their struggles. I know we have ongoing groups that really address those issues, and so you know, we'll look to those groups to provide updates at the June meeting. The next theme I heard is more communication is needed by the managed care organizations and so lack of timely written communication or obviously, MCOs failure to provide outreach to participants is a struggle. And so we heard this at the May meeting and today again at the June meeting.

We heard workers need to be better supported with PPE.

Today we heard participants need to be better supported with PPE and participants need to make sure they have what they need in terms of PPE so they and their workers are safe. The next theme that we heard was participants thought they were not respected and so we can talk more about this at the June meeting and steps we can take about this. I think it came out again today. Many spoke about the fact that either the CHC MCO staff or providers doesn't understand what it means to be disabled and so they don't --

participants don't feel they're respected in the interactions that they're having with different groups. And then the last thing that came out was that OLTL needs to offer greater opportunity for participants and advocates to communicate about issueissues. So we have made a commitment at the Office of Long Term Living that we're going to make time at all of the ongoing MLTSS meetings for ongoing participant stakeholder and those that want to participate in the meeting, public feedback and public participation in the meetings. I know during COVID, we have had very packed agendas and so it felt like at the end of the meeting we were rushing through all of the topics and there wasn't a lot of time for questions and there wasn't a lot of time for just general feedback or getting individuals' thoughts. We'll rearrange your agendas to make sure we're leaving enough time for input and time for communication by participants and stakeholders much I wanted to summarize that and make sure the group understands what the Office of Long Term Living intends to do for our June meeting much again we'll leave time for participants and questions. But with that, Pat, I'll turn it over either to -- if additional participants have joined the line and want to provide comments, or I can -- or we can take some questions. I'm happy to try to answer the questions that are in the chat.

>> Pat: I do have two individuals, Jamie. So we'll go to those first. Meredith, could you please unmute Mark Edwards.

>> Yep. Mark, you're unmuted.

>> Okay, Mark, are you there?

>> I'm here. Can you hear me?

>> Yes, go ahead, please.

>> Hi. I just came from another meeting. Thank you very much.

Hello there and happy to be here today. I would like to bring up a couple things. My name is

Mark Edwards. My MCO is UPMC, and I requested certain information from my coordinator at least a month and a half ago, and I have not received it. I called them more recently, and I brought it up to them again.

And she said oh, I put the request in, but I'm sorry, I'm not the one who mails it personally. I feel there's not very good follow-up with the service coordinators, and that is not good. That is not good for anybody, especially if a person needs help with services or equipment. And sometimes I feel that we as participants in the managed care system get lost in the shovel and that's not good. So I would like to see steps taken so this doesn't happen. As much or I would like to see steps taken so better service is provided for everyone involved. And secondly, I want you to know that I lost a very good PCA because of lack of money. If we want to keep our PCAs, both personally and through the agency model, they need to be paid more money and perhaps a little bit more benefits. Thank you very much.

>> Okay. Thank you, Mark. And then Meredith, can we go back to Hiram Patel. He has Gregory HIENSleman.

>> Gregory HIENSleman. I'm a CMC member and a client of Debbie adulting services and before the pandemic, I was at home with my wife, and we would get on each other's nerves. Then when I came here after the pandemic started again, and the services provided to transport me, it wasn't as bad. I heard that the transportation department that called CHC services (off mic) due to the center they work with. I need too continue to have the transportation services to adultadulging care and it should be my voice to have the (off mic).

I'm asking the MCO to ask the providers. So that I can continue to get my wife safely as I do today. -- ride safely as I do today.

>> Hello? .

>> You're too close to your phone.

>> Excuse me, ma'am.

>> You're too close to your phone.

>> Hello.

>> If you're calling from a land line.

>> Okay. Can you hear me, Linda? .

>> Yeah.

>> We are getting the echoing.

Thank you.

>> Can you hear me, Linda?

Thank you.

>> Gregory, did you have more you wanted to share?

>> I just wanted to say that Ciaran is a very conscientious and nice individual and treats all the people here with kindness, and I want to congratulate him on his service year in both of his Debbies. He is a very charitable person and I wish to come here safely here and that's what I wanted to add.

>> Okay. Thank you very much.

>> Did you get that?

>> Yes.

>> You're welcome.

>> Thank you. Okay, Meredith.

Can you get -- yes. Go ahead, Gregory. I'm sorry.

>> This is George.

>> Have a nice day.

>> Okay. Meredith, can we go to Maureen Nihm next.

>> Hello. Can you hear me?

>> Yes, Maureen. Go ahead, please.

>> Thank you for allowing me to speak again. I'm speaking on behalf of Patricia fabbiano who is unable to articulate all of her thoughts and everything that she's been through. This woman suffers from panic and anxiety.

This experience through all of the issues that we've run into with UPMC has been horrific. I know this sounds harsh but what she went through and I went through is just deplorable. She is in need of these services. I do not understand and would love to learn more about this time task toll. I delved into it many times, and I cannot understand how this time task toll works and how the service coordinators are use it assess for services. I still have not gotten an answer on why my friend's service hours, caregiver hours were cut after ten years of receiving them.

She's legally blind. She can't hear. She's got balance issues.

She had nine doctors tell UPMC and the outside group she was in danger in her home if she did not continue to receive the number of hours she had been receiving. So again, the time task toll seems to be a huge issue, because that's where everything is coming from when it comes from - - when it comes to them awarding service. And it just seems like it's all over the place. I don't understand.

I don't understand why they could cut somebody who has been on the program for over ten years and all of a sudden cut her hours in half when she's getting worse. Again, the time task toll seems to me to be broken, inflexible. They don't consider the hour to hour issue.

One woman mentioned she could have diarrhea at any moment. My friend is stuck in bed. She's immobile and can't get out without help. It's a fight to get overnight caregiver hours for her because of panic attacks. She has night terrors, and of course this all contributed to her stress and anxiety, which absolutely affected her health, her MS and stress. It just really, really hurt her. So again, I would ask that we look at the time task toll deeply and how it's being used and you know, really consider what that looks like since UPMC took over. I can't figure it out. I look at it deeply, and I don't know. And I will reiterate this appeal process is absolutely ridiculous and confusing, so much paperwork, so much waste. And I know I sound harsh, but that's what we went through. And I appreciate it. Thank you very much for hearing me again.

>> Okay. Thank you. All right.

Meredith, unless you have found someone else who was on the registration list, I didn't. We can start to go through asking the questions. And we may need to unmute some of the folks from the MCOs that we may not have done yet. The first question from Hannah Barnes is will PPL still be available as a vendor for the MCOs to choose or will they be picking someone new?

And Jamie or Jill, I don't know if you want to answer that or ask the MCOs to answer.

>> JAMIE: I think I can answer that question. So PPL was an available vendor for this CHC MCOs to interview and choose. I am not aware of what vendor the CHC MCOs did choose yet. I think they told me -- I can't remember. They're not ready to make an announcement, a public

announcement about their vendor yet, because they're still going through the contracting process.

So hopefully soon in the next month or two, they will be ready to make that announcement.

>> Okay. The next question is one of the questions and I don't think I heard this necessarily in the comments made after participant input. But this was a question that Pam read that came from Amy Miller. For the speakers who were unable to unmute or join, what steps will be taken for to capture people's thoughts. Webinars are not always easy to navigate.

>>.

>> JAMIE: We can definitely take that back. We know that on the screen, there are different ways that participants can contact either the MCOs or the Office of Long Term Living if they have an issue and they'd like to convey information to the state or to the CHC MCO. I think one thing that we need to think about, and I think, Pat, we've had conversations, at least you and Kristen and Meredith is, you know, what are our alternatives to webinar participation, and how soon would we be moving back to an in-person meeting? Those are questions they can't answer yet, and we're kind of struggling with. Because of COVID. So we will take those back and hopefully we'll be able to have some better answers for the committee.

>> Pat: Okay.

>> Can I comment, please?

>> Sure. Is this Juanita?

>> Yes, it is. Thank you so very much. I appreciate it.

I'm speaking to -- what is your name, the speaker that is --

>> This is Pat.

>> And the young lady that is represented.

>> And Jamie.

>> Jamie from OLTL.

>> Yes. Hi, Jamie, how are you?

I was listening to you, and I'm not sure if the -- like the gentleman who spoke before me, and I wasn't sure if these changes that are being implemented was asked of any participants of the program or if you guys just came up with this plan with the MCOs even against, you know, us wanting the changes that would be affected and also I wanted to comment on that everyone also said about the services and the cutting of the hours and everything. They shouldn't be cutting the hours for any disabled persons and the system has put in place these assessments and different things. They should be done away with anyway. This is not something you play with, people's lives. We don't know who is make decisions up there but we know they're not including us. I got on the committee to make a change and I want to make a change. And I'm going to try to get people to sign petitions for that change not to happen. PPL isn't the problem but MCOs is the problem.

Keystone First is what I told you have. I have listened to other people's MCOs and they're cutting services and making it hard. This is not what this plan was put in place for. It was for us to be living independent, not for us to be harassments and not for that money to go to administrators.

And we are against that. And we'll speak out against it. I just wanted to let you know that, and thank you.

>> Okay. Thanks, Juanita.

>> You're welcome.

>> I just got a message that George Gilmore wanted to provide some more input. So we'll go back to George.

>> I am. Sorry. I didn't have it all together. In the appeal process, I'm hearing that.

I went through multiple appeal processes with Amerihealth Caritas and finally I seemed to exhaust all the appeal processes at Amerihealth Caritas and went to the state and called the OLTL number for the additional administrative appeal and the person at the state said I don't think I'm comfortable having this discussion with you.

Good-bye. So I didn't get through the process. That is of great concern, because that's been brought up and mentioned.

So while sitting on the advisory for public partnerships and I've said this story. You've heard it plenty of times. Beginning the pandemic, we're told PPEs that came up in the discussions for our quack -- KWAG meeting.

We were all on agent. Ask for the PPEs. I was told who do I think I am? Special and I have some special consideration being on being on an advisory they would not get services and wouldn't get PPEs and if I didn't like it, I should KAnge had my MCO.

It was more than breathtaking.

I couldn't even am can come up with an adequate term to address that abuse of nature. So those things, you know, should be of great concern. Hopefully you guys can address some things and do something. I've been in this since or with choices under Dick thornburg and what it's become now. It really has morphed into something independent living Ed Roberts. I've known him. It's like independent living on an ice floe, like kissing good-bye without services. We certainly hope. There's many lives at stake a person who can give back to society in an immense way that should be heard and allowed to do whatever it is that they can do and make it a better and kinder and gentler place for all of us. Thank you.

>> Okay. Thank you for those comments, George. And now we'll go back to some of the questions, Jamie. This is a question that Amy Moore had.

How is OLTL addressing racial equity and meeting the needs of Black and Brown communities in their COVID vaccine planning and engagement with CHC at all levels?

>> JAMIE: Hi, Pat. This is a great question, and honestly, there's a couple of things that are going on. First, the Office of Long Term Living has been working with the long-term services and supports subcommittee of the MAAC. They made a number of recommendations to the Office of Long Term Living in order to address racial equity and kind of look at the services that we're providing and look at the data across the services that we are providing and make assessments about if we need to change our services, supports, and programs to address any racial equity or inequities in our programs and so we started with, obviously, looking at the recommendations made by the long-term services and report committee of the MAAC. We went through all their recommendations and looked at the data they wanted us to look at. So we're in the midst of pooling that data and going through it. I want to say subject by subject, and then, obviously, we looked at the recommendations and looked at whether they were short term, we can do them in the short term, do them in the long term. We'll be work with the long-terms services and supports subcommittee on the racial equity recommendations over the course of the next

couple of months into the next year. The other thing that we're doing, looking at racial equity is looking at the makeup of our subcommittees and the stakeholders we work with. We want to ensure that the participation on our subcommittees reflects, you know, equity and that the makeup of our committees and our participants is equitable. And so we have outreached and looked to get some more members of the -- you know, Black and Brown peoples represented on our subcommittees. So if you are interested in serving or know somebody that is interested in serving and in some of our subcommittees where we have availability, please let us know. We're trying to get them to be more racially diverse.

Then the other thing we're doing, and I want to say this is DHS wide is DHS release aid racial equity plan available on our DHS website. I'd all of you to go take a look at it.

There's been a lot of work meaning the Department of Human Services wide on this issue and the Office of Long Term Living is participating in those efforts as well.

>> Pat: Okay. Thank you. The next question I have is from Brenda Dare, and it's related to the change in the fiscal intermediary. The will act 150 participants hear about the chance to participate in a stakeholder group?

>> JAMIE: So yes, we will invite them to participate in the first couple of stakeholder committee meetings that will be run by the Office of Long Term Living. I think I said the first one is coming up May 13 and we hope shortly to get an invite out to those interested in participating. Because the first couple of meetings will be hosted by the Office of Long Term Living, I think we can assess at that point after we turn some of those meetings over to our CHC MCOs the need to hold ongoing meetings for the fee for service, meaning our act 150 and over waiver parities. Participants.

>> Pat: Okay. So there will be an e-mail or physical mailing in advance to make them aware? Or how will that be communicated?

>> We hope to send that information out to our Listservs at the end of the day, hopefully tomorrow, and then we can post it on the website somewhere too.

>> Pat: I think a variation of that is so will CHC participants be invited to participate?

>> JAMIE: Yes.

>> Pat: Okay. Then the next --

it's I guess more of a comment for the MCOs, not really a question. But I think it's -- and this comes from Pam Auer.

It's confusing for participants enrolled in a CHC MCOs snips when there's mailings going out, it should be care what relates to their Medicare D snip coverage versus their CHC MCO coverage. It seems like often they can't tell the difference in the communications because the names are similar. Let's see here. And then also from Pam, how did the change of the act 150 be an over change over to the MCO come about with an RFP process. If they're not MAO eligible, how does it fit with the MCOs? I guess that's the first question is how would the change in the (off mic) for the act 150 and overwaiver participants?

>> JAMIE: Let me just clarify that for act 150 and overwaiver participants, obviously they're not -- the CHC MCOs wouldn't be picking a financial management service vendor for them. For act 150 and overwaiver participants, our plan at this point is to allow any willing provider, meaning a financial management service to enroll and provide the service to our fee for service act 150 and overwaiver participants. I guess Pam -- I'm sorry, Pat, just to follow up, I would clarify you

wouldn't need an RFA or procurement for that any willing provider.

>> Pat: Okay. Thank you. The next question is from (Name).

If the minimum wage is raised in Pennsylvania, will the provider rates be increased to compensate for the increase?

>> JAMIE: So I think what I can say about this is you know, I think what we heard on today's call that wage rates are -- they could be right around that minimum wage rate. So obviously, if the raise to the minimum wage is \$12, and somebody makes 11.55, obviously, their rate of pay would have to be increased to that \$12 rate.

I think the secondary piece on that is that will, then, agency rates be raised to account for the raise to the minimum wage?

And I think that's something we're still looking at and taking a look at at least for our fee program. The MCOs would have to take a look at that in the rates they're providing to their providers. More to come on that. I think the only thing I would say is that we have heard from many providers and this I think is a real concern.

The real issue, if the minimum wage is increased to \$12, providers are very concerned about recruiting and retaining their current staff knowing that, you know, they're making the minimum wage, and there would be a lot of jobs out there that would be competing for those workers that are making that \$12 an hour. I think that's a very real concern. So I think that's what we need to be focusing on at the Office of Long Term Living and DHS wide.

What do we need to do to make --

to shore up our direct care work force?

>> Pat: Okay. Thank you. I'm trying to scroll down through.

Most of the -- everything else that I'm seeing in here has been addressed by individuals who asked their questions with probably the exception of a comment that Brenda Dare made around behavioral health services. She just wanted to comment that she agreed with Lloyd. She works with many folks who have behavioral health concerns that are not adequately addressed, especially those in the facility. Then I got a call is the plan to have one vendor or will they select multiple FMS vendors?

>> JAMIE: So at this point, my understanding is all the CHC MCOs have selected one vendor. It was the intention to make at this time easiest on the participants and the direct care worker staff they work with. If the participant changed a plan, meaning they moved from one CHC MCO to another CHC MCO, there's no new registration or enrollment process that either the participant or worker would have to work through if all the CHC MCOs were working through.

>> Pat: Okay. Caravia Green asked a question. If the plan is for the CHC MCOs to have 1MFS vendor or they select multiple, how do I get my monthly pass if I live in Norristown and have to go to Philadelphia?

>> Is it a transportation task?

I'm sorry, I'm not asking the question.

>> I'll see if she answers that.

Yes, it is a monthly trim head I have. So it is the transportation.

>> JAMIE: I'm not sure if one of the CHC MCOs could speak about this. I'm having trouble putting together how the financial management service vendor is responsible for the monthly transportation task.

There's my delta. Sorry about that.

>> CHAIR: Yep. No problem. Let me see if I unmute Jan if you can speak to it. I'll also try to get Mike Smith.

>> Hi, Pat. Can you hear me?

>> Yes, Jen.

>> Hi. So I too am struggling with the relationship between FMS and the monthly trail pass. I think someone that was in Norristown would be utilizing such a trail pass. We can certainly support the participant if they are with keystone, either calling their service coordinator or our transportation vendor and MCM customer service line. There are lots of areas where an individual can purchase the trail passes. I know it's confusing and the method of communication they're moving away from trail passes in the future for anyone that's using CCC connect. I'm throwing out a ton of acronyms there. Happy to take a fund so thank you. .

>> Pat, are you still there?

Did one of the other MCOs want to comment?

>> Yes. I was unmuting to see if the CFA had any comments to add? I'm guessing not.

>> Our response and I agree with her. I'm not sure how the 2FMS or the transportation align, but it can get confusing. But if the participant is with PA health and wellness, they can absolutely call, and we can help them understand.

>> Okay.

>> I can address the transportation and with the hub lines.

>> All right. Thank you.

Here's a variation of the FMS question, Jamie. I think I can answer it. Is it mandatory that the MCOs have the same financial management or is it optional and from my understanding. Is that correct?

>> That's correct.

>> Okay.

>> Excuse me. I'm not understanding what do you mean by same financial management.

What do you mean?

>> JAMIE: So the CHC MCOs were planning to make the financial management services and administration on the CMCMCOs.

The CHC MCOs had the choice of who they wanted to select as their financial management vendor or they could do it as an administrative function. They have all chose tone work with the same vendor and they've chosen to work with the same vendor to make it easier for participants and their workers.

So if a participant goes from 1MCO to another, there's no new enrollment process or transfer of information.

>> Okay.

>> On the vendors.

>> We have changed what we mean by administrative functions there. Why is it PPL still going to be taking that role?

What happened?

>> So I think you're asking about the reason that the Office of Long Term Living is seeking to make this change. So we procured this statewide management service vendor. It's when the

office in long term living meaning there was one more managed care organizations and so it made sense at the Office of Long Term Living to procure one statewide vendor across all of our waiver programs at that time. The Office of Long Term Living is the holder of that financial management service contract, but only of a handful of participants are still in the fee for service program. A majority of our participants are now in community HealthChoices so we're requiring our CHC MCOs to work with a statewide vendor, and we hold the contract, the Office of Long Term Living, but the work is not done primarily with the Office of Long Term Living. The work is done with the CHC MCOs. So we're kind of -- I'm going to bring up a term a monkey in the middle in terms of the relationship between the financial management service vendor, and the CHC MCOs which need to coordinate closely, obviously, to assure that participants get their services, workers get paid, time sheets are submitted, and obviously, claims are submitted and paid. We're in the middle of that relationship, meaning the Office of Long Term Living. However, the work needs to be done primarily with the CHC MCOs and the financial management service vendor.

>> That's what I'm not sure of, Juanita the CHC MCOs on when transferring it and making it an administrative function of those CHC MCOs, they're going to contract directly and they've decided to contract directly with one vendor. We're not sure who that vendor is yet. They're still in that procurement slash contracting process.

>> That's the issue. That's why when I ask where were we the participants made apart of this decision making. I don't think it should have been their decision and I think that's what the service is when we were given services option to stay independent, that that was supposed to be part our decision who we wanted to use as our financial, and MCOs are the problem. We have been having a problem and keep giving them more and more control over our services, and we are against it.

That's what we're saying. We don't want them to control that.

It's wrong.

>> Juanita, I would encourage you to attend the meeting on transportation.

>> I understand that. We already have problems with the MCO. That's the problem. All of these issues are stemming from our service coordination, and what they're doing. I don't know if you was listening to everybody, and you still moving on with these changes. They're not beneficial to us and helping us. Not at all. And we're still having the same problems.

And we call the office of long-term living -- we don't get any changes. We don't get any resolution that's beneficial to a participant. None at all.

>> So I do want to change --

send me the information. I do want to speak. I want to speak at the stakeholders meeting.

>> JAMIE: Sure.

>> Thank you.

>> A question from Brenda Dare.

What's the fee for service program census right now?

>> I don't have the exact number in front of me. The last time I looked, there was about 550 participants or maybe it was 450. Right around 500 participants in the overwaiver program and about 1,500 in act 150. And so those are just from my remembrance from the last time I looked. I know those numbers are on our website. We publish monthly an OLTL data book. So one of

the pieces of information that we do publish is the Obra waiver enrollment and the act 150 waiver enrollment. So anybody can go out there and look for those numbers and obviously correct me.

>> Okay. Thanks, Jamie. So the next question.

>> I have a follow-up.

>> Pat: Sure.

>> Just really quickly, Jamie, I was going to try to save this for the May 13 meeting. I don't know much about that. But when you were talking earlier about the increased pay, and I hate to -- it's probably the wrong form, but the increased pay of direct care workers, in the fee for service side, it really sounded like you were trying to say that the participants would be bearing that cost. Can you clarify that a little bit?

>> JAMIE: Yeah, no, no.

Participants are not bearing any of the costs of the change or for direct care workers. I apologize for that confusion.

Yeah. Participants don't bear any of those costs.

>> Thank you. I'm talking about the fee for service side.

Right?

>> JAMIE: So I guess I was talking about the cost of the financial management service or the change or the direct care worker costs. You know, I do know there's a participant cost for the act 150 program. But it's not an actual service cost.

That's my understanding.

>> Okay. Thank you.

>> Pat: So the next question was from Michael (Name). How will I get information on joining the racial equity subcommittee? I'm currently a member of governor wolf's COVID-19 racial equity task force subcommittee.

>> JAMIE: Michael, you're welcome to join the long-term services and support subcommittee of the MAAC where we'll be working on racial equity across the Office of Long Term Living programs. And we can look into the question that you asked about the task force.

>> Pat: And that was Kierney using Michael's log-in. Thank you. This question is from Lauren albin, and it will be one that the MCOs will need to answer. Have the MCOs agreed to having a person from the staff for their requests on the clinician team that reviews consumers' hours when they are arc peeling cuts? -- appealing cuts. I guess Jen, Mike, and Anna, you should all still be unmuted.

>> Would you repeat the question. I was trying to process it.

>> Pat: Sure. I guess there was a request to have an Representative participate on the clinical teams that review participants' hours when they are appealing cuts.

>> Okay. I wasn't aware of that.

I need to follow up.

>> Pat: I don't know if this may have gone on OLTL.

>> Pat, I'm going to follow up and say that a participant can have anyone on their team when they're doing their person-centered planning. They can invite anybody, and the service coordinator should be telling them or asking them --

telling them they can have anyone and asking them who they'd like to have when they're doing

that in the assessment process or development in person-centered service plan, and they can have anyone help them with their appeal. And then our doctors make decisions on services if indeed there's extenuating circumstances and it requires that level of oversight. But there is no restriction for a participant asking to have anybody involved with their person's centered planning process.

>> Okay. Mike.

>> I keep finding the Mute button. I've actually heard the request myself as well. And so you know, I don't have a reaction to it other than say we can certainly consider that as an option. It sounds like they're asking to be part of that. If they're asking to be part of the CNG process, the complaint & grievance process or if part of the participant centered support team, they certainly can be invited to those to be the participant. If they know it's in one of them involved. Yeah. I'm not sure that I've heard this request before. So apologize if we missed that somehow.

>> Pat: From the comments, it was something that was mentioned at the last listening session. And it actually appears like it may be part of the clinician teams that review service cuts. For participate on the medical review team. I can't say they recall that comment from the last meeting. But there were many suggestions. I don't know, Jen, if you remember anything.

>> Hi, Pat, no, I don't. And I just checked with others on our team here. We don't remember. We do agree with what Ann shared that everything she outlined about participation and representation during person planning team meetings and any appeals called. So I don't recall, and I apologize. Okay.

So I just got a comment that Latoya Maddox, I do remember that name, was part of her comments. I think it would probably take some thought process around HIPAA and those types of things. But we'll put on the list for follow-up to go to OLTL. And let's see here.

There's a question from fort Allison with the switch from moving the FMS vendor under the MCOs, how will quality be improved? They're seeing some level of frustration with the current FMS vendor. What is considered to be network adequacy for FMS services?

>> JAMIE: So this is Jamie. So the first question was around -- Pat, I'm blanking on the first question.

>> Pat: I'll break it down into two separate questions. First, how -- so there's some concerns with the current FMS vendor, and how will quality be improved or how it will be measured under the new FMS vendor?

>> So obviously, the Office of Long Term Living, when we were talking to the CHC MCOs about moving the service, obviously, we didn't -- we don't have these requirements in the CHC agreement yet, but they'll be held to the same requirements that PPL was, and those requirements would have been in the RFP or RFA we had released and our contract with PPL that we currently have. One of the things that we hope to improve by making this an administrative function of the CHC MCOs is we often hear issues about authorizations and then billed hours between PPL and the CHC MCOs. Hopefully as that is just under one vendor, there's a smoother process for participants and workers, because, obviously, it would all be under an administrative function of the CHC MCO.

They're responsible for the authorizations and making sure the worker can bill for the hours allotted. We're hopeful to improve that process. That would be obviously forward facing or worker and participant facing. I think the second part of the question was how would we assure

network adequacy. Since this is an administrative function of the CHC MCO, it's not a service. There's not a network adequacy requirement.

>> Pat: Then one of the things that Pam Auer is questioning is PPL did not show goodest when listening to any valid complaints. So would these be under the MCOs -- would this be complaints around any of the FMS services would be something that should be reported through their operations, their point to point operation and grievances. Is my understanding correct?

>> I mean, I think definitely we can make a complaint about the provision of the financial management function. I'm not quite sure about the grievance.

I would have to check into that.

>> Yeah. Probably wouldn't make sense that it would be a grievance since it's not really medical necessity related but around the administration of the program.

>> Yeah. Thanks, Pat.

>> Pat: Okay. Let's see here.

So there was a question from Lanisha who spoke on behalf of her daughter -- it might have been the last listening session.

She wanted to know if she would be able to participate in the June meeting to hear some of the follow-up actions?

>> JAMIE: So absolutely. I mean, we send these notices out, and participants and stakeholders can sign up to participate in the meetings. I believe they go out about two weeks ahead of time. But the next June meeting is -- I'm looking at the date now.

Anybody know it offhand?

>> June 2. Our next meeting is June 2.

>> JAMIE: Oh, thank you. At 10:00.

>> Yes.

>> Pat: Thank you. Okay. So here's a question from Cindy Seeley. How does the change in FMS affect nonhealth-care providers billing authorizations and the referral process?

>> JAMIE: Pat, can you read that again?

>> Pat: Sure. I think it's a question of -- so for the change in the FMS vendor, how does that impact authorizations and billing for health care agencies?

>> JAMIE: So my understanding is it would not. It doesn't impact home care agencies.

>> Pat: Correct.

>> JAMIE: Just participants and their workers and the participant-directed personal assistance services model.

>> Let's see here. And then there's folks who are interested in the link for the May 13 meeting and as Jamie mentioned, that go out to the Listserv. So I think we touched on this at one of the last questions. This is from Hunter. With the change in the FMS, who do they complain to if they have a problem? The FMS vendor or the MCO, what the transitions to the MCO, it's an administrative function of the MCO. Just like any other concern you have, that would go to the MCO. I think that's correct. Right, Jamie?

>> JAMIE: Yes. Or you can always complain to the Office of Long Term Living as well.

>> Pat: Okay. And P. Hunter also asked a comment about this is a stressful enough time and doing this change won't help.

Did you mention the timing, Jamie? I apologize if I missed that.

>> JAMIE: Sure. Our current contract with PPL, the financial management service agency, the statewide financial management service agency is -- we're on our first 6-month extent. The contract will run out as of June 30, 2022. We're hoping to make this change January 31, 2021, to have that 6-month buffer. We would have to reprocure the service or make it an administrative function of the MCO.

If we didn't do that, there would be have a change, meaning we would have to reprocure and issue an RFA and whoever would bid on that service would win and there would be, you know, inept Mr. -- implementation and time period changes made.

>> Pat: Thank you. And we are at 1:00. I guess I'll turn it back over to Linda and Luba.

>> Okay. Any last comments?

From the committee?

>> Linda, this is Mike Grier from Pennsylvania Council on independent living. I just wanted to reiterate what I said last month's meeting. It takes a lot of courage for folks to get up, and I hope that we act on some of the responses we received today. Thank you.

>> I do as well. Thanks, Mike.

>> CHAIR: Okay. Well, I make a motion to close this meeting.

And we'll hear from you all on June 2. Do I have a seconder motion?

>> Yes.

>> Second.

>> Second.

>> CHAIR: Okay. Thank you.

>> You're welcome.

>> CHAIR: We'll hear from you all next month.

Chat