

The following printout was generated by Realtime Captioning, an accommodation for the deaf and hard of hearing. This unedited printout is not certified and cannot be used in any legal proceedings as an official transcript.

Date: 07/06/23

Event: Managed Long-Term Services and Supports Meeting

>> Good morning, everyone. This is David Johnson. I'm going to begin the July subcommittee meeting by calling member attendance.

Mike Grier is present in person.

Ali Kronley.

Anna Warheit.

Cindy Celi.

>> This is Cindy. Good morning.

>> Hi, good morning, Cindy.

Neil Brady.

Gail Weidman.

German Parodi.

>> Here. Good morning.

>> Hi, good morning, Heshie.

Jay Harner.

Juanita Gray.

Kyle Glozier.

Laura Lyons is excused this month.

Lloyd Wertz.

Matt Seeley.

An alternate for Monica Vaccaro, Melissa.

Patricia Canela-Duckett.

>> Good morning, everyone. Hopefully, you can hear me.

>> We can. Good morning, Patricia.

>> Thank you.

>> Sherry Welsh.

And Tanya Teglo is excused with an alternate Carrie Bach attending via webinar.

Are there other subcommittee members that I missed that would like to announce themselves?

>> Good morning, Jay Harner is present.

>> Good morning, Jay.

>> Good morning, this is Anna Warheit.

>> Hi, Anna. Good morning.

>> Good morning, this is Ali Kronley.

>> Good morning, Ali.

>> Good morning, this is Ellen Joyce in place of Noah Gifford.

>> My apologies. Could the last person re-introduce themselves? I don't recognize the name.

>> Ellen Joyce. And I am with Alert Medical in place for Noah Gifford.

>> He's not a member. He comes and sits in the audience.

>> Understood. My apologies. Speaking with my colleague in person. Thank you for joining, Ellen.

>> You're welcome.

>> And Lloyd Wertz is present in person.

Is there anyone else I missed that would like to announce themselves?

>> Gail Weidman with PHCA. Good morning.

>> Hi, Gail. Good morning.

Thank you all for attending on this July 6th. I'm going to hand it over to Mike Grier for housekeeping.

>> MICHAEL: Hello, everyone. Thank you for being here for the July 6th meeting.

Before we get started, I want to thank both the OLTL staff and David for supporting me through these last couple of months. I had a few things happening in my life, so they stepped in more than amply. Let's put it that way. Thank you for the support.

Let's get to the housekeeping talking points.

Please keep your language professional. This meeting is being conducted in person at the Department of education Honor's Suite as a webinar with remote streaming.

The meeting is scheduled until 1:00 p.m. We will end promptly at that time. All webinar participants except for the committee members and presenters will be in listen only mode during the webinar.

While committee members and presenters will be able to speak during the webinar, to help minimize background noise and improve sound quality of the webinar, we ask that attendees to self-mute using the mute button or mute feature on their phone, computer, laptop when you're not speaking.

To minimize background noise in the Honor's Suite, we ask the committee members, presenters, and audience members in the room to turn off your microphones when not speaking.

This meeting is being recorded. Your participation in this meeting is your consent to being recorded.

The captionist is documenting the discussion remotely. So it is very important people speak directly into the microphone, state their name, and speak slowly and clearly. Please wait for others to finish their comment or questions before speaking. This will enable the captionist to capture the conversation and to identify the speakers.

Please hold all questions and comments until the end of each presentation. Please keep your questions and comments concise, clear, and to the point. We ask the webinar attendees to please submit your questions and/or comments into the questions box located in the Go To Webinar pop up window on the right hand side of your computer screen.

To enter a question or comment, type into the text box under Questions, and include the topic to which your question or comment is referencing and press Send.

Those attending in person who have a question or comment should wait until the end of the presentation to approach one of the microphones located at the two tables opposite of the speaker.

The chair or vice chair will then call upon you.

Before using a microphone in the room, please press the button on the base to turn it on. You should see a red light indicating that the microphone is on and ready to use. State your name into the microphone for the captionist and remember to speak slowly and clearly.

When you're done speaking, press the button at the base of the microphone to turn it off. The red light will turn off, indicating that the microphone is off. It is important to utilize the microphones placed around the room to assist the captionist in transcribing the meeting discussion accurately.

There will be time allotted at end of the meeting for additional public comments. Webinar attendees should enter questions and comments into the questions box and include the topic in which your question or comment is referencing.

We want to remind everyone that this meeting is a place for general information and questions about OLTL managed care. Questions and/or comments of a person or individual nature will be redirected to the appropriate people to follow up. Responses will be sent directly to the

individual asking the questions. If you have any questions or comments that weren't heard, please send your questions or comments to the resource account identified at the bottom of the meeting agenda.

Transcripts and meeting documents are posted on the MLTSS meeting minutes list serve. These documents are normally posted within a few days of the meeting.

The 2023 MLTSS sub meeting dates are available on the Department of Human Services website.

The following are emergency evacuation procedures.

In the event of an emergency or evacuation, proceed to the area to the left of the Zion church on the corner of fourth and market. If you require assistance, go to the safe area located right outside of the main doors of the Honor's Suite. The staff will be in the safe area and stay with you until you are told to go back to the suite or you are evacuated. Everyone must exit the building. Take belongings with you. Do not operate cell phones and do not try to use the elevators. They will be locked down.

We will use stair 1 and stair 2 to exit the building.

Stair 1, exit through the main doors on the left side. Turn right and go down the hallway near the water fountain.

Stair 2, exit through the side doors or the back doors. From the side doors, turn left and stair 2 is in front of you.

Exiting from the back door, exit, turn left and left again and stair 2 is directly ahead.

Keep to the inside of the stairwell and head outside. Turn left and walk down Dewberry Alley to Chestnut street and turn left to the corner of fourth street, turn left to blackberry, and turn left to the train station.

>> Thank you, David. We're going to move on to the MLTSS -- I'm sorry, go ahead.

>> Good morning. Are you subbing for Matt Seeley today?

>> Yes.

>> Thank you.

>> Thank you, David.

We are going to move in the agenda to the MLTSS meeting minutes. Meeting follow ups from June 1st, 2023.

Relating to assisted living, AL, in lieu of services, audience member Margie Zelenak stated in the chat that there is discussion of AL services under ILOS. She wanted to know if this has been approved. Juliet to provide a response.

>> Juliet responded that discussions are ongoing.

>> Multiple questions were asked during the June meeting about adult protective services and the role of area agency on aging in the ombudsman and guardianship. OLTL to respond.

>> Hi, this is Paula. Because of the AAAs are under the Pennsylvania Department of Aging, OLTL staff reached out and are coordinating with PDA to determine when they can present to the MLTSS subcommittee on the questions OLTL services, and ombudsman services. Other questions on the same topics were directed to the licensing. The questions and responses will be available on the MLTSS list serve within a few days after this meeting.

>> Related to home care agencies, audience member Pam Auer asked with such a deficit of direct care workers, why are so many managed care organizations not taking time -- are not taking on new home care agencies if they're coming -- excuse me. Let me start over again. Why are so many managed care organizations not taking on new home care agencies if they are coming up and are able to staff some of the people who need the help? Why is there not -- why is there not more? We have been talking month after month after month about how desperate we are for people to fill hours. This was to be readdressed during the public comments. However, time ran out. All three community health choices requested to provide the response.

>> This is Paula.

AmeriHealth Caritas Keystone First responded that they currently have over 1,000 personal assistance services providers in network. And that they have met the network adequacy. PHW closed the network in several counties, but continue to remain open in Beaver, butler, Crawford, Washington, and west more land counties. Their decision to not add more home care agencies in the Philadelphia area is based on the current volume. There are over 600 agencies that support the Philadelphia area. When PHW encounters a staffing challenge, it is not due to a reduced network as much as it is the choice of many providers to not expect referrals needing fewer than eight hours a day.

They also see patients whereby the participant only wants a specific type of worker, for example, female, size, age, ethnicity, and refuses available direct care workers that a provider may have.

If there is a specific case that is in need, PHW would be happy to take a look at the case and identify a provider that can support the participants.

UPMC responded they have a network of over 1400 providers. They are actively engaged with the providers and working to understand capacity and quality in the organizations. MCAs require a full time equivalent reporting of direct care workers for participating network home care agencies to monitor. In part, capacity of the then current network. Additionally, the UPMC network teams have an ongoing collaboration to identify areas and counties with diminished capacity and work within the network providers to close gaps.

If the existing network cannot support gap closures by hiring additional direct care workers, then the work will be expanded if new home care agencies can staff the identified areas.

The addition of a new home care agency only guarantees the administrative entity to the network, not actual direct care workers.

And finally, UPMC recognizes the importance of participant directed services as a central alternative to agency-based models for service delivery and participant choice and wants to expand this option in the future.

>> Thank you, Paula.

And we do know that there were other questions that are answered on the list serve. And you're free to browse that as well.

We're going to move on with the agenda to the Office of Long Term living. I don't know if this is Juliet or Randy.

>> JULIET: Good morning. This is Juliet. I apologize for having to participate remotely. So Randy and I are going to tag team this. I hope Randy is there in person.

So can folks hear me okay?

>> We can hear you great. And Randy is here.

>> JULIET: Wonderful. Thank you. Thank you, Randy, for being there.

So we can go to the next slide. I'm going to go through the agenda. I will be handing it over shortly to Randy to walk through can rest of the updates. Based on the interest of the group and things we have received, we will talk a little bit about the listening session, the CHC, and the nursing facility rates.

If we go to the next slide. We did want to formally recognize and congratulate secretary Val Arkoosh on her confirmation. Very excited that has been confirmed. Looking forward very much to working with her as our secretary for the Department of Human Services.

And then the second update that I wanted to touch on briefly, as many may have known, we are still waiting for approval for the fiscal year 23-24 state budget. The Senate did pass a common sense budget bill. However, we are still waiting for the House to review, approve, and pass their counterparts to that.

So what that means is that we hope that this won't be a sort of long and drawn out process. We do look forward to getting that budget passed. But we are certainly at this time kind of in a

waiting mode. So I wanted to give that update for folks today just so that folks are aware where we stood with the state budget.

With that, I will hand it over to Randy to go through the following items.

>> RANDY: Thanks, Juliet. Hi, folks. This is Randy from the Office of Long Term Living.

A couple of updates on the listening tour. We started to tour, Juliet made visits on June 5th and 6th with the CIL, AAA, and life providers in Erie and Pittsburgh. Gained a lot of information from that.

And we're continuing to schedule dates to go out. List serve message was released on June 15th to outline and ask for assistance of providers in putting on these sessions.

We're also scheduling virtual sessions. We have three scheduled right now for July 19th, 21st, and 22nd. That information should be in a list serve if people want to sign up for it.

And then we're doing additional in person sessions around the state between July 11th and August 19th. We will be in the Scranton area, the Philadelphia area, in central PA, Lancaster, York area. Williamsport. And we'll continue to take a look at some other sessions out there. There is a flyer that has all of the available dates on. It's at the website CHC communications to participants on DHS websites. That should give you the dates and times of the listening sessions meetings.

We encourage people to come to the sessions. We encourage providers to help participants get out to the sessions. We want to hear from the participants on what they're seeing in the program, what they would like to see changed in the program, the ideas they have. Or just ask questions of us while we're out and about.

So this is an opportunity to really get individuals out there. So please help individuals out there, work with the MCOs, get transportation set up. We would like to see a lot of participants at these meetings.

All right. So the next slide will give you an update on the CHC request for application. We're currently going through and have gone through the comments in the RFI. We're working, we have a number of work groups working on looking at the comments and incorporating them into the language for the RFA document that will go out. So we continue to do that.

A summary of the comments received were posted on the CHC website for review. We didn't post all of the comments. But we posted the broad categories that the comments fit into. As far as time lines with the RFA, we don't have a set time line as things become more clear when we're going to release the RFA and other information related to that, we will keep the public updated on that at these meeting and also on the website.

So that's the big project right now that we're working through is just the reprocurement of the program.

For PHE unwinding, we continue to monitor this. We have a number of individuals who were closed out because we cannot return the required documentation, even though they may be eligible. We have sent the list out to the MCOs to follow up with the individuals to try to determine why they did not submit their paperwork. Whether they moved, whether they moved out of state, whether they ceased, or whether they don't want the program. Or they know that they're not going to meet the eligibility requirements of the program. We want to find out with those individuals that didn't submit the paperwork, the reason behind it. And encourage them to submit the paperwork. We're providing the information out. There's numbers in here. Over 800 individuals that we're following up on. So we will continue to work with the MCOs to follow up with these individuals.

Next slide talks about the 2023 nursing facility rates. We released a list serve at the beginning of the month about the proposed fee for service rates. The Department noted that there's some variance between the April 1st rates and the July 1st rates. That seemed to be a little bit greater than in previous years. There's always variances with the rates as they change from quarter to quarter. We're seeing a little bit more difference this time around.

The July cost reports include a year of increased COVID-19 related costs, which impacted the average fee for service rate. The first year of COVID cost experience entering the current rate setting year led to unanticipated swings in individual provider rates. And we're probably going to see that again next year as we still deal with COVID related experiences.

To make a change in that, though, and look at that in a different way, we would have to have direction from the general assembly to amend the right methodology. And we would certainly support that resolution if something like that came up so that we can ensure that the swings in the rates aren't as great as they currently are.

The proposed rate notice was published in the June bulletin on June 24th. We were working with the nursing facility and the associations and stakeholders to review the July 23 rates. They are subject to change. They are proposed at this point in time and can change depending on further review.

And then a picture of me and my blank stare.

>> Randy, I have to hop in a second and amend my statement about the budget. The House did pass the budget last night. Thank you, Andrew, for bringing that to my attention and letting me know I needed to update my statement. So our team will be looking and diving deeply into seeing what has passed and what that means for us.

So I apologize for that. Just wanted to make sure that my statement was corrected. Thank you, Randy, for the presentation.

>> Thank you. Are there any questions? Any questions online? I will be here until I have to leave at 12:30. I will be here to answer questions that come up later too.

>> Lloyd?

>> Thank you. The unwinding numbers, was that for the first month of the revalidation? Or was that up to date?

>> RANDY: I believe that's up to date numbers as of probably last week. So the end of June.

>> That's good. Thank you.

Second question is when CHC was first established, the decision was made that there would be three managed care organizations that would handle the service delivery and contact with the state. Is that still the number that's in mind? Or is there a possibility of expanding that or contracting that?

>> RANDY: Yeah. Original we did the program six, seven years ago, the way it was written in the RFP is we were looking for three to five managed care organizations. As we went through the process and evaluated the proposals that came in, the final decision that we went with was to have three statewide vendors.

Same type thing will happen this time around in the RFA. It will have the same language in three to five. There may be more or less. There's a possibility to look at regional versus statewide. There's a lot of things that will go into the final decision once we have all of the proposals in and reviewed.

>> Any other questions for Randy, OLTL?

>> I have an item in the chat.

>> Go ahead.

>> So this is from Cindy Celi, Randy. She's asking are the PHE unwinding numbers specific to SPCS participants?

>> RANDY: We will have to check on that and get you an answer. I'm not sure if the HCBS or nursing facilities. We can check on that.

>> Thank you, Randy.

>> Anything else in the chat?

>> That's everything, Mike.

>> All right. Any other questions for Randy or Juliet? Thank you guys.

>> Thanks.

>> We're going to move to the next item on the agenda. It's the Pennsylvania Medicare education and decision insight MEDI. Ikesha Hermantin.

>> IKESHA: Hello. How is my audio? Is it okay?

>> Great, thank you. We can hear you well.

>> IKESHA: Okay. Thank you so much.

Good morning, everyone. Thank you for the opportunity to present today. My name is Ikesha Hermantin. And I am the PA MEDI statewide coordinator. And also with me is Susan Nepp, the PA MEDI director. And she will talk a little bit later.

We are from Pennsylvania Medicare Education and Decision Insight, PA MEDI. Medicare counseling program that is managed by the Pennsylvania Department of Aging's Education outreach office.

Today we will cover what is PA MEDI, how and who does PA MEDI help, and how do we promote PA MEDI? Next slide, please.

Let's start with a quick question to get things started. I understand that I probably can't see the chat, but if you guys want to answer the question there in the meeting in person or if there's any responses in the chat, then that's fine. Or if it's quiet, then that's okay too.

So the question that I have is how many people living in Pennsylvania are eligible for Medicare? Any guesses out there?

>> I think Lloyd Wertz did have a guess. But I don't think it hit the microphone.

>> In the ballpark of 12.7 million.

>> IKESHA: That's a good guess. I will give you points for saying million. Next slide.

You overestimated, though. We have 2.7 million Medicare beneficiaries in Pennsylvania. So credit for the million part. Good job.

According to the last U.S. census in 2020, Pennsylvania ranks fifth nationally in population for people ages 65 and over. And we rank third in what we call super seniors ages 85 and older. The aging population continues to grow and is predicted by 2030 that one in four Pennsylvanians will be over the age of 65.

Medicare hopefully everyone is familiar, but if you're not, let me quickly explain Medicare is a federal health insurance program that serves people ages 65 or older and certain people under age 65 with disabilities.

The term beneficiaries that you see on the screen will be used frequently throughout this presentation. And in our case, it refers to someone who is eligible or enrolled in Medicare. You may also hear the term client or consumer. I know that you might be familiar with that already from the work and the services that you guys are familiar with or participant. But we mainly use beneficiaries in our population.

When you consider these numbers, 2.7 million, we have the fifth largest population of the folks 65 and over, PA and the complexities of Medicare, if you do know anything about that particular program, it makes PA MEDI and its services crucial to Pennsylvania's older adults.

Next slide, please.

So PA MEDI is Pennsylvania's state health insurance assistance program or SHIP. And it is a free service provided by the Pennsylvania Department of Aging.

And as you see in our logo, you see what the acronym PA MEDI stands for.

Next slide, please.

Now that you know a little bit about our program, let's talk quick about how it's structured. At the Pennsylvania Department of Aging, there are two positions funded by the grant. The PA MEDI statewide coordinator, that's me. And the director, Susan, who will talk later.

The statewide coordinator makes sure PA MEDI's mission is carried out through compliance with SHIP standards and by providing direction and initiatives to local programs.

Next, there are four regional coordinators who oversee operations within their territory. They are responsible for development, coordination, and presentation of training materials, plus much

more.

Local staff oversee their programs, recruit and manage volunteers, and conduct outreach, hold events, and ensure services are being provided to beneficiaries in their counties.

Last, but certainly not least, we have over 350 volunteers to help meet the needs of our program by counseling, doing presentations, answering calls, et cetera.

Although we have many volunteers, we are always looking for more throughout the state. We will talk more about who PA MEDI helps next.

Next slide, please.

PA MEDI serves Medicare eligible individuals. As stated earlier, Medicare is a federal health insurance program that serves people ages 65 or older, certain people under the age of 65 with disabilities.

Next slide, please.

PA MEDI's mission is to empower, educate, and assist Medicare eligible individuals, their families and care givers, through objective outreach, counseling, and training so that they can make informed health insurance decisions that optimize access to care and benefit.

So how does PA MEDI help beneficiaries and carry out our mission? We offer free, confidential, unbiased, one on one, personalized Medicare counseling to the Pennsylvania's beneficiaries to assist them in making informed decisions about their Medicare insurance coverage.

We can help beneficiaries compare available MEDI gaps, Medicare advantage and drug plans in the area to look for cost savings based on their own health care needs and circumstances.

We also explain new benefits and annual changes to plans.

Although counseling is our primary function, we also assist with other areas of Medicare. For example, if a beneficiary does not agree with a decision from Medicare or their health plan, the counselor can assist with appealing the decision. When a beneficiary selects a Medicare advantage plan or a prescription drug plan, the counselor can also assist them with enrollment. We also provide help and enrollment assistance with Medicare financial assistance programs for those looking for ways to save money on their Medicare cost. This can be done through Medicare advantage and drug plan comparisons, the Medicare savings programs that offer help with premium costs, a program called Extra Help, and PACE, another program which can lower prescription drug costs.

PACE and PACE net is a new anemic prescription assistance program for older adults offering prescription medication to qualified residents age 65 and over. And the program works with Part D plans and other prescription drug plans to lower out of pocket costs for medications.

Extra help, that program I mentioned just a few seconds ago, is the low income subsidy program, and it's a federal program that's also offered here which helps pay for the Part D premium and reduces out of pocket costs of prescription drugs.

In addition to those functions, PA MEDI can also explain the complexities of Medicare health insurance, the rules and notices that beneficiaries receive.

We also explain the preventative services covered by Medicare because those are important for keeping people healthy and they can also save money by reducing one's overall need for health care.

We also address coordination of benefits and how various insurance options work together with Medicare. These other insurance options include employer group health plans, so the insurance program you may be in from your job. Military veteran benefits and Medicaid.

Lastly for this slide, I want to mention that when a beneficiary calls or comes in for assistance, the PA MEDI counselor may become aware of other issues or needs outside of our scope of service. But the PA MEDI counselors are trained to provide some referrals to other needed agencies or services such as lie heat, a heating assistance program, or SNAP, which is helpful to provide food for those in need and meet the criteria.

Next slide, please.

The ending of the COVID-19 public health emergency or PHE affected a lot of people and processes or resources that were in place for a few years. For example, the ending of PHE directly impacted people's status in Medicaid. And due to age-related factors and in some cases income levels, the Medicare eligible individuals were impacted too.

So PA MEDI prepared for the end of the PHE by training our network and being knowledgeable about what was happening in our state and the available resources for the population we serve. Some things to know. If a Medicare eligible beneficiary lost their Medicaid, because of their termination from Medicaid, beneficiaries will now be responsible for their Medicare deductibles, co-insurance amounts, or their Medicare Advantage co-pays.

However, if the beneficiary is still eligible for one of the Medicare savings programs, that benefit will remain.

Also, beneficiaries will continue to have extra help if they were in that program to pay for their Part D prescription cost until at least the end of the calendar year, even if they lost their Medicaid.

The beneficiary's current plan enrollment, the Medicare plan enrollment, will not change if they are in a Medicare advantage plan or a stand alone Part D plan. Part D is the prescription drug plan.

Individuals who had medicaid coverage throughout the PHE but were terminated and are eligible for Medicare now, they have a limited opportunity to access a Medicare supplement insurance plan, also called Medigap in Pennsylvania. That's a really awesome opportunity that is available for these individuals.

Next, I will turn the presentation over to Susan, the PA MEDI director, to discuss the final remaining topics.

>> SUSAN: Thank you. And good morning, everyone.

Pennsylvania Medicare, education, and decision insight, PA MEDI as we refer to it, is part of a national network of state health insurance programs that are funded through a grant from the United States administration for community living or ACL.

Along with ACL, we work closely with the centers for medicaid and Medicare services or CMS, and the social security Administration on the federal level. To carry out our mission at the state level, we work as needed with DHS, Department of Human Services, PA link, the Pennsylvania health all project, data trust, the Pennsylvania insurance department, AARP, and the Pennsylvania legislature.

Locally, PA MEDI is housed within PA's 52 area agencies on aging or triple A's, and has many local partnerships that include service organizations, social service providers like county assistance offices, community health centers, centers for independent living.

So how do we promote PA MEDI? We accomplish this in many ways.

PA MEDI provides local Medicare programs and events for the general public. Medicare eligible individuals, their families, and care givers that include Medicare 101 presentation, Medicare preventative benefits presentations, extra help in Medicare savings programs outreach. We do presentations about avoiding Part B and/or Part D late enrollment penalties. And we have annual open enrollment events.

The events are listed on PDA's website. So you can visit aging at PA.gov and choose the counseling tile.

And we promote the program using traditional media like radios podcast, television, press releases, and print media.

And PA MEDI leveraging the power of social and digital media to raise awareness of the program. Although our services are available year round, most of our outreach is conducted prior to and during the Medicare annual open enrollment period that takes place October 15th through December 7th every year.

And it gives beneficiaries the opportunity to review their coverage and make changes.

This is PA MEDI's busiest time of the year. During open enrollment period, beneficiaries can join, switch, or drop Medicare advantage or prescription drug coverage.

PA MEDI is the known and trusted resource for Medicare information. As a community-based, local network-based, health and area agencies on aging, we partner with groups like yours and businesses, government, community, and social service organizations to increase awareness of and promote PA MEDI and its services. We attend health fairs, senior Expos, legislative Expos and the like to reach as many beneficiaries as possible. There are many Medicare beneficiaries who do not know about the program, therefore outreach is critical if we are to reach those who could benefit from our services.

That's where we need your help. Please let your friends and family and colleagues know about this useful program. And please let us know if you have any suggestions for further outreach opportunities.

There are many ways to contact PA MEDI and get help with Medicare related needs.

First of all, PA MEDI has a dedicated consumer help line at 1-800-783-7067. It's available for 8:00 a.m. to 5:00 p.m. Monday through Friday.

The help line assists with information and referral to the appropriate PA MEDI program in the local area for further counseling that is based on the caller's county of residence.

And beneficiaries can contact the local office listed on PDA's website. And we have a listing of all of the local programs over the next several slides.

General Medicare help is also available by calling 1-800-Medicare or visiting Medicare.gov.

So on the next several slides, we have a listing of the local programs. And we are here to help with all your Medicare questions. PA MEDI has an office that serves counties near you in the area agency on aging.

So just to wrap up, PA MEDI, Pennsylvania Medicare education and decision insight offers free confidential and unbiased Medicare counseling and education to Pennsylvania Medicare beneficiaries to assist in making informed decisions about Medicare insurance coverage. We provide information that helps make decisions and optimize access to health care and benefits and cost savings.

Our services are available year round and during the Medicare annual open enrollment period that takes place reach out to your local program or us for more information and assistance.

So if anybody has any questions, we are open to taking questions at this time.

>> Thank you for the presentation. Any questions from the members? Go ahead, Lloyd.

>> Thank you. Very good presentation. I remember a program called the apprise program. Is this basically a replacement for that program?

>> Yes. We were rebranded in 2021. We were aware that the apprise name had no direct correlation to what the purpose and function of the program was. So it was rebranded to Pennsylvania Medicare education and decision insight, PA MEDI for short.

>> Thank you. So my next question is as a behavioral health advocate, I wonder what you do with an individual with limited cognitive capacity or who shows signs and symptoms of a form of mental illness gets involved with a counselor for counseling on what to do if for the Medicare programs? How do you deal with that? Are you able to make referrals for the programs assisting that individual? Tell me what your protocols are?

>> Most certainly. Since we're housed in the local area agencies on aging, we have full access to the other services that are provided at that agency. Our counselors are well versed in when it's appropriate to make referrals.

We also are open to having that person's designated caretaker or power of attorney attend the counseling session with that individual if that should be the case.

>> How do you know the counselors are well versed?

>> It's part of the training that we do.

>> Thank you.

>> We do considerable training in soft skills, not just for Medicare counseling, but also any type of situation that could possibly present itself. We do support our volunteers and staff with those type of skills.

>> Glad to hear that. Thanks.

>> Any other questions from the board members or the audience?

>> Good morning. This is David Johnson. Ikesha, Susan, thank you for the presentation. The topic of significant importance to this subcommittee has been the PHE or public health emergency unwinding and the end of continuous medicaid coverage. Really appreciate you outlining what free and unbiased services are available to individuals receiving LTSS who may be losing eligibility and could potentially want to re-evaluate their Medicare options. Outreach and engagement to everyone potentially affected by this process is critically important. And DHS has gone to great lengths in addition to managed care plans and all the helpers in getting the word out. Does PA MEDI ever make proactive outreach to the managed care organizations to educate or inform service coordinators about the size and scope of PA MEDI?

>> We worked with the office of income maintenance starting about a year ago because we were anticipating the unwinding happening. And we know that our information is printed on the letters that go to anyone who is Medicare

And we are totally open to making presentations to the MCOs, community health choices.

>> Great. Thank you.

Jeff?

>> Pennsylvania SILC. Do you do targeted trainings to veterans or populations maybe some who are eligible and some aren't? Or is the training just all the same?

>> SUSAN: We do presentations as part of the outreach to veterans groups and any group at the local level. We do presentations to specific groups. I know for a fact that we have worked with many veterans organizations about coordination of benefits and things like that. And we do outreach at the statewide level too.

>> IKESHA: May I jump in there? Did you also mean training to the PA MEDI counselors and volunteers on subgroups like veterans?

>> It could include -- the trainings just for folks that are eligible compared to folks that are traditional Medicare enrollees or things like that. Just how Medicare works with the other specific pockets or we'll say Medicare supports that somebody might have. Thank you.

>> IKESHA: Okay. Yes, Susan, I can take this one. Yes, we do provide ongoing training throughout the year, virtual or in person as that may be allowed or available. And that could include teaching our counselors about veteran services. That could include, and it has, teaching our counselors and volunteers about managed care organizations, CHC. And we do a variety of different topics. We keep our eyes and ears out on different list serves and websites to find out what's important, what's relevant out there.

And then, of course, as we were just talking about earlier, because of the population that we serve can be very diverse and could have many needs, many circumstances, we try to be as trained as possible. Maybe we're not experts in medicaid like the income maintenance office, but we try to know a little bit. Because we just don't know who is going to call us, who is going walk through the door. And we want to know at least a little bit about the different populations and the different resources out there because you guys probably are familiar with no wrong door. We do that particular policy. But we adhere to that. So we try to help get people where ever they need to be. In addition to Medicare counseling if that's what they need.

So yep, we provide training for lots of different things all the time. Thank you for that question.

>> Thank you.

Paula, is there anything in the chat?

>> No, Mike, there isn't.

>> Thank you. Any other questions for PA MEDI?

Thank you both for the very comprehensive presentation. We thank you. And we have numbers if we need to get ahold of you.

Let's move on on our agenda.

Next up is the financial management services Tempus update. Larry Spencer and Garrett Beauregard. Take it away.

>> LARRY: Good morning. I'm Larry Spencer, the CEO at Tempus unlimited. Happy to be here with a number of members from our team to present some information and to

>> Garrett, if you're speaking, we can't hear you.

>> Garrett, this is Paula. Are you able to unmute? I show that you are self-muted.

>> I just shot him an email.

>> GARRETT: I'm on. Trying to get unmuted. Can you hear me? There we are. All right. Thank you very much. Sorry about the problems. This is going to be one of those days, I can tell.

So thank you, everybody. I know there are two agenda items on this. It's really just one presentation. The MCOs and Tempus working together. Larry introduced himself. And I'm Garrett Beauregard with UPMC. And I will be presenting on behalf of the MCOs. We will have a Q at A at the end.

This may be a little disjointed. One of the presenters were unable to make it. She had a death in the family last night. We're having trouble getting the call center manager on so that she can present that part. So we're just going to play it by ear a little bit here.

So this is our agenda here on the screen. We're going to start off talking about the transition and what the expected outcomes were and what we think we have achieved.

And then we'll go into the call center, talk a little bit about performance there. We will talk about just general payroll activity. Talk about enrollment activity and how that progressed in the year since we have gone through this transition.

We will talk about the satisfaction survey. And at the end, there's an item about EBB as well before the Q and A.

Next slide, please.

So we thought that it might be worth while to start off and talk a little bit about the transition, which literally happened a year ago, a little more than a year ago, July 1st of 2022.

And at the time, even before the transition when we announced that the MCOs were going to take over the responsibility for the -- we talked about what the benefits would be. There is a list of what we believe we have achieved.

We eliminated the overtime authorization, which had been a problem from an administration standpoint and ensuring that people were paid on time.

We have seen great payroll performance, timely payroll payments, direct care workers are actually paid a week earlier than the past because of the way the process works with Tempus. We have enabled strong collaboration between the managed care organizations, HJ, and Tempus. And we meet with OLTL to review the activity and other items and try to stay in lock step so that the function is working well.

We have strong and timely communication between Tempus and the MCOs. HHA as well. They're the system operators. To make sure that enrollments are going well, payroll is going well, to deal with escalations or problems that pop up.

We have seen better communication to the common law employers and direct care workers working through Tempus with the messaging system and also the MCOs driving letter campaigns out to CLEs and the direct care workers.

We believe we have better budget management support from Tempus helping common law employers stay within their budgets to ensure that they don't run out of budget and services early.

We are working through the Ops 38. Ops 100 was transitioned to 38. We have made updates to

the Ops 38 report and working with Tempus and delivering consistent performance and meeting the metrics set forth for us.

We have closer EVV oversight now working with HHA and Tempus there.

And then probably one of the most important things is that we really delivered continuity from the transition before transition and post transition with Terri, Reeser, who has been involved in the activity for many, many years.

Next slide, please. introduce Mia Deal. I hope Mia joined the call. She about the great success we have had with the call center. Mia, are you on?

>> MIA: I am. Can you hear me?

>> Yes. Go ahead.

>> MIA: Perfect. Good morning. I am the consumer relations supervisor. And I have assisted with supporting and leading the consumer relations department with the call center answering any and all payroll inquiries.

And I am calling in, so excuse me with the slides. I do have them up in front of me, but bear with me.

So based on the numbers from the beginning of the transition to just a couple months ago, there was a great improvement with call support and call handling and information that we overall just everything with our communication base.

Does anybody have any questions on the numbers or what they see here?

>> We'll do questions at the end. You can go ahead to the next slide.

>> MIA: All right. This does include EVV support and enrollment. We have increased our numbers since the beginning of the transition to support these calls, which has shown a lot of improvement in the team and the overall support of the calls.

And the next slide for the call center. From the beginning of the transition, we had a large amount of reps, just about 100, just under 100. And a good amount of the representatives that we had showed a lot of potential and knowledge of the program to support the calls, from whether they were temp to permanent or permanent.

We have a very strong team that supports the calls daily. We reduced a lot of call volume. This is with enrollment issues that we did experience, as well as the EVV which has been corrected. And we have, again, a lot of improvement here.

We currently have staff that can flex their support within the department to support PA.

So our call center metrics and call volume, we have a various amount of wrap codes that we use to determine supporting throughout the day or month to month how issues do change and fluctuate.

>> Next slide, please.

>> MIA: Again, I can't see it. So where are you right now?

>> We're on the call center, the wrap code slide.

>> MIA: Okay. Perfect. So the wrap codes are used to indicate what calls we are getting or receiving. And what we're supporting specific to period or month to month. provide to the staff that are handling the calls. This call in on a daily basis as well.

>> Next slide, please. Thank you.

>> MIA: This shows --

>> We now see the pie chart, Mia

>> MIA: Thank you. This shows the volume of calls and what we see that comes in more frequently. So it's payment supporting a good amount of those calls and just EVV issues as well have decreased from where we were.

>> MIA: I lost my entire -- the whole pie chart. I just lost it all. One second.

>> No worries. I will take it from here, thank you very much.

>> GARRETT: The MCOs see the pay chart right now on a weekly basis. We're probably going to cut that back to monthly here soon. We track the reasons for the calls that come in.

Traditionally, it's payment and enrollment that bounce back and forth between each other. The number of calls around EVV dropped. And so we just use this as a tracking item to see what folks are calling in about.

So next, we're going to move to payroll. I believe cover this slide?

>> A little light.

>> We can hear you.

>> LAURA: I'm so sorry. Is this better?

>> Much better.

>> LAURA: Hi, everyone. I am one of the assistant FI directors here at Tempus. I will be reviewing the next few slides for you.

This is an overview of our payroll. We had -- sorry, let me just go to the right slide on my own notes.

So the current slide shows the total number of DCWs and number of checks and direct deposits that were issued in the time frame of August and September, January and February, and May and June. So as you can see for May and June, we issued direct deposits and checks to 10,380 DCWs. And issued 52,296 checks.

So our numbers have been pretty steady, but we have seen a slight decrease in the number of DCWs who have been paid from the August, September time frame to May and June.

We also issued 9,237 Act 54 checks and direct deposits to DCWs. That totalled 9,458. For the Act 54 payments, we worked with OLTL, the MCOs, and even the prior FMS in order to calculate all of the information and make the payments out to those DCWs.

Next slide.

For enrollment for the CLEs, for the participant, the process for the participant and CLE enrollment process is as follows. Tempus receives the referral from the service coordinator or the MCO. We complete the new CLE enrollment packet. And Tempus will then follow up with the CLE and DCW if there are any items that are not completed.

The authorization provided to Tempus from the service coordinators and the MCO for the services at that point after the enrollment package is completed. And then notification is sent to Tempus or from Tempus that the CLE enrollment process is complete. We will contact the participant in CLE that the process is complete. And we notify the MCO.

And then a welcome email from Tempus from the Evvie portal and participant dashboard is sent to the participant in order for them to log in.

Next slide, please.

At the same time that the CLE is going through their enrollment process, the DCW is also going through their own enrollment process. And this is both for new DCWs of new CLEs and participants. And new DCWs.

So the process is as follows. The start of the enrollment process with Tempus is typically an over the phone enrollment with the DCW. Or the DCW and CLE can complete a DCW application request form and submit it to Tempus.

Once that over the phone enrollment or application request form is completed, Tempus will then complete a new DCW enrollment packet and send it to the DCW.

I did want to just add in that both for the CLE packet and the DCW packet, they can be completed electronically via our paperworker application. So everything can be signed electronically. There's no need for physical mailings and physical signatures unless the DCW or CLE cannot use -- cannot sign electronically.

So once the DCW completes their enrollment packet, this is sent back to Tempus. Tempus will then follow up with the CLE and DCWs if there are items that are not completed.

Tempus will then complete the required background checks and we will review those background checks with the CLE as needed if there are any findings.

At the same time, the DCW would be working with front line to attend a pre-service orientation

and training. And the DCW also will have to obtain their Keystone key and unique ID. Notification from Tempus that the DCW enrollment process is complete is sent to DCW and CLEs. And the welcome email is sent from Tempus for the Evvie application and Evvie portal for the DCW to start working and punching their time.

And then the authorization to start working as scheduled by the CLE notification is set.
Next slide.

So here's some enrollment statistics. For participants and CLEs. The total participants in the program as of May 31st, 2023, is 8,732.

The number of new participants enrolled in the program for the first five months of 2023 is 377. And the average time from referral to becoming active is 25 days.

The most common delays for a participant CLE new enrollment is the participant deciding to stay with the agency. Difficulty with finding DCWs. The CLE having an existing EIN, which is the employer identification number.

Difficulty completing paperwork and unable to complete the paperwork electronically.

Statistics for the DCWs is as follows. Total active and being paid as of May 31, 2023, is 10,383.

The number of new DCWs enrolled in the first five months of 2023 is 1,255.

Average time of referral to active is 28 days.

The most common delays for DCWs being set up and completed is the unique ID not being obtained. The pre-service orientation not being completed through front line. And difficulty completing paperwork or unable to complete the paperwork electronically.

Next slide.

Tempus recently sent out our annual satisfaction survey. The surveys were sent out to all current participant CLEs the week of May 1st and were due by July 1st. So I think that was last Saturday.

Surveys could be returned by mail, fax, or completed online.

Reminders to complete the surveys were sent out every other week through 6/26.

And then as of 6/26, we had 18% response rate, which is 1,580 surveys had been successfully returned.

Tempus is compiling the results as we speak and will share the information with the MCOs by August 1st. And ongoing surveys will be sent annually to all participant CLEs at the beginning of the calendar year. survey the month after their first paycheck -- the first paycheck to their DCWs is set.

Next slide.

Garrett, I think I'm passing this over to you.

>> GARRETT: Yes, ma'am. Thank you very much.

So we just thought we would end with a little bit of talk about EVV and EVV compliance. The first question answers what is EVV compliance, right? It happens two ways. The shift is entered or punched on the app at the time of check in and check out. That means when they start the shift, they punch in. When they end their shift, they punch out. Or they can use the phone-based IVR and enter again using the land line phone. That is a requirement in the 21st century. And it must happen at the time of the check in and check out. Any shifts that are entered after the fact are not considered compliant.

Right now, EVV compliance is an opportunity for us. We are below the 50% compliance rate. Somewhere around 35% across the entire population.

And this is a topic of current discussion between the MCOs, Tempus, HHA, and OLTL is to look at how can we improve that level of compliance. We have started with messaging. And there will be letters going out here pretty soon to the CLEs to remind them that EVV compliance is a requirement of the program. We will be reminding folks that training sessions are available and Tempus is available to help anybody with EVV training to make sure they have access to the app, they know how to use the IVR. And my guess is that that is a long-term program for all

MCOs. It's a requirement of OLTL in the waiver, I'm sure. So it's something that we need to stay on top of.

With that, let's go to the next slide. And it's time for questions.

>> This is Jeff from Pennsylvania SILC. Can you repeat the total number of consumers in the program currently and also note how many are self-directed? Thank you.

>> GARRETT: I don't have total number of participants in CHC. In terms of those that are actively self-directing right now, which we define as common law employers that have direct care workers that are getting paid, that number is 8,732. That's on slide 12.

>> Other questions from the committee members or the audience? Go ahead, Ali.

>> Hi. Thanks. This is Ali Kronley with the united home care workers of Pennsylvania. We represent 10,000 care givers in the model.

So thank you, guys, so much for this presentation. Just totally appreciate the numbers and transparency. I think like our allies in the disability rights community, we strongly support this model as the one that provides the most opportunity for independence, self-determination, and community inclusion, which is I think what we would agree is really the goal here.

So mostly just strong appreciation for sharing the data.

I think this might be a question for Garrett. It's about the enrollment statistics. It's similar to the other question.

So I'm looking at the slide that says enrollment statistics. So the total number of CLEs enrolled in the first I guess January through May is 377. How does that compare with the total number of CLEs who enrolled through agency care in the same period of time? And I guess how does that number compare to other historical numbers there as well?

>> Hey, Ali. It's Garrett. I don't have numbers either system wide or for UPMC to indicate the number of CLEs that selected agency or use a combination of the two. I don't know if anyone from PA health and wellness or AmeriHealth Caritas Keystone First wants to volunteer any information that they may have.

>> We have someone coming up.

>> Garrett, it's Frank from AmeriHealth Caritas. I don't have those stats available either.

>> Hi, Garrett, this is Joe from PHW. I don't have those numbers at my fingertips either.

>> Thanks. Sorry, Ali. We have been focused these last several weeks putting together this presentation, very much focused on the FMS activity and really didn't think to look at a broader picture like that.

>> I guess I would just say it would be interesting to understand that in large part to understand the degree to which participants are sort of effectively educated about this choice of participant direction and making sure they have that option presented to them and explained to them. I think that would be interesting to understand.

And then --

>> Yeah, I can just briefly on that, Ali, from a UPMC standpoint, I can tell you that we have put together a pretty comprehensive training program around self-direction for our service coordinators. And I am absolutely certain that this option is always presented to participants, particularly as they enroll in CHC and they're seeing all this for the first time.

I know Mike Smith from UPMC is on. I don't know if he has the ability to unmute. He may want to comment on that. Or if anyone else wants to comment on that particular aspect.

>> Garrett, can you folks hear me?

>> Yes, I can, Mike.

>> Yeah. We do do quite a bit of training. It's actually something that's required that on top of it that we do every time we update a care plan. And we're looking at working with a participant around their services. So this option is regularly provided and available. And we're also looking, as I said in our comments to a previous question about expanding the network, we're really looking to place a heavier emphasis on consumer directed model moving forward as well.

So we do quite a bit of education in our weekly updates, our newsletters to staff, as well as regular trainings on this that we conduct with all of our service coordinators to educate consumers, participants.

>> Thank you.

>> Garrett, this is Frank from AmeriHealth Caritas. We have a similar training program for our service coordinators. And when presenting different models to our participants, we do present the participant directed model of care first to our participants. We have extensive training models for our service coordinators. Similar to what Frank mentioned, when we do offer different service models, the participant directed model is often first.

>> Thanks.

>> Thanks, everyone.

>> Any other questions?

We have somebody coming.

>> Hi. My name is -- I am also the president of the -- and you might have said this. What's the auditing process home care providers? And the 35% EVV compliance is obviously below 50%, which is standard. So what sort of correction or corrective action plan is being taken for that?

>> Tempus is not a home care provider. They're the management services vendor.

>> I understand that part. But you still employ direct care workers. So what sort of auditing takes place for the personnel files and billing and things like that?

>> GARRETT: I guess I don't understand the question. Tempus does not employ direct care workers. They are the fiscal intermediary and make payment on behalf of the CLE. If you're asking about information security, each CMO has a contract with HAA that has probably inches of paperwork involved around information security. And then that is a flow down requirement through HHA to Tempus.

And HHA gets audited on a yearly basis, as do all of our vendors. Speaking specifically for UPMC, I can say that. And I invite Frank and Angela and Joe to represent themselves.

>> That's helpful.

So then perhaps you can't answer this, for the 35% compliance, who is held accountable? Is it the direct care workers or participate or HHA questioned about not EVV compliance?

>> That is a complicated one and one we're currently discussing. The direct care workers are required to maintain a minimum 50% compliance rate. The CLE is their employer and responsible for ensuring that their direct care workers achieve that since the MCOs are also on a compliance requirement for both agency and self-direction. We also are on the hook to do that. And so that's a reason why we continue to work with OLTL to look for ways to drive that compliance rate.

>> Thank you.

>> And again, Angela, Frank, Joe, I invite you to add to that if you feel you have more info.

>> Thanks, Garrett. I think you answered it perfectly. We would agree.

>> Frank: I agree also, Garrett. Thank you.

>> Any other questions? Go ahead, Ali.

>> This is Ali Kronley again. Just thinking about that discussion.

So our understanding is that on the provider side that the agency receives a value based payment if EVV numbers reach a certain percentage of compliance. And one of the things that we have been advocating for is replicating some of those value base metrics on the directed side. We're thinking about opportunities to expand EVV compliance, one of these things we would like to have a similar kind of financial reward that goes to providers for hitting benchmarks -- I'm not sure if folks are thinking about that or have any reaction. Reflecting on the conversation. Opportunities. Making payments directly to recipients is really muddy waters. So I don't know, Randy or Kim, if you want to talk about what the world of value based payments

>> Paula, is there everything in the chat?

>> Thanks, Garrett.

>> You're welcome.

>> We have a few questions in the chat.

The first question comes from Pamela Watts. Question for Tempus regarding the transition overview. Can you explain what elimination of overtime authorization means?

>> GARRETT: Sure. This is Garrett again. So in -- prior to the transition, there were two separate codes in the CHC benefit grid. One was for regular time, and one was for overtime. And the MCOs were required to send in authorizations for both regular time and for overtime. Big issues arose because we really don't have clarity on exactly how the services are going to be used. And let's just make a pretend example. Let's say that Mrs. Jones is authorized for 65 hours a week for her services. We don't really know from week to week whether one direct care worker is going to work all 65 hours, which would mean 25 hours of overtime. Or what happens two direct care workers split that. Perhaps one works 40 hours and one works 25 hours. No overtime is occurred.

When what happened, the previous FMS, there was a torturous process to remove the authorizations which created long delays in being able to accurately pay the direct care worker for the time they worked.

And this is a decision that all MCOs made jointly. By eliminating the overtime authorization, we said if a worker works that overtime, we're going to pay it.

So it really enables Tempus to process the payroll quickly, efficiently, and on time so that, again, the participant, the CLE are in charge of the services, in charge of who works what and how many, they're given a budget, they need to stay in the budget. How they utilize that is up to them. It sped up the process making sure the direct care workers were paid what they worked and getting paid on time.

Does that help? I hope it helps.

>> Thanks, Garrett.

This question comes from Pamela Watts. For Tempus, the DCW start providing services while waiting for the enrollment for Tempus to be completed.

>> This is Garrett, I can take that. We have that discussion with OLTL and the decision was made that the direct care worker needs to get completely through all of authorized to work.

>> Thanks again, Garrett. This is Shanrika again. This comment is from Elizabeth. She wanted to make the comment that surveys were not received by all CLEs.

>> GARRETT: So you may want to chime in in you're on. But surveys were sent out to all CLEs, both by email and then by printed letter to the address on record. If someone did not receive a survey and would like to complete one, I would recommend they call Tempus and ask for a copy of the survey and confirm either an email address or mailing address.

As we said, the survey closed. So that would need to be done very quickly so that we can pull the data together and get ready for the MCOs by August 1.

>> Yeah. Garrett, this is Laura. Thanks. That's exactly what I would like. I would love to know, be able to research to figure out where -- what the barrier was. Was it that we had older, incorrect contact information? Or is there something else?

>> Thanks, Laura. And we always encourage people to check their spam folders or deleted folders. That email -- Laura, did that email come from a Tempus unlimited email address? Do you remember?

>> Actually, let me look to see if I can get that. I remember it was a few months ago when we put this together. So I can look to see if it was coming from ours. I think it actually came from a third party because we used survey monkey. But we are looking into being able to send it directly from our Tempus unlimited.org email. So hopefully in the future.

>> Great. Good reminder. Definitely encourage people to check their email or inbox, spam folder, the deleted folder and look for something from survey monkey, two words. Survey

monkey. And that would have the survey from Tempus.

Shanrika again. This question is from Hicks. Aside from mail notification, what other measures are being taken to assist home care agencies are HHA noncompliance with EVV?

>> GARRETT: Are we referring to agencies or self-direction here? It sounds like that's an agency question, which really isn't the topic for this agenda item.

>> We'll ask for clarification.

The next question is also from Quintona Hicks.

We were informed that home care agencies can rules and regulations and the MCO will track the aid if they transfer to another home care agency. Wouldn't this be problematic for home care agencies that are losing all of their consumers because of problematic EVV issues?

>> GARRETT: Again, this is referring to agency, which is outside of the scope of this agenda item. I don't know that anyone is prepared to discuss that topic.

>> This question is from Caroline. Is a self-directed consumer subject to any audit from MCOs? Who determines the ability of consumers to direct their own services? Is there criteria that needs to be met for that?

>> GARRETT: So the discussion -- and again, I'm going to encourage Angela or Joe and Frank to jump in here. But the decision to select the -- to self-direct one's services is done between the participant and the service coordinator long before or at least before HHA or Tempus get involved.

It is the consumer's or the participant's choice to select self-direction. There can be cases where there is an obvious need to have a representative CLE involved, which can happen with intellectual disabilities or behavioral disabilities or other things. That is an option if a participant would like to self-direct services, they can nominate a CLE who welcomes like a general manager for them to manage the employees. Tempus does not make a value judgment. They will enroll the person if they run across a situation where someone fundamentally does not understand what's going on, they may refer back to the service coordinator and ask to get engaged and see if we can look to find someone to be the CLE on behalf of the participant. But Tempus does not make a choice to allow someone to use self-direction or not.

And Frank or Angela, would you like to add to that?

>> It's Frank. I concur with you. A participant is able to nominate or appoint someone to be their CLE if they do not feel they have the capacity or even desire to be the CLE.

>> Yeah. I will state agreement there. Our service coordinators would help to resolve barriers. Otherwise, Tempus would not be making those decisions.

>> Thanks, Angela.

>> Thank you. We have no additional comments in chat at the moment.

>> Thank you. Are there any other questions from the committee members for Tempus? FMS? And for any of the MCOs?

All right. Thank you, all for the presentation.

We do have some follow ups that we'll be doing as well.

Right now, we would like to move to the next item on the agenda, which is the additional public comment portion of our agenda.

And I open up the floor.

>> I just want to make sure that -- I haven't been here the whole time. I'm with independent living for central PA.

And I wanted to say as clearly as I can that we don't support assisted living in the -- I want to make sure that I had that on record.

Especially -- thank you.

>> Who's next?

Paula, please let me know if we have things in the chat too as well. Go ahead.

>> Is this just for the committee? Or can I ask questions too?

So my first question, and again, I'm CJ from angels on call. And also the president of the home care association board of directors.

My first question is we have a lot of participants that seem to be on vacation this summer, more than ever before, which totally on board with that. I believe that everybody deserves to get some time as well. A lot of their care givers don't like to use EVV. When we ask if we can add a second address to the exchange, they say we're not always going to be at the house. Again, I believe in independence and you should do what you want on vacation. But I worry about the participants not getting the services they need to sustain activities of daily living if their family member is taking them to all different places while they're on vacation. When we have spoken to the specific service coordinators, they say that's the choice. I worry about the billing, the liability. I was wondering if the three MCOs could way in and give guidance on policies we could write to protect ourselves and make sure we are giving participants the independence they deserve.

>> Great question. We'll open up the floor to the MCOs to respond.

>> Hi, this is Joe with PHW. At this point, it's up to the participant if they want to take a vacation. We don't have a specific policy that would limit the ability of a direct care worker to travel with the participant. Although I do believe that the MCO would only reimburse for the actual care giving time up to the authorization that would be provided. So would not reimburse for any of the other time that this care giver may be with the participant if they're not providing care.

>> Thank you.

>> This is Mike Smith from UPMC. I agree with Joe's statements. I would add that for agencies, they need to consult their legal counsel regarding any kind of concerns that they may have about the out of state travel and how that would be handled within their own organization.

>> Go ahead.

>> Hi, this is Missy with AmeriHealth Caritas Keystone First. I agree with Mike and Joe. We do not have any policy that prohibits direct care workers from going on vacation. As Joe mentioned, we do pay up to the authorized amount. We have had on occasion participants asking for temporary increase just because of some additional needs they may have on vacation. Those have been approved. And good advice for the agency to check with legal counsel. Many of our participants travel out of state to go on vacation. Make sure that there are no prohibits with the payment working out of state. From our end, it is approved.

>> Thank you.

>> Good morning.

>> Good morning, Mike. I come to this table wearing two hats. Because as a consumer of services who goes on vacation, who wants to continue to go on vacation, the question is difficult because I want to say we all have a right to go on vacation. And whether or not -- I think each circumstance needs to be worked out by each provider. And the consumer shouldn't be prohibited from that vacation opportunity.

Also, I think that as a provider, the way that we have dealt with it is that the vacation location is often identified prior to. And where they get up in the morning and where they go to bed at night, that address can be added. What they do in the day really is theirs to manage as long as they stay within their authorized hours or approved hours.

I just think that this is a conversation that when people don't have a disability, they don't have to get permission to go to the beach and then to a restaurant and then to a show. But people with disabilities do.

So the way that we handle it is the address where they sleep is the address we put into the EVV system. And that at least gets us close. And the rest when I'm audited, I'm going to fight.

Because everybody has a right to go on vacation. I guess that's my two cents. Thank you.

>> Thank you, Shauna.

>> And I totally agree with Shauna. We wouldn't be having this conversation prior to EVV. Back

in the fee for service days, cool, we service you in the authorized amount of time and we have documentation for the time and scope. And have a great time. Now with EVV, it adds a different layer. Again, agree with EVV for all intents and purposes. Just makes it more complicated worrying about that. And also the liability. Thanks about the legal advice. We will consult the counsel on that.

And this question is for AmeriHealth Caritas. I was wondering if we have an update on the score cards for the open arms program and if that is coming out soon or if I missed it, where I can find it.

>> Hi, it's Frank. To answer that question, we have distributed the open arms. So I can certainly get that to you or your account executive.

>> Hey, Frank. It's CJ. I have the program. I just know that it had mentioned in the program there was going to be a score card. I think we talked about the conference, you said it was going to be in June. I did reach out to the account rep and haven't heard back yet. And my boss is anxiously awaiting the score card. I figured I would bring it up here to see if we have an update on that.

>> Sure. Send me your contact or an email and we can get that to you if your account executive hasn't been able to do that for you.

>> Thank you.

>> Thank you.

>> Who's next?

Any additional public comments from any of the board members? Go ahead.

>> Do we have an update on agency with choice at this time?

>> This is Juliet. We are still waiting for the Pennsylvania courts. So no updates at this time.

>> Thank you.

Other questions? From the board members or the public?

>> Okay. Go ahead.

>> This question is from Caroline. Are there any travel limitations for going outside the country when a consumer travels with a DCW?

>> MCOs?

>> This is Juliet. And we can certainly get back to Caroline with an expanded answer.

Generally speaking, Medicare and medicaid do not provide services for out of country travel.

But we will certainly get back to you with a more expanded response to your question.

>> Thank you.members?

Hearing none, I will request -- make a motion for adjournment. Looks like I might have a second in Lloyd. If you can confirm that on the mic.

>> Confirmed.

>> All right. Thank you. Our next meeting will be in person here on August 2nd. Same time at 10:00 a.m. I thank you all for your participation today. And I look forward to our next meeting.