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Date: 03/01/2022

Event: Managed Long-Term Services and Supports Meeting

StreamBox

>> Testing.

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>> DAVID JOHNSON: Good morning, this is David Johnson. Just pulling up the list for committee attendance now. Mike, would you like me to get started with attendance?

>> MICHAEL GRIER: Why don't we go ahead and get started David?

>> DAVID JOHNSON: Is Allie Crombie present?

>> SPEAKER: Good morning, this is Allie .

>> DAVID JOHNSON: Sydney ?

>> Good morning, thank you .

>> DAVID JOHNSON: Neil Brady ?

>> SELLERS DORSEY: Neil should be on .

>> DAVID JOHNSON: Gail - -?

>> SELLERS DORSEY: I am not seeing Gail .

>> DAVID JOHNSON: German Parodi?

>> SELLERS DORSEY: I'm not saying German Parodi .

>> DAVID JOHNSON: Betsy - - ? Jay Harner?

>> SELLERS DORSEY: I am not seeing Jay .

>> DAVID JOHNSON: Juanita Gray .

>> SELLERS DORSEY: I do not see Juanita Gray .

>> DAVID JOHNSON: Kyle closure?

>> I am not seeing Kyle .

>> DAVID JOHNSON: Lloyd? Good morning Lloyd. Matthew Seeley ?

>> Present, good morning .

>> Good morning.

>> SELLERS DORSEY: I do not see Mark.

>> DAVID JOHNSON: Monica Vaccaro?

>> SPEAKER: Good morning before Richard well and is unable and - -?

>> SPEAKER: Good morning, I am here .

>> DAVID JOHNSON: Sherry Wells?

>> SELLERS DORSEY: I do not see Sherry or Tonya.

>> DAVID JOHNSON: Have any other committee members joined since I started taking attendance they did not account for?

>> SPEAKER: Good morning, I cannot use my computer audio slide on the phone .

>> Good morning this is - -.

>> DAVID JOHNSON: I believe I heard someone speak before Gail, did I miss someone?

>> Good morning my this is Jay Harner .

>> Thank you .

>> SPEAKER: Good morning, this is Neil Brady also, I joined by phone . I cannot get audio on my computer, thank you.

>> DAVID JOHNSON: Thank you Neil. That concludes attendance, Mike I will hand it over to you .

>> MICHAEL GRIER: Thank you David. Do we have a quorum and can we get started?

>> SELLERS DORSEY: Yes, it looks like you have 11 so you should be good .

>> MICHAEL GRIER: Very good. I want to talk about some housekeeping talking points .

Please keep your language professional . This meetings be conducted as a webinar with remote streaming. All webinar Christmas except for committee members and presenters will be in listen only mode during the webinar . While the committee members and presenters will be able to speak during the webinar, we ask that you use the mute button or a feature on your phone when not speaking. This will minimize background noise and improve the sound quality of the webinar. We asked participants to please submit your questions and comments in the chat box located in the go to webinar pop-up window on the right-hand side of your computer screen. To enter a question or a comment, type it in the text box under question and comment. Please hold all questions and comments until the end of each presentation as your questions may be answered during the presentation. Please keep your questions and comments concise and clear and to the point. Transcripts and meeting documents are posted on the listserv under MLTSS meeting minutes. These documents are normally posted within a few days of receiving the transcripts. Captioning and auto recording . The caption next is documenting the discussion remotely so it is very important for people to state their name or include their name in the chat box and speak loudly, slowly and clearly . Otherwise they may not be able to capture the conversation . This meeting is also being audio recorded. The meeting scheduled to 1:00 to comply with logistical agreements we will end probably at that time. If you have any questions or comments that were not heard, please send your questions and comments to the resource account located on the agenda. Public comments will be taken at the end of each presentation instead of during the presentation . There will be an additional period at the end of the meeting for any additional public comments that may be entered into the chat box. The MLTSS meeting dates are available on the Department of human services website and that is our housekeeping talking points . Megan, are you ready?

>> MEGAN BARBOUR: Good morning, yes I am .

>> MICHAEL GRIER: If you could introduce yourself and we will turn it over to you .

>> MEGAN BARBOUR: Sure, thank you so much. Good morning everyone, my name is Megan Barbour and I am the senior advisor accounts - - I want to thank the office (audio unclear) it has been a pleasure to work with - - long-term efforts on the program I will be

happy to describe to you today (audio unclear). All initiatives across the board for long-term care facilities. I do know that the CHP program is influencing quality strategies (audio unclear) our efforts across the board . The fact that we would have a chance to - - and vice versa to measure the impact of all quality initiatives and long term.

>> SELLERS DORSEY: Megan, excuse me. We are having some sound quality issues and only getting every few words .

>> MEGAN BARBOUR: If you can just give me one or two seconds , I may be able to fix that .

>> SELLERS DORSEY: Okay, thank you.

>> MEGAN BARBOUR: Is this any better?

>> SELLERS DORSEY: Much better, thank you .

>> MEGAN BARBOUR: Okay, great. Would you like me to start over or what is your preference?

>> SELLERS DORSEY: I think it would be better if you could .

>> MEGAN BARBOUR: No problem, I'm glad you can hear me better now and I apologize for that. My name is Megan Barbour and I am a senior advisor to the Secretary of health focused primarily on long-term care. I they just want to start off by saying thank you for inviting me to speak today and thank you to DHS . It has been such a pleasure to work with the Department of human services across the board on all long-term care quality related initiatives , but really in particular on the program that I will be discussing with you all today as well as its precursor programs. I do know that folks on the phone and in particular those involved in the community health choices program have really begun in preventing quality strategies or have these underway for quite a while. It is very exciting to see such a strong focus here . I think it presents a unique opportunity for our efforts to really converge and very pleased to have the chance to share one of ours with you today. So we can work collectively across several various stakeholder groups and maximize the overall impact that we collectively have followed in long-term care facilities. I did want to begin with a little bit of background . From the start of the pandemic of course, supporting our long-term care facilities has been a top priority for the Department of Health, Department of human services and the administration and all of those who have been involved in these efforts . Back in early 2020 it was apparent that every three - - some of Pennsylvania's most vulnerable residents. In May 2020, the General assembly appropriated \$175 million of cares act funding initially to create the - - program which I am sure many of you are already familiar with . That was a unique and highly successful program that leverage the expertise of a number of Pennsylvania's healthcare systems to support long-term care facilities who were experiencing covid outbreaks. The tenants and core mission of the program have really endured through the present from the Department of health perspective, one of the things that really made it successful was in part the strong partnership that we had with DHS. Both of the department's commitment to quality of care . It was leaders foundation that was laid at the beginning of the pandemic that has been so crucial to all of our long-term care support efforts and they made it possible to continue to build upon those. The

Department of Health, we were allocated additional funding through ELC BDE dollars which is federal funding that came down to the CBC and there was immediate consensus to leverage some of those dollars to create a program that built upon the success of the art Program with particular emphasis on improving quality of care in the long run which is this programs, the RISE program main focus which is in large part that I will be discussing today.

Please. Thank you. So for purposes of setting the stage and the background of this, I will start by reviewing the approach that we took to crafting the program and explaining it in the broader long-term care support context and spend the remainder of the time discussing the key components of the program without particular focus on quality improvement and reviewing how it is structured across the state and the regional partners that are a part of the program with of course time for questions at the end. Next slide. The purpose of the slide is to emphasize the incredible work that we had to build from . As I mentioned, when additional funding came down and we began to conceptualize what we wanted to do with those dollars , we wanted to ensure that the future program that we were going to build that again built on the success of the programs met the needs of the facilities. We sought feedback from external stakeholders on what kind of support to long-term care facilities they believe to be beneficial moving forward . I talked to advocates, long-term care associations, others and take that feedback to develop future state mission. We want this program to be a vehicle to help Pennsylvania but respond to and rebuild from Covid in a way that leveraged long-term care facilities six with the overall goal of quality of life and Job quality. Next slide. So we put a name appear on this slide which is the name of the new program and that is LTC RISE long-term care resiliency, research reports and empowerment. We named it is because we wanted it to be reflective of the department's emphasis on really building in the long-term resiliency to facilities. As we were thinking about how to get this done , it became readily apparent that the future of Covid was uncertain and it was crucial to continue to provide facilities to perform response related activities because we know facilities receive early intervention through the programs did fare better in outbreak response. We also knew from internal analysis that were conducted the facilities who were prepared ahead of time with things like different outbreak plan, strong leadership, good in action fundamentals that have better outcome in outbreak scenarios. This gets to building and resiliency. I should've mentioned this at the start, but we began conceptualize this program in the spring of 2021. So one year after the beginning of Covid. Because the future state at that time and frankly it's still is, of Covid was still uncertain , both response and resiliency we thought were absolutely necessary to helping facilities through these difficult times and we give them the tools needed to be successful at rebuilding and recovering the future. So the focus on resiliency in these past two years, we know the facilities have had to focus on putting out fires and addressing outlier problems . No wonder, you should look at the outbreak trends to see what they have gone through. That is why this program is so important. We wanted to give facilities the ability to

look beyond just immediate response and be there as a support mechanism and provide them the extra capacity that they may need to figure out and implement the tools that best meet the needs of their facilities for the success moving forward. Next slide.

>> SELLERS DORSEY: Megan, you are about halfway through, thanks .

>> MEGAN BARBOUR: Yes, thank you. To the program itself, LTC RISE is broken down to two components. There is a response and resilience component. The response component is built on the success of the - - programs. The covid response services that the program is able to provide long-term care facilities for any facility is experiencing outbreak and there is a blurb at the bottom of the slide that delineates facilities eligible for this program but it is and by and large the same facilities eligible for the previous programs. The response services provided 24/7 phone line, consultation and technical assistance, assessment and feedback and training and incident management coaching because we did wanted to be a focus on embedding this knowledge in a facilities of those were able to stay there long term. Next slide. So the resiliency component of the program is again really really want the focus to be and we have encouraged the LTC RISE partners to invest the majority of the budget in the resiliency work. The three key areas you see outlined here were ones that we have heard over and over from stakeholders, authoritative sources, you name it . These are the components that were really necessary but not sufficient on their own to building resiliency and facilities. The focus of the saliency work is really around the RISE teams working with facilities to focus on building resilience long-term care works for workforce - - resident centered care. Keeping in mind that infection prevention and control and emergency repairs best practices should be built with residents at the center of that and in no way that minimize the disruption of that resident centered care. So the quality improvement work will really be focused on what matters to residents mobility, ensuring that they are able to move safely and maintain function pay today. Supporting the cognitive and psychological well-being and - -. The last measure is a particular focus on building a rapid response construct. The RISE team working with facilities - - self-reliance outbreak response construct . In the event somebody were to happen or another surge that they are better able to leverage the regional resources. Next slide please. Thank you. We really encouraged the LTC RISE teams to think about quality improvement as a strategy. Out of necessity, we recognize that long-term care facilities have been focused on quality control , basically getting there outlier problems under control and the improvement aspect is a continuous learning process and the ways of approaching the problem to better the situation . Our hope is that this new program gives them the resources they need to focus on improvement. The LTC RISE teams will work with facilities that opt in to the voluntary portion of the program to conduct a needs assessment to determine what resources are necessary to develop and implement the resiliency work at the facility believes it best meets its needs and that work will be in conjunction between the facility and the RISE team with the RISE teams there as support and capacity to help the facility effectuate their vision. That will be done through a model of improvement. This portion of the program is

voluntary and it is open to skilled nursing facilities, personal care homes, assisted living facilities and intermediate care facilities. We have put forth some selection criteria that we have encouraged the RISE teams to take into account when reaching out to facilities to gauge their interest in participating in this portion of the program and we started as such to engage in a diverse set of facilities. The awardees have all naturally coalesced around aiming to engage one third of all eligible facilities in their geographic region. Next slide. I do want to be cognizant of time however I did wanted to provide some examples of quality improvement project types that the LTC RISE team put as potential to explore. They are focused on the three core components of building resilient workforce and effectuating that rapid response construct . Again, the goals of this program are the same across the state but we do recognize that each rise team in partnership with facilities will take a very different approach to bring the this to fruition . The project really rain from working with facilities to create a virtual and online communities for facility leaders, give them the chance to discuss the successes, challenges etc. faced throughout the pandemic and work together to leverage others experiences to hopefully go back better from this. A resident centered care example , one of the RISE teams had discussed assisting facilities with a plan for how to minimize any negative impact to residents quality of life including social interactions , mobility care essentials , the mental and cognitive well-being in the event of something like this again and ensuring that they had that plan prepared and ready to leverage excellent this were to occur again. I won't go into all the details here, I'm not sure if slide will be shared after this or not but we are happy to provide additional information on this. I will mention that the LTC RISE teams are just now beginning to shift their focus to this work. The program to start on January one of this year's as you can imagine, the omicron surge certainly needed to be the focus for the first two months . The RISE teams are focused on engaging facilities in this work , but there will be more to share as that work built out over the next coming months and into 2023. Next slide. Here's a map once is also on our website which is in the slide deck so feel free to visit that later, this is a regional map of how the LTC RISE teams are constructed. We do have is broken down to the six public health regions with the southeast been covered by - - in partnership with Temple health, the South Central covered by Penn State University, the Northwest covered by Lee come and the Southwest north-central and Northeast by a new partner AMI . Next slide . All of those entities are again focus on both the response and the resiliency work . We have also been intentional about working with them to create forums to share the lessons - - the response work of this program is familiar to many of these partners , the quality improvement is really new for everybody so would you want to provide them the opportunity to learn from each other there . I will end on the slide which emphasizes the focus on quality . I know there is a lot of of the great work that is going on in the space both at the facility level , the Association level as well as on the payer side. As there is movement and more movement to come in the payment space around quality for nursing homes and other long-term care facilities, we do appreciate the opportunity to share this with you and

we welcome any and all opportunities for collaboration. With that, I do want to be time for questions but again, thank you for the opportunity to share this. I hope it was helpful and feel free to visit our website for additional information. Our print out and handout is in the program.

>> SELLERS DORSEY: Okay, great. Thank you Megan. Just a you and the audience members no, they can download the presentation from the handout section of the go to webinar panel . Mike to start, to any committee members have any questions?

>> MICHAEL GRIER: Megan, this is Michael Grier speaking, thank you for the presentation. I was just wondering if any of the plans that folks are going to be walking out in the RISE program are going to be published so the community can see how they are doing in reference to the goals they set out?

>> MEGAN BARBOUR: Sure, that is a great question. As a part of the grants requirements, we are conducting quarterly reports to ensure that the grantees are on track and working with those both who are on track and those who might have needed to make some adjustments to the timeline , plan etc. We also been doing internal brainstorming around how to really leverage any best practices that are identified through this program and eventually scale them based on successes. We are in the stages of thinking through what that will look like but would also welcome any thoughts or ideas on how to create the kind of forum because we really do want to provide them as well as the stakeholders , long-term care community etc., the opportunity to see what is being done.

>> MICHAEL GRIER: Thank you .

>> MEGAN BARBOUR: Thank you for the question.

>> SPEAKER: Lloyd works here, I'm a committee member and mental health advocate. A couple of questions, can you share an average dollar amount of the grants given to each of the facilities?

>> MEGAN BARBOUR: Sure. The total program was \$8.5 million and budgets were allocated across regions based on facility numbers and bed number with a baseline amount given to each region so it is not to create any disparities between rural versus urban regions. All the information is public on the treasury's website and those will include the total dollar amounts as well.

>> SPEAKER: Thank you. I noted that you referred to a psychosocial plan for residents and I wanted to clarify , did you mean psychosocial plans as in a plan for each resident or their expected to be an overall plan for facility that addresses the psychosocial needs of residents?

>> MEGAN BARBOUR: Sure. That one I'm trying to picture what slide it was on, but I believe that was an example from one of the LTC RISE partners that give that is the example of one Avenue they would explore to support resident centered care. All of this would be tailored on the individual needs of the facilities . So whatever best fit their needs in those circumstances , the rise came would be expected to be there to support them in development . It was certainly not be a one-size-fits-all .

>> SPEAKER: So it would not necessarily focus on an individual's needs, that is their care plan, but rather the entire needs of the facilities .

>> MEGAN BARBOUR: Yes, thank you for that distinction .

>> SPEAKER: Okay, thank you. Can you tell me about the psychiatric or psychological resources that can be brought to bear from some of the organizations that are helping to support the facilities within their own regions?

>> MEGAN BARBOUR: Sure, when the applicant submitted application , so this is a publicly bid out RFA, they had to describe in detail the resources that they would be able to bring to bear to meet the goals that they set out in their application. I cannot speak to the specifics of the top of my head , but several of the awarding are part of an overall health system so they are going to be leveraging their health systems internal resources and the entity that is not the health system that is AMI, they are so comforting to several partners who do have more in-depth expertise in the areas that they deemed necessary.

>> SPEAKER: Okay, you cannot tell me the psychiatric resources at this point? That's okay, I'm just asking the question .

>> MEGAN BARBOUR: Sure, do you mean the LTC RISE teams or the individual facility themselves?

>> SPEAKER: I am more thinking about the organization that will help the facilities. I know the facilities themselves have social workers and limited psychiatric resource and we see that there is limited uptake of behavioral health services in the CHC program so I motioned to focus on how to get more psychiatric services in facilities that can help identify problems and prevent them from getting worse on the part of the patient in the treating facility themselves. I was just wondering there were any intended psychiatric assets being brought in by those organizations that is needed to help each of the given regions or is it a matter of what they have and how these present?

>> MEGAN BARBOUR: Sure and thank you for clarifying, I was in the latter. It's going to be heavily dependent upon the needs that are identified by the facility and the rise team - - I think that as this further plays out and we see the types of quality improvement activities that the Lloyd Wertz RISE teams , I think you will be able to answer some of that. I would be happy to revisit with a specific focus on that and keep that in mind as we move forward. Thank you for the question.

>> SELLERS DORSEY: Okay, any other committee member questions? I do have a few questions from the audience .

>> SPEAKER: This is German, sorry I was getting myself off of news. One question, will you survey infection control deficiencies identified in the report earlier pandemic ? Within a five many nursing homes having infection control deficiencies, will you serve us this procedures when identified?

>> MEGAN BARBOUR: I will take us into parts. As department of health we were facilities to develop plans if they are found efficient in those areas. That in and of itself is in part a regulatory function to the quality assurance team - - deficiencies . One upside and upside

this brings to bear was the rise team will be able to work with facilities specific to address areas they believe they need to be focused for - -. It's an added resource that can be brought to address the larger systemic issues.

>> SPEAKER: Thank you. Lastly, what timeline do we expect the initial public attribution of your findings?

>> MEGAN BARBOUR: Sure, the quarterly reports that we will be conducting, we are in the process of determining the best way to collect that data in a way that enables us to perform analysis that are going to ultimately be beneficial to the learning can be disseminated. Timeline wise, I do not want to give a hard and firm date because I think that the intimidation of the program in part - - based on the course of the pandemic and Covid overall. The program itself does run through July 20 to three . I think throughout, we want to be transparent about how it's going and lessons that we are learning , the types of activities that the LTC RISE teams are undertaking and of course all the while the building this so we can conduct some more formal analysis on the program, findings and outcomes so we can leverage those across the board and learn from them together.

>> SELLERS DORSEY: Okay, any other committee member questions? No? We are running over schedule avoid to get a message and Jamie is going to mention this regarding the secretary's ability to join , but before we move forward there are two interrelated questions Megan and it may also require some OLTL assistance . I will read them both and ask for any response. The first one is from Pam, we need to get people out to be safe during Covid. It did not happen except for what advocates did. Whether be a plan and money to help people leave in emergencies when they need to? The related comment from Jeff question for the PA Department of health staff, what effort is DOH making to empower and her nursing facility residents to get transferred out in the community? Are community options being presented to nursing facility residents ? Specifically those who contracted Covid 19 and had expressed interest in leaving . Too often we are hearing about people being shifted from one nursing facility to another . - - Haven't heard about the department of health collaboration efforts here to empower people to live in the community the less safe and more costly nursing facility stay at least offering a choice to those who are interested. We were told that the regional healthcare collaborative did not have - -.

>> MEGAN BARBOUR: Sure, I can start and of course folks from DHS feel free to weigh in. Agreed, nursing homes are not a one-size-fits-all and not all individuals are suited to receive that level of care so if you absolutely want to make sure that those who be discharged safely back to their homes or back to another community facility type are able to do that . We do coordinate closing with DHS efforts . Are there any specific home health efforts that DHS want to speak to? I certainly want to give the opportunity to do that so I will pause there to see if anyone wants to chime in.

>> JAMIE BUCHENAUER: Thanks Megan, this is Jamie Buchenauer from the office of long-term living. I heard Pam's question and Jeff's question and there are things we have talked about before. Our efforts in the Department of human service was obviously if there was

an outbreak in a nursing facility, how we can work together and support the nursing facility with the resources that they needed. Obviously we had conversations with advocates and have plans in the works for possibly moving for disperse if we cannot safely care for individuals in those facilities. I know there was a wish by advocates to move Covid positive individuals out of nursing facilities that there was an outbreak in the facility. But we really struggle with during that conversation is one, where the participants would go , who would care for them appropriately knowing that they are Covid positive and if somebody was Covid positive , as typical defined home care agencies to take on new cases with Covid positive individuals . That was a real difficult situation in which we struggle to find good, safe alternatives to. Obviously, more discussion on that piece but like Megan said, there are options. Nursing facility care is not for everyone and obviously in community health choices and service programs, we have the option of transitioning individuals in the community if they went into a nursing facility and have a barrier and going back to homes and communities. Thanks to those comments.

>> SELLERS DORSEY: Okay, Megan click one final question is and the of the funding - - (audio unclear) funded with federal dollars that we already have access to .

>> MEGAN BARBOUR: I am so sorry, you sounded a little muffled, can you repeat the question?

>> SELLERS DORSEY: Sorry about that. The question is any of the funding for RISE dependent on the state budgeting process or is this federal dollars that we already have access to ?

>> MEGAN BARBOUR: Great question, this is federal dollars that we already have access to. It's funny that originally came from the cares act and flow down to us through the CDC .

>> SELLERS DORSEY: Okay great, with that that's all the question that I have . I know there's been a schedule change and Jamie was going to speak to that .

>> MICHAEL GRIER: Thank you very much Megan for your presentation in answering the questions. We look forward to seeing the stuff on the website . Pat, do you want me to correct Jamie then?

>> SELLERS DORSEY: Yes please .

>> MICHAEL GRIER: Jamie, take it away .

>> JAMIE BUCHENAUER: Good morning everybody . We just got a note from acting secretary Meg Snead. She apologizes, she had an emergency situation in her family that she needs to take care of so she will make yourself available to present at the April MLTSS subcommittee meeting . Again, her apologies and I'm happy to just , I will move the OLTL updates and take up her timeslot and Debbie will have more time for the additional presenters and public comment at the end of the meeting , that was scheduled to be the last presentation so we will that we have more time for public comment. I have a couple of updates for the committee . If you go to the agenda, next slide . I want to give everybody a quick update on our American rescue plan active spending plan . After talking to the committee and update on the financial management services transition and just for your

information, we have an Adult Protective Services radio toolkit that I want to let the committee know about . Next slide. The American rescue plan active spending updates. Many of you, we have talked this committee before, you can go to the next slide. We have talked this committee before about the enhanced payment rates for the community health choices and the waivers for personal assistance services starting January 1, 2022 . Those rate increases are actually in place right now so that was good news in terms of being able to put those rate increases in place. The other piece and wanted to provide everybody an update on was we had in our office of long-term living ARPA spending plan, sprinting the workload force an adult - - strengthening the workforce was for residential habilitation, community integration and personal assistance services providers. We had released information in late December, I believe is December 21 , letting providers know about the payments they can receive through the strengthening the workforce provider payments. Providers had to return an attestation and we extended the deadline on this. They can return their attestation before February 4 and we accept payment in February generally. We got those attestations back from providers were eligible for these payments and you can see, the number of providers that returned the attestation and we generated those first payments out the providers on February 23 . On or after that date, they would be receiving that payment , strengthening the workforce or with the adult day providers , the adult day service provider payments. That was the number of providers that receive that payment. If the provider did not return their attestation gets, it is not like they can still not get the money. They can get the money you should return their attestation and we will work subsequently on generating additional payments to the provider to return their attestations after that February 4 date . A quick update on strengthening the workforce and adult day service provider payments. If you go to the next slide, wanted to give everyone an update on the next initiative in our American rescue plan act. The office of long-term living plans on releasing hopefully in early March, but we are still working on it , a home and community-based quality improvement grant . On the slide, you can see the different uses of that home and community-based quality improvement grant. So providers can apply for funds to address social determinants of health , purchase remote support technology, develop or pay for enhanced training for their workforce , purchase and implement new software technology for electronic health records , quality or risk management functions. Our plan is to really release the information about this opportunity in March and subsequently to the release there will be a deadline to apply for the quality improvement grants again we are currently working to the logistics of the application process but wanted to give everyone a preview of the office of long-term living community-based providers. So if you go to the next slide , I wanted to give the committee an update on the financial management services transition . If you have 18 shareholder meeting , you may have heard that we extended the go live date for the community health choices financial management services transition until July 1 2022. The go live date was slated to be able first 2022 but after talking to many stakeholders at the previous stakeholder meeting after getting

feedback from the CHC MCO's and looking at if you go to next slide onto the dates that make sense for tax reporting purposes to avoid problems for direct care workers it made change the transition date from July 1 of 2022 just to ensure that it is a smooth transition . If any of you attended one of those financial management services stakeholder meetings, there was a lot of communication that continued and needed to be done with participants or the common law employers as well as direct care workers . Right now, - - are focusing on getting the paperwork back , law and the direct care workers the CHC MCO's did respond that they have 52% of the information back from those participants and 46% of the direct care workers have a tender information. Tempest is working for this process on providing training in order that they are good to go and log time and receive payment for services provided as of that July 1, 2022 date. Obviously a lot of work that needs to be done in order to get the remainder of the precipitants and direct care workers and rolled in and trained on the Tempest system. That work continues and the Tempest is working on it along with our CHC MCO's to make sure everybody is enrolled and knows what's going on in that transition. FYI, we do have another stakeholder meeting on March 4 so if you have questions or want more information about the transition, then please join that March 4 stakeholder meeting . We have committed to holding those monthly. In February we did hold two meetings because obviously we heard a lot of questions and wanted to give additional time for participants issues to be resolved. If you go to the next slide, I apologize for making you will go back and forth but just a quick update on the transition for fee-for-service for the specific target populations in the over an act 150 program. We are still awaiting the publishing of the RFP for a new vendor for SMS services. Just an FYI , we know so that is taking a little bit longer than we expected , we are going to need to do an extension to extend the services beyond July 1, 2022. Those individuals will continue to receive financial management services from PPL until we have a new vendor in place. Another question is what is that timeline, but it really depends on the release of that RFP, as the slide says, the office of long-term living and ODP have joined to release one RFP and that has just been deleted. Finally I wanted to give everyone an update that we are working on a media campaign for Adult Protective Services . With that media campaign, if you go to the next slide, we have developed a toolkit for facilities , meditated mandated reporters and - - adults aged 18 to 59 living with a disability in the Commonwealth. We provided the links there you can find resources for the media toolkit . We will also be publishing additional information on Facebook and twitter. If you have any questions or want to use the materials, there is the website . We encourage everybody to join with us in the media campaign and using our toolkit information . Obviously, we want to ensure that if somebody becomes aware of an adult that is potentially being abused, neglected or exploited or appended , that they are recording and making sure that we at the Department of human services are investigating that abuse , neglect and exportation in order to keep those adults safe and taking care of. With that, I think that is the end of what I have prepared for the committee today. I know there's a lot of other information that will

be shared by the office of long-term living staff members . I will take any questions from committee members .

>> MICHAEL GRIER: Hey, this is Michael Grier speaking. Could you have someone put a link in the chat to where people can go to access the meeting on March 4?

>> JAMIE BUCHENAUER: Sure can, definitely.

>> MICHAEL GRIER: Thank you.

>> DAVID JOHNSON: Good morning Jamie, this is David Johnson. I'm curious with the ARPA improvement grants, is it known with the maximum amount could be awarded to a potential grant recipient?

>> JAMIE BUCHENAUER: David, if my recollection is correct I believe it is around 40,000 .

>> DAVID JOHNSON: Great, thank you.

>> SELLERS DORSEY: Any other committee member questions for Jamie? No? Okay. I have a few from the audience , the first is from Terry Henning. "Hi, Is there an update on the deadline provided access stations related to the ARPA workforce funds?" thank you .

>> JAMIE BUCHENAUER: Thank you for the question Terry . I know we talked about we will look at the number of providers were not claimed that they are strengthening the workforce or adult day payments and I believe you were going to look at it as of July 1 2022 and potentially send the final notice and look at reallocating those funds . Honestly, our priority has been leading the funds out. We are the providers are struggling and honestly, the payments need to be used to strengthen the workforce . So we have not moved any further on providing that deadline , our focus has been pushing the payments out.

>> SELLERS DORSEY: There has to be - - please have a system in place that can do this .

>> JAMIE BUCHENAUER: Thanks Paulette, that is, repeatedly in the stakeholder meetings and I know tempest was working on improving the communication with Christmas and direct care workers , that was the number one issue that we heard. Even wanted to make sure that Tempest had information and Tempest have to figure out a way on how we can communicate that to participants and direct care workers at the information is received and they are good to go .

>> SELLERS DORSEY: The next question is from Pam - - will the consumer - - January 1?

>> JAMIE BUCHENAUER: Yes Pam, they well. Just as background information so everybody is aware , payment rates did increase for January 1, 2022 and individuals in the process maturity model of service to get the rate increase . Unfortunately it took PPL a little time to update their maximum payment rates and the individual payment rates in the system. They were able to update their systems so the increase payment rates should have been updated in the PPL system and were effective January 24, 2022 . The next paycheck individuals whatever received on or after that date whatever reflected increased rates . PPL assures us that has been directed will get the retroactive work increase as well, that money would be going out to workers.

>> SELLERS DORSEY: Okay, thank you. I wanted to let the audience know that I just posted the information on the FMS meeting for March 4 and that also includes a link to sign up for

the webinar. Another comment from Paulette Hunter. "There Can be a lot of frustration at the March 4 meeting. Please remember that when a speaker is on, those people do not know so gentle reminder people instead of shouting , everyone is not technologically advanced." .

>> JAMIE BUCHENAUER: We are working in the office of long-term living to make those meetings more productive. I think we had an early February meeting where unfortunately people are not always as tech savvy . We need to have ways, we really and lots of background conversation . It's no one's fault but we had a way to mute all until somebody was ready to speak and be on muted so we are working on those issues in the office of long-term living.

>> SELLERS DORSEY: That is all the questions I have for you unless committee members have last-minute questions or comments.

>> JAMIE BUCHENAUER: I will be available at the end of the meeting in case somebody thinks of the question .

>> SELLERS DORSEY: With that Mike, we are around 11:00 and ready for Ed .

>> MICHAEL GRIER: Ed are you ready?

>> EDWARD BUTLER: Yes I am. Once again it's a pleasure to present to the MLTSS. I'm going to be talking about the innovator of employment , I am the employment specialist for OLTL so consistent with Governor Wolf's employment first legislation of 2018 act 36 , the first priority of unemployment is competitive integrated employment. If that minimum wage or above in an integrated setting for a majority of the workers do not have a disability and provides opportunities for advancement for individuals with disabilities similar to those workers who do not have a disability. In the office of long-term living, we offer employment services, job coaching , job finding which encompasses customized employment , employment skills development , career assessment which includes discovery and benefits counseling. We also include in that self-employment. Presently we have 52 providers statewide that provide these employment services and in order to be able to provide the services , you need to have one of the following credentials. The national Association of people supporting employment certified employment professional certification , the Association of the community rehabilitation educators , the community rehabilitation counselor credential as defined by Pennsylvania office of vocational rehabilitation after benefits counseling, the FSA certification as provided by the Virginia Commonwealth University. I would like to remind you that OLTL and their waivers, we are designated as the payer of last resort and there are questions regarding the rates for these employment services . The rates under community health choices are negotiated strictly between the respective CHC MCO and the service provider and on the fee-for-service side , we use an independent contractor Mercer to establish those rates . Presently, the community health choice care organization report there and implement data on an ops 22 report and I'm going to walk you through the ops 22 report . Initially when the CHC MCO to the overall assessment there are a significant number of questions relative to employment. On that

assessment once the interest in employment is established that will be reported on the ops 22 report. On the interest of employment, the goal of employment as discussed out in regard to the person centered service plan which is participant driven. Let me the person can change anytime or start it or stop. Once a participant has an appointment goal on the person centered service plan, services are authorized based on the one that I share with you previously but also any other comparable benefit would come first. In addition to that on the ops 22, we capture employment data and tried to confirm competitive integrated employment. The numbers of hours worked and ultimately successful competitive employment outcome which means competitive integrated employment. Do we have challenges with this initiative? Yes we do. Presently we are working with the office of vocational rehabilitation to streamline the OER process and to ensure continuity of care and transparency and needed services once an individual is finished with the office of vocational rehabilitation. In addition to that, we are looking to establish funding over benefits counseling early on in the process in accordance with our guidelines. We do refer to the work incentive planning - - this year - - has awarded the contract for providers in Pennsylvania, the head organization disability rights Pennsylvania full circle employment services and West Virginia research Corporation. With this new awarding of the contract in addition to just referring participants since the funding has not been increased over the number of years, the tickets - - have an order of selection. If an individual does not have a job pending, is not actively interviewing for jobs, has not had an interview for jobs within the past 30 days, is not interviewing within the next two weeks, is not a veteran and does not fall within the agents of 14 to 25 defined as a youth or young adults, even if they're not pursuing work, they would get the benefits counseling from the individual on the ticket but they would not be referred to for a comprehensive dive into talking to benefits counseling. Based on feedback from our CHC MCO's and participants, we have learned that the early benefits counseling at the time of interest and the goal being considered on the person centered service plan mixed up and spent most comfortable because it helps to dispel loss of benefits so they know exactly how much they can earn or what they can do. We are working on that and the comparable benefit area. In addition to that, employment language has been added to the 2022 CHC agreement. It says the CHC MCO must provide the necessary employment related training resources and communications to their employment staff and service coordinators. Service coordinators must engage participants in ongoing education and discussion of participants with the goal of achieving competitive integrated employment with assessing all available resources. In addition to that and based on the ops 22 implement data at the CHC MCO's have been submitting, Secretary Sneed has assigned a special assistant and on a monthly basis, myself and implement needs from each of the CHC MCO's have an appointment roundtable with updates and we have addressed questions and concerns and initiatives regarding OLTL's employment initiatives and what the data may be suggesting. In addition to that, many persimmons rely on the medical assistance for workers with his abilities and as you may be aware based

on acts 26, the expansion has been put into place the training is being done internally within DHS to prepare for this but this will not take place until the emergency help restriction is lifted. Before concluding the presentation, I would offer to the committee and to those in attendance , I am open to any suggestions for OLTL and how we could better engage the participants within the office of long-term living . I am interested in any obstacles or barriers that you would care to share and I would be happy to entertain any questions that you might have . I will be happy to provide after this meeting any resources or information specifically to the questions for information you may be looking for. Thank you.

>> SELLERS DORSEY: Thank you Ed. Mike, are there any committee member questions? Or suggestions for Ed?

>> LLOYD WERTZ: Lloyd Wertz here, edit it is good to hear you and I'm glad were working on this, you are certainly the person for the job. My question is our there plans in place potentially collaboration in place and working towards getting the behavioral health managed-care organizations ready to provide counseling or anything that may be helpful when it appears that mental illness or symptoms of mental illness are limiting them to spend interest in employment? I'm not sure of this something you have looked at but it could certainly the case and I wonder if there any consideration on the part .

>> EDWARD BUTLER: Great to hear from you Lloyd, I'm glad our paths have crossed once again. I will share with you Lloyd within the Department of human services, when we are presenting on employment , we are doing it collaboratively . When we present unemployment a look at our initiatives or discuss employment, creating get with the office of development of programs and also with the office of mental health and substance abuse . We have had some dialogue on sharing data and identifying participants that would be in both of our system that would be interested in employment. I will be perfectly honest and say to you that one of the challenges that were presented with is unfortunately when we gather data in our respective agencies , our data does not necessarily align but we are working on that and that is on our to do list to continue to work to strive to meet those shared participants .

>> LLOYD WERTZ: That is good to hear Ed, thank you .

>> EDWARD BUTLER: Sure.

>> SELLERS DORSEY: Any other committee member questions or comments? No? Okay. I have a few from the audience . Ed, the first is from Jeff Eisenman. Question for Ed Butler, "do we know how many consumers in CHC or other OLTL programs have employment as part of the individual support plans ? Had heard last year that it was less than 100 statewide in CHC , not sure about others, thank you." .

>> EDWARD BUTLER: Jeff, we can get you that number pulled from the leaders 2022 report , I'll have that readily available . I guess the comment I would like to share with you so there is some clarity on that is , initially when they were looking at the number of enrollees in the office of long-term living , early on before we had a certified ops 22 report which is actually

reporting that , they have looked at the total number of enrollment in the office of long-term living and some goals were established based on the total enrollment . Once we have a certified ops 22 report in place, certain things with the data trends became evident to us and that is how we can to work initiative on employment . Some of the things I share with you on the ops 22 report was certainly reflective of those individuals within the office of long-term living that were interested in employment . Our numbers look small but I can say within the last year and a half , our numbers are gradually showing progress . Once again, one of the key factors is we have seen a large number of interest and when it came time to convert the interest in employment to a goal on the person centered service plan, the president opted for any number of reasons, perhaps not to have the goal established or if the goal was on the plan often times stop and start the goal and the progression towards services . I can get those numbers from the ops 22 out to you . Thank you for the question.

>> MICHAEL GRIER: Ed, hi this is Michael Grier. You will just close the loop directly with Jeff then?

>> EDWARD BUTLER: I can do that or we can share those numbers with the group Mike if that is what you would like .

>> MICHAEL GRIER: I would like to see if we could do both of that, that would be great .

>> EDWARD BUTLER: Not a problem at all Mike, thank you.

>> SELLERS DORSEY: The next question is from Pamela, "could you explain again who can get early benefits counseling? I was a little confused about what was available for people who do not fall into the special categories." .

>> EDWARD BUTLER: Okay, so for benefits counseling with the office of long-term living since it is a comparable benefit and we are the payer of last resort , our first consideration would be to refer or the individual will be referred to - -. The individual will be referred to the ticket to work helpline and they would come ticket to work helpline , the individual on the ticket to work helpline would as the individual do you presently have a pending job offer ? Are you actively interviewing for jobs ? Have you had a job interview with in the past 30 days ? Do you anticipate an interview can the next two weeks ? Are you a veteran or do you fall in the category of a youth or young adult as defined by social security age 14 to 25 and you do not need to be pursuing employment at that time. If you do not fall into one of those categories , you will get a brief overview on that ticket to work helpline for about 15 to 20 minutes but if you do not fall into that category then you will not be referred to one of those designated - -4 comprehensive benefits counseling. So from there, an individual with dead be automatically referred to OPR so the next payer for the benefits counselor would be the office of vocational rehabilitation . However, like at one point the - - organization in Philadelphia had a grant from the Kessler foundation . They had a grant to provide benefits counseling. So when the service coordinator was referring to someone , they also would require to take advantage of any available comparable benefit . From that point of time why funding is available, we would refer individuals to jabs and get the comprehensive benefit counseling. In the office of long-term living, we are presently

working with the secretary's office to identify funding to be able to offer early benefits counseling knowing that based on the OLTL population, we do not fit nicely into that ticket to work order of selection criteria. If that does not answer your question fully, I would be happy to entertain anything specifically that you might have and try to explain it further. Thank you for the question and asking about the clarification .

>> SELLERS DORSEY: This is a follow-up question ties nicely to that from Kelly Barrett. What services and benefits are offered when a participant has a goal of maintaining employment? I think this may be helpful to relate to what would be available through CHC versus other programs .

>> EDWARD BUTLER: They will look at our employment services and look at what's important - - help to adjust it. In addition they will look at obviously for an individual to become eligible for our employment services , they would have to agree to be referred to the office of vocational rehabilitation . As you know, OVR's mission is to get people to assist and keep a job. Some of those things will be picked up with OVR and as they streamline out of the OVR system, we are working with that process so we will do follow-up supports and services to help an individual. All along to the process , if an individual were to go to a career link or identify whatever type of service they would need , we would gladly look for the services help the individual maintain that job. For instance, with some employers, the office of long-term living is working with embedded employment specialist on the job that would help an individual .

>> SELLERS DORSEY: As you mentioned five women services that are covered under CHC, can you talk a little bit about those five services?

>> EDWARD BUTLER: It is best for you to go to the CHC waiver and look at them because they are offered in different venues and their different criteria for follow-up basically is job coaching and job finding which also includes customized employment which is some of the programs offices is a separate service. Our employment skills development career assessment which takes in discovery and lastly the benefits counseling or self-employment. I can also put in the link where you can find those within the waiver.

>> SELLERS DORSEY: That would be helpful, thank you. The next question/comment is from Lynn Cooper . The behavioral health system is in need of peer specialist. This employment initiative might be a good match to fill that need .

>> EDWARD BUTLER: I know that the office of mental health and substance abuse services has the certified peer specialist and they have some of that in place and are piloting some of that . I think that may be - - adjusting a preliminary stages so I may want to - - speak out of turn but thank you for the question .

>> SELLERS DORSEY: Juanita Gray joined us, you are self muted but if you want to unmute you can ask your question to Ed.

>> SPEAKER: Good morning Ed . I love the services and what you're going over but I want to now people in the community to help go to school to further get ourselves educated . How do they offer services for that ?

>> EDWARD BUTLER: When it comes to education, the educational piece is not offered by the CHC MCO for one individual be referred which would be considered a payer or first resort, they would be offering some educational services . In addition to that, I do know that each CHC MCO on their respective websites have additional resources for employment services that they have identified on their websites and in addition to that, in a broader sense of internships and apprenticeships, the workforce development Board and the PA career links as well as OVR are offering those educational opportunities and some of the trades .

>> SPEAKER: I wanted to know if they could choose online learning if you cannot get to places .

>> EDWARD BUTLER: Presently within workforce development and the career links , they have a brand-new program called scale up . That is offering individuals online trainings. There are additional online trainings that are offered through the PA career links , but I cannot give you anything specific . If you like to send your question to something specifically that you're looking at I would most certainly be glad to reach out to our partners and find out specifically where you can get the online trainings or things you are looking for . Our intention on the supplement initiative is really to take very seriously and take down the silos not only between the agencies and DHS but across departments in the Commonwealth.

>> SPEAKER: In addition to building the community that you are helping them to make them a part of the mainstream life because their difficulties , my second part of the question is will that impact them in any way ? Once they go out what they have a safety net or take any of the services away ? They are living because they have to depend on it .

>> EDWARD BUTLER: For our employment services, that would be the reason why we would encourage individuals to look at the benefits counseling early on because it would be a comprehensive dive into every benefit that an individual will be receiving and they would get a better snapshot on how much money they would be able to earn , if they would be able to take advantage of the program, if there would be any other exceptions not to impact their eligibility for the waivers . I just want to make note here that sometimes we hear the individuals feel like their past services are going to be impacted if they are employed . That is not true, it is all what that comprehensively on their person centered service plan as to what is appropriate.

>> SPEAKER: Thank you Ed, I appreciate that .

>> EDWARD BUTLER: You are quite welcome and thank you for the question .

>> SPEAKER: Absolutely, thank you both.

>> SELLERS DORSEY: Ed come as a little bit of an offshoot of what Juanita Gray was asking, we do have the CHC MCO represented on . Do you want to ask them to talk a little bit about what they are doing from an employment perspective?

>> EDWARD BUTLER: I will refer to the chair. If they feel like there is time on the agenda , I am not sure how many of the employment leads are on their but I'm sorry if the CHC

MCO's are on there, someone is on there that could address the employment initiatives but I feel like I will refer to the chair .

>> SELLERS DORSEY: Okay.

>> MICHAEL GRIER: Pat, this is Mike. I think we should go ahead and go on with the agenda and if you get an opportunity to come back to the MCO's at the time, we've got some extra time as Jamie already did a presentation. Maybe we can plan on doing that .

>> SELLERS DORSEY: Okay, sounds good. Thank you Mike .

>> EDWARD BUTLER: Thank you everyone for the opportunity to present. Please feel free to contact me directly if you have any further questions or you think of something after this, thank you again.

>> MICHAEL GRIER: Thank you. OLTL, are you ready? Nursing home facility quality strategy .

>> WILMARIE GONZALEZ: Yes we are, thank you very much.

>> MICHAEL GRIER: Go ahead and take over .

>> WILMARIE GONZALEZ: Good morning everyone, this is Wilmarie Gonzalez. I am one of the Bureau of directors at the office of long-term living and I'm responsible for the area of quality assurance and program analytics . Today we are going to really be focused on driving quality to Pennsylvania's nursing facilities . I think that is important to note that as community health choices has been implement two for the past few years and we have been - - a lot of numbers of activity surrounding quality for CHC programs. We received a lot of input from many of our stakeholders is certainly appreciated through the years . A lot of times many of article that I provided to us but it is also very important to know that and recognize that the fact that Covid has really impacted consumers around understates and especially those living in nursing facilities. Only thing about all that we have done in designing and committing the community health and receiving good quality of care and quality of life, we also want to make sure that we acknowledge the fact that we have a quality strategy for our CHC program. Our next like to put it into context, many of you have already seen the slide and we have talked about our quality infrastructure for CHC for quite some time. We think about all the things we have reported throughout the years, many of those things do fall into these areas that you see on our side. Today, we are really going to focus on what we have been able to design for nursing facilities . In particular supporting the quality - - when you look at the next live is part of the reason he wanted to create quality support for facilities , above all certainly want to make sure that we are focused in supporting our CHC precipitants . As I mentioned before that too many of our consumers in the community . Covid 19 has been - - has impacted the most normal population and in particular individuals receiving services. The other thing that we also wanted to make sure is that as we continue to improve our CHC program and continue to support our nursing facilities , we also want to make sure that we enjoy quality improvements and as you heard from Megan Barbour from the Department of Health, they also focus on quality in them really glad that an opportunity to talk a little bit about how they are providing resources and supports to our facilities in particular to driving quality and hopefully in the future we

will hear more about what those quality projects will look like . Nursing facilities in Pennsylvania and around the country , many have experience in how they serve our residents. They also have opportunities in some areas to improve not only the outcomes that are in particular serving the populations that are being served . As you all know, nursing facility to collect data and submit that to CMS . We had the opportunity to look at the data and have been looking at the data as to where we are at the state and in comparison at the national level where we are with regards to how nursing facilities are serving our residents . But we have learned as well during Covid 19 is that our facilities whether they are nursing home or other types of facilities like personal care and assisted living, there continues to be really a great need for education and providing support for the staff that are providing those services to our residents. The next slide is really the two things I wanted to talk about today. We have already shared some of this information in various platforms for the two things you will talk about today , I am also joined and I apologize I did not do it at the very beginning, but I'm joined by Dr. David Kelley and Dr. Lawrence Appel which you have also heard from them again in various platforms including here in this committee to talk a little bit more about what the program will look like. Again, the purpose of creating a learning network , and this is a statewide learning network , in collaboration with our CHC MCO's, the lead coordinator for that is the Jewish healthcare foundation. They had not only in expertise in creating such webinars but also have an existing platform that many of our providers already know and they understand how to access information and resources. Our next slide is really also making sure that we recognize the fact that not only have we been engaged with our CHC MCO's, we also have a lot of conversation with some of our sister agencies . See the Department of Health and the department of - - which we closely collaborate with them and in particular the state long-term care office as you all know. Their role in our state is to really continue to advocate for residents living in long-term care settings so made a whole lot of sense of including them in those conversations. Those are conversations we have had for quite some time . It's important to recognize is that many of you on the call today know that there are other existing resources that already exist that you provide support to our facilities. Quality and size of Pennsylvania been around for quite some time and effort funded by CMS. They do provide a lot of technical assistance to our facilities . Our association am very grateful for all the feedback that they provided for us in our conversation in creating such initiatives to our facilities . In particular when they are also sharing the feedback that they are receiving from each of the members. I want to take a member to really thank Pennsylvania healthcare Association , the Pennsylvania coalition of affiliated healthcare living communities, the Hospital Association of Pennsylvania and up to the Pennsylvania Society for postacute long-term care medicine . I really appreciate all the work that they have and the feedback they are provided to help us get to the place where we are today. We also need to take a moment and acknowledge on the next slide we do talk about activities . As I mentioned before, this connotation has been had for quite some time but there is an

activity surrounding nursing facilities and what to do to provide continuous support. You have heard from - - this is all part of a quality strategy. - - Did talk a little bit about some of his findings from the CHC evaluation including interviews with nursing facilities . The information you have been able to collect is also really helped us. I also mentioned already the quality strategy can exist in the CHC program. Some of this information we have listed at the end of the presentation has links will be can access it at well and make it easy for you to review if you have the opportunity . I also mentioned the ongoing discussions we had with our providers Association and other associations and the governor's healthcare reform recommendation report. If you have not had an opportunity to look at it , does talk about driving quality in particular for nursing facilities . I already mentioned that the Jewish healthcare foundation is our lead coordinator . We will talk a little bit more about what that means but really important is the fact that we have begun these conversations with our nursing facility providers and in November of last year we did provide an introductory webinar to our facility to start talking about our quality incentive program and again talk to them about establishing a statewide learning network . I also wanted to make sure that again with the collaboration of our CHC MCO's , we are in a really good place right now in introducing these two very unique initiatives to our nursing facilities. I think in the next few slides I will invite Doctor Kelly to talk about the quality incentive program so with that, Doctor Kelly?

>> DR. DAVID KELLEY:

>> DR. LAWRENCE APPEL: Hello, this is Dr. Lawrence Appel. It seems Dr. David Kelley is having some trouble with the audio and getting on muted. If he does get on muted I will be happy to let them proceed but I did want to just start by giving some overview of the existing quality measures for the quality program. The quality incentive program is going to be based on several quality metrics using the minimal data set that the nursing facilities use for the reporting to CMS . This is a standard minimal data set that is used for every participant in the nursing facility . There will be five clinical measures, one utilization measure and a staffing measure. Those are measured by other statewide and national benchmarks. Then the program has points that are awarded for achieving the goals and also for incremental improvements. We can go ahead the next slide. The goals of the nursing facility quality incentive program are five clinical, one utilization and the staffing monitor as well. What we have learned from Covid is that there are several areas of nursing facility care that can really benefit from improvement and best practices . One has to do with the percentage of those residents that are there for a short time who are re-hospitalized after admission. Of course, the goal is that is minimized. We also want to monitor the percentage of high-risk residents that are staying for a long time for pressure ulcers. Again, of concern. We are also going to monitor the residence experiencing one or more falls that resulted in major injury . In addition, we want to monitor the long stay residents and assess and ensure that they are properly given the seasonal flu vaccine and also the ammonia vaccine . As we are all aware with Covid, the vaccine issues and

vaccination have really proven to be very important in Covid as well and we have learned this. We also want to monitor the percentage of long-term residents that receive antipsychotic medications. As many of you are aware, it has been a major focus to avoid residents unnecessarily receiving antipsychotic medications in the nursing facilities. Finally, another area that has been brought to light by Covid is staffing ratios based on the department of health reports, we will be monitoring and incentivizing appropriate staffing ratios as well. Next slide. The quality incentive program works with the measures we just discussed . Was going to happen is we have the median percentile , so there's a baseline here which is 2021 and there is a performance improvement year or performance measurement year which is 2022 . Then the nursing facility payment incentives will be paid in 2023 . To get a little in the details is a 26 point maximum that should be achieved . 14 point on the baseline benchmarks and 12 points related to improvement. If you look at the managers and the slide goes into details, we have measured the median percentile and goal percentile of each of the measures we just discussed and there is a point if you are at or on the right side of the median I will say things like percentage of residents we hospitalized, you want to be at less than the median for things like influenza vaccine you want to be at greater than the median. We measure the 50th percentile which the median and the goal percentile which is evil. The 25th or 75th percentile. Next slide. So for the incentive program, nursing facilities must participate in the medical assistance programs to be eligible for the incentive program. There is a benchmark performance and an incremental improvement performance as well. The benchmark is for 2021 and the improvement is for this year for calendar year 2022. The payments will be made in calendar year 2023 based on the performance in the previous two years. Nursing facility to meet these goals are eligible for payment and will receive incentives through one of the CHC managed care plans. Next slide please. This is just an example of the impact of how these incentives will work. We look at the average in the U.S. from 2017 through 2020, related hospitalizations after nursing facility admission, we saw 21.9% of the average in the U.S. and in Pennsylvania, the medium is a little better . Currently last year in 2020 it was 20.9 with the 25th percentile to the goal is 16.8. What is that all really mean? The all really means is that there will be 1257 fewer hospitalizations among short-term residents after nursing facility admission if the facilities work to achieve this goal . If everybody performs above the 50th percentile. That is what we are looking at, 1257 fewer hospital hospitalizations .

>> SELLERS DORSEY: Dr. Lawrence Appel, this is Pat, Dr. David Kelley should be able to unmute himself now .

>> DR. DAVID KELLEY: Thank you Dr. Lawrence Appel, you are probably doing a better job than I do thank you everyone for having us today to explain this program . The remaining slides go through the other quality measures that we have looked at . These quality measures are something we have had a lot of discussion with . A whole range of stakeholders . We did not just pick these quality metrics , there was a lot of discussion and

engagement with stakeholders. This looks at pressure ulcers and there's an opportunity here . We can get everyone to the media to have 160 fewer individuals with pressure ulcers , next slide . The same thing with falls. If we can get nursing facilities to the median , there would be 500 fewer falls that actually results in major injury . This is all about quality improvement making participants lives better and improving the quality of care that they are receiving. Next slide ? This again looks at the vaccinations . I think increasingly folks are aware of the importance of the vaccinations in general . That is Covid but influenza as well as pneumococcal vaccinations . This is from 2020 data and even during the pandemic, there were a fair number of residents that still do not get their influenza vaccine even in 2020. Getting them to that median, 1800 patients would've been vaccinated with seasonal influenza vaccine, next slide. Same thing with the pneumococcal vaccine and even larger opportunity here to get folks vaccinated to prevent them from getting pneumonia. Next slide. This led to individuals treated with antipsychotic medications weather perhaps do not need those medications . Getting to the median number of the nursing homes , almost 2000 less individuals will be receiving antipsychotic medications when it's potentially not appropriate. Next slide. We are looking at nursing facility staffing ratios working with our colleagues. The data will be supplied to us on an annual basis from DOH and again we are looking at the median and the 75th percentile. Next slide. In summary, as far as their quality improvement program, we are working with our MCO's as well as with our nursing facilities to improve the quality care focus on those measures and one of the tools to do that is to work with our working facilities and other stakeholders to form a learning network. Larry, I will turn it back over to you .

>> DR. LAWRENCE APPEL: Thank you Doctor Kelly, I'm glad your audio works, thank you very much . Thank you all for giving us the opportunity to discuss quality strategy . The quality strategy has two significant components , the quality incentive program which Dr. David Kelley is just discussed and a learning network to accompany the incentive plan . The learning network, the purpose will be that this will be the place where all of those who are involved in caring for Pennsylvania's nursing facility residents come together , learn from each other and get through the tools and approaches they need to provide the highest quality care for those participants at nursing facilities . The CHC MCO's mention of working with the Jewish healthcare - - being presented are meaningful, timely and coordinate with the goals outlined in the incentive plan . This network is for frontline working facility workers, supporting staff, administrators, service coordinators and others. Some of the training is specific to the different groups and some of them are specific to specific regions in the state. We are very pleased to be working with the Jewish healthcare foundation. The Jewish healthcare foundation has a tremendous amount of experience and knowledge and training and support of long-term care facilities. Most recently, the Jewish healthcare foundation was very successful in administrating the learning network that Megan Barber had - - subcommittee meeting, the regional response of collaborative program which was the intensive multi agency in long-term care facilities. Learning network is a collaborative

effort of DHS, the MCO's, nursing facilities and several other organizations that Wilmarie Gonzalez mentioned including quality insights , leading age, Pennsylvania Association, PA coalition of living communities, the Hospital Association of Pennsylvania and the Pennsylvania Society for long-term acute care medicine. These groups with Pennsylvania OLTL and the Jewish healthcare commitment foundation , we're going to create an advisory committee to leverage, coordinate and collaborate with the existing resources and make sure that we present timely information and do not overwhelm the facilities . One quick example if that is vaccination. One of the topics in the near future that we will discuss is vaccinations and we want to make sure as Covid Wayne's that we are very focused on first of all yes, the Covid vaccine but also most importantly the influenza vaccine , the pneumococcal vaccine and other topics that are related. We will tie things together in a timely way. Next slide. This advisory committee, their role will be too provide expertise and we are blessed in this state to have some of the world-class experts in many topics relating to long-term care . We will schedule quarterly meetings and supporting education committee and sharing existing and upcoming trainings and resources buttons organization is going to be all about sharing expertise and translating the expertise so everyone in the nursing facility, participants especially, will benefit. That is the essence of the learning network and with that I will turn it back over to Wilmarie Gonzalez for final comments.

>> WILMARIE GONZALEZ: Thank you for walking you through some of the slides to talk a little bit more in depth about quality center programming . The next slide , I mentioned earlier and also mentioned it , we want to begin creating an advisory committee. Not only with the organizations - - it will also include nursing facilities . We have learned that it is very important not only have stakeholder collaboration are really tiny and for those folks will be impacted. We see the direct fee is going to be crucial and important . We do establish the advisory committee , we want to make sure that we have good representation from nursing facilities around the state. As I mentioned before, we began this conversation with our facilities with an intro to the incentive program on the 17th. This likely gives you a link to where you can access it and listen to it. We also have upcoming webinars. There is one scheduled for this week on March 3 . All webinars are from 2:00 to 3:00. This one is want to talk much more in depth about the learning network, what it is and what the expectations are and how can facilities access the webinars and listen in, provide feedback etc. We also want to repeat the same webinar on March 17 as well again to give and allow the facilities an opportunity to listen to our goals in establishing on the qualities of the program but also understanding the purpose of the learning network . We think creating such a learning network platform will not only leverage opportunities for our facilities but as mentioned before , really trying to avoid any duplication to truly leverage a lot of the training that already exist for our facilities so we are avoiding duplication of effort . Right now, the list of upcoming webinars are tentative topics as well as dates . As we continue to evolve, we will definitely not only finalize the topics but also finalize the dates and

communicate that to our facilities. We are using both DOH and DHS, the Jewish foundation is also coordinating that information and we are also sharing information with the Association as well so they can share it with their members . Where we have strong preservation of his webinars as they go around. In every single webinar there is opportunity to also give us feedback as far as topics they would like to see or just feedback on the webinar itself. This slide is very important because it not only gives you a sense of the kinds of things we are planning but it also helps folks know that they have to register to tomorrow's healthcare community platform and they will be able to get the platform and precipitate in the webinar. It is available to all staff on the facilities. With that, I will turn it over to Pat unless there are questions . This last slide is just a resource , just for those of you wanting to have quick access to some of these resources we put this together so you have them , but the quality strategy for CDC and it includes information about our MCO's and also as a reference earlier, the governors healthcare reform recommendation report. There is a subsection within that report that talks about driving quality nursing facilities as well .

>> SELLERS DORSEY: Thank you Wilmarie Gonzalez. Mike, before asking if there were committee member questions I want to make sure that you know that Mark also joined the webinar .

>> MICHAEL GRIER: Very good, thanks for letting me know Pat.

>> SELLERS DORSEY: Sure, any committee member questions?

>> MICHAEL GRIER: I have a question, this is Michael Grier. Thank you for the presentation and explanation of the incentive payments . On the other side of the coin, if you have a facility that is not meeting consistently minimum standards , is there any kind of withholding of payment or anything like that ? You talk about the incentive side and I get that, what about the other side of it for companies that choose not to participate? Thank you for your response .

>> DR. DAVID KELLEY: That's a great question. This program is really geared towards quality improvement with the philosophy that with learning network , my saying is all boats rise with the tide and we want all the nursing homes to improve on the performance there will be no penalties involved in this program. This is really an incentive program. We feel that there are other regulatory mechanisms that come into play if, let's say nursing homes consistently underperform in these quality metrics but other metrics as well. We are trying to separate the program and the regulatory aspect and focus on quality improvement is there are no penalties in this program . We are positively incentivizing for improvement .

>> MICHAEL GRIER: Thank you for your response.

>> LLOYD WERTZ: Lloyd Wertz here, I just noted the constellation of the advisory group did not give any recognition to advocates or more importantly to residents . I was wondered if there was a reason for that or they can be considered for somebody was receiving the service that is able to give you a little bit of feedback at the level of other topics and professionals you are considering .

>> MICHAEL GRIER: Thank you Lloyd .

>> DR. DAVID KELLEY: I will start and you can pile on. Other stakeholders have pointed that out as well as why don't you have some frontline staff from nursing homes also participating. We are looking at engaging additional stakeholders knowing that this is very important. I do think that we do have - - will be involved as well. Wilmarie Gonzalez, I don't know if you want to add anything to that .

>> WILMARIE GONZALEZ: If you want to make sure that the rule of the advisory committee is really to again have all of these various organizations report out on the activities that they have and also for us to share with the Jewish healthcare foundation was designed and has schedule with regards to webinars tied in with quality incentive programs but other feedback while also getting feedback from different areas as well. There are a lot of ways for reading information and that includes leveraging some of the surveys in the program also does on an annual basis that really does get to interviewing residents and learning what are some of the issues as well? There are a lot of opportunities for us to get this kind of feedback and bring it to this advisory. Again, it's more of a report so we are again avoiding duplication and overwhelming our facilities. That's one thing that came out of many of the trainings we did during Covid . Also ad hoc trainings we did last year and nursing facilities have said that these are all great but there is just a lot . You want to make sure that we - - talking about what are you doing for instance that you're having facilities and how is that perhaps dealing with the residents of quality care? I think that's a very good point and having one or two residents as well will be helpful as well. Thank you for the question .

>> SELLERS DORSEY: Any other committee member questions or comments?

>> SPEAKER: This is Matt . I would like to echo Mike's question . Incentivizing better quality of nursing homes and I wish you could get away from client and nursing homes, I spent five years and one and there's nothing homelike it , but I don't know why we are not doing quality in our homes and based services is fantastic . Why are we incentivizing more that in better quality of nursing homes ? Or to Mike's question, why has there been more accountability than incentivizing? It seems backwards to me but it is still early , sorry.

>> DR. DAVID KELLEY: This is Dr. David Kelley. From our standpoint one of the key components of good community health choice program is the rebalancing efforts. I think we have demonstrated that we have continued to rebalance and move more folks to community-based services and out of nursing homes . We are rebalance quite a bit since the start of this program . That's one of the key things we wanted to rebalance. That being said , some individuals remain . We want to make sure that mostly quality elements □ make long-term residents and they want to focus on improving the quality of care while they are in the nursing home . If okay me transition safely to live safely within the community that some of the key mantras of the CAC program they hoping to improve what's happening within the nursing facilities , I will call nursing facilities is out of nursing homes . One of our goals of the program is to rebalance and safely individuals live safely within the community

.
>> SPEAKER: I appreciate you calling a facility. My comment is not directed at you more towards OLTL and their priorities. I know you are just running the programs. Thank you.

>> WILMARIE GONZALEZ: We certainly appreciate the comment. Thinking about the managed care space and for those of us who have been doing this for quite some time , when you compare managed care with fee-for-service we are in a different world and different space. When you talk about data sources , there were a number of ways, not just one , for us to gauge how services are being received by our consumers. Right now in Pennsylvania there is not a survey that gets to interview her residence and asked how is your care been taking care of ? What has been your experience ? We do rely on the survey or the interviews that are happening , we have a CAC evaluation plan and a lot of the information does really help us. When you think about those folks living in the community , we have two data points or data source points that we can leverage and that is the data the independent surveyor collects on an annual basis and that is to surveys as you all know. It is still a sample but it gives us a sense of having our consumers of instruments directly tell us how they feel in their experience of care with CAC services. The other opportunities our consumers have especially those in the community members to pay in - - which is a required survey when they are evaluating the plan themselves. The plan is providing them support so there are number of ways that you can get at listening to our residents and giving them a voice. We certainly agree that there is definitely opportunity to continue to build upon the foundation we have established as far as quality for the CAC program. It will continue to evolve as we continue the steady state.

>> SELLERS DORSEY: Any other committee member questions or comments? No? Okay. I have a few from the audience. The first is from Paulette Hunter . Covid as highlighted the problem that was always there but ignored because it was consider not urgent. My sister is in a nursing home and was denied insulin even though she was paying for it . She was told it was all gone . My concern is what about individual who has the family? How can you prevent it from happening to another scene there ?

>> WILMARIE GONZALEZ: Mrs. Wilmarie Gonzalez, I am very concerning and I'm sorry that you the deal with that. This is there are different ways for residents to voice their concerns but - -'s most been a facility very frequently with each of the residence . If the individual has issues or concerns they can always talk to - - advocate on behalf of them on a timely basis and that they are paying for a medication , they can advocate on getting that to the individual. I don't know if Dr. David Kelley or Dr. Lawrence Appel has any thoughts that you had .

>> DR. LAWRENCE APPEL: That is something we would really want to hear specifics about and we will work with and as Wilmarie Gonzalez mentioned the appropriate medication gets to nursing facilities .

>> SELLERS DORSEY: Sorry this is Pat, I had some background noise and I am dialed back in. Dr. Lawrence Appel committee asked to have Paulette to provide contact information

and we can send that over to have someone follow-up ?

>> DR. LAWRENCE APPEL: It sounds like the issue has resolved but we would want that. If it is resolved at this point then no, we're okay .

>> SELLERS DORSEY: Okay, thank you. The next question is from Christina Lopez. "In Relation to the nursing facility quality incentive program, what would be an incentive from the CAC MCO's?" Everett nursing facility at a disadvantage if already in the 25th 75th percentiles?

>> DR. DAVID KELLEY: Great question. If they are already high-performing, they will hit , they will score a lot of points in the benchmark component . It would be tougher to get mental points but even those high-performing nursing facilities , there was an opportunity for incremental improvements which is why we designed it with those benchmarks as well as incremental improvements. We designed for both those high performers as well as performers that were not doing as well . If one is on the other end of the spectrum and were not able to the benchmarks we are awarded because of incremental improvement from one year to the next. That's why we designed with these two specific components to cover. Both high performers and those that are not.

>> SELLERS DORSEY: The next question is from Lynn Cooper. Is the training or unique mental health needs of older adults available in the learning network?

>> DR. LAWRENCE APPEL: That's a great question. We do have as a part of the topics that we're discussing some of the approaches to providing best practices and that kind of training that you are mentioning , the unique needs of the elderly population and mental health is definitely a part of that . We don't have anything schedule yet but as you know we are early. This feedback will help what we already have planned to do . I will say that Doctor - - from the office of mental health and substance abuse services did participate in the initial webinar in November when you presented this so we are acutely aware of the need for this .

>> SELLERS DORSEY: Thank you. Mike, I wanted to check. I have several more questions and comments related to the nursing facility incentive program, do you want me to continue with those or switch over to additional public comment?

>> MICHAEL GRIER: But continue with the questions . What time are we supposed to go to public comment?

>> MICHAEL GRIER: It was actually 12:15 .

>> MICHAEL GRIER: Okay, let's go to 12:25 or 12:30, somewhere in there and then we will open it up .

>> SELLERS DORSEY: Sounds good. The next question and it may have been suggested is from Pamela Walz . "Can I suggest including residents and resident advocacy organizations for the incentive program advisory committee ? Input from the resident perspective should be included and advocacy organizations are done extensive work on quality of treatment recommendations and have important perspectives to add." .

>> DR. DAVID KELLEY: I agree and I think we commented previously on that .

>> SELLERS DORSEY: Thank you. The next question is from Michael - -. This is an exciting program. I am concerned to hear that the advisory committee will not include repetition from the direct care workers who provide hands-on care and nursing facilities every day. Is it possible to add such representation or is there a plan to make sure that direct care workers perspective on quality is adequately represented?

>> DR. DAVID KELLEY: We got the feedback in previous webinars . We want to have the perspective of the front-line worker represented in our planning , but I think we want the training to be geared to them as well and part of what we are planning is to be interactive during the webinars with the Jewish healthcare foundations. We will be surveying individuals and using that webinar platform to get feedback from them . I webinars will be geared towards individuals that are the front-line workers . We will have a huge emphasis on that and I think the Jewish healthcare foundation in their previous experiences in the long-term care and nursing facility and personal-care space have been able to do that , to make sure that the learning content is geared towards frontline workers. That is going to be a very important part of this learning network because that is where the care gets done and that is what is vitally important.

>> SELLERS DORSEY: The next question is from Christina Lopez. Is there room for expansion for home health network because we have a large focus to the residents in the community .

>> DR. LAWRENCE APPEL: Right now that's a great question. Covid to bring out an acute need in the nursing facilities and also highlighted that we do have a large number of participants in the home and community based community as well . Right now we're just wanting this and we are starting with the nursing facilities . We have other efforts with home and community-based services . We are starting with this quality strategy but there are other efforts going on and we may very well incorporate some of the things we learned here quickly and translate those .

>> SPEAKER: Cannot follow up with that? You opened the door there Doctor , can you talk to us about those other things are happening in the home and community-based services .

>> DR. LAWRENCE APPEL: We are working pretty consistently to measure the quality in the home and community-based services . We have several coordination and transition performance improvement projects with the CAC MCO plans that involve ensuring good transitions and the long-term services and supports quality measures we are watching very closely and evaluating the feedback from those and those involve ensuring appropriate assessments and care plans that are done timely and very well .

>> JAMIE BUCHENAUER: I will just add to that that we have charged each of the three CHC MCO's with instituting value-based payment arrangements in 2022 . At this committee I want to stay in the May to June timeframe we are going to ask the CHC MCO to come present on some of the strategies. Many of them deal with improving the quality of services , measuring and improving the quality of services and home and community-based services . Most of them are targeting personal assistance services , how they can

measure the quality of services provided and pay for that quality. More information to come on these initiatives.

>> SELLERS DORSEY: I have a related question to help explain how the funding is flowing , is it a payment coming from the MCO or a payment coming from OLTL?

>> DR. DAVID KELLEY: This is a directed payment. We are getting the data and doing all of the data analytics and will be doing the assignment of any points that have been earned. This is a direct payment , the dollars will flow and the MCO's will be cutting the checks to specific set of nursing facilities . Each facility that earns an incentive will get a check from one of the three MCO's. Other programs and health payment and that of the payment is going to be structured . As Jamie mentioned, our MCO's also have the ability to I will say enhance that with additional value-based arrangements and their value-based purchasing program . Mortar, that in the spring .

>> SELLERS DORSEY: I will type something together the first is what should we expect with quality incentives from MCO's covered in the health alliance at PA? What incentives are MCO related this presentation ? What is OLTL's policy on MCO's negotiating providers on rates and value-based payments?

>> DR. DAVID KELLEY: The last question is our MCO's have been directed to negotiate with providers on the Medicaid only individuals and the CHC program but also for home and community-based nursing facility services. Our MCO's should be negotiating with those providers . That is a part of the contract for 2022. We set certain expectations. As far as the incentives we have lined up for our MCO's, there are several quality metrics that we are holding MCO's and that includes looking at very basic things that can be happening in the important things that could be happening in the community health choices program. They are being evaluated on one of the measures is the satisfaction , participant satisfaction with the health plan. Another measure is taken from the home and community-based survey about whether or not the person feels that the care plan is involving everything that they want and they are very satisfied with their care plan. Those are two elements that they're being incentives on and we are also incentivizing them as previously mentioned on rebalancing and safety moving appropriate individuals back into the community and flirt is a rebalancing measure and if there are care coordination measures that we are holding the MCO's accountable for and getting the investments done in a timely fashion , comprehend of assessments being done in a timely fashion annually or whenever an update is needed updated Dr. David Kelley sharing the care plans with PCPs working on this measure that has to do with assessing and if we have to develop a new care plan hospitalization. Those are some of the quality measures that we've been tracking for several years and are MCO's will be held accountable in an incentive program.

>> SELLERS DORSEY: Okay, Mike with that deal with the transition to additional public comment?

>> MICHAEL GRIER: That sounds good .

>> SELLERS DORSEY: The first question I have from the audience is from Michelle . This tied

back to Megan's presentation . There is not just a problem of finding someone who was Covid positive and this is related to finding a caregiver for the home , there individuals without this diagnosis you cannot find caregivers. Then the next comment that I received was from Paulette Hunter . Staff goes from one nursing home to another wearing the same uniform . Something to consider that each nursing facility should have a different top that may reduce carrying the virus and also outside of each room, they use antibacterial spray bottles to clean hands . Then the next comment I have is , this is from Lori Harvey. So far providers have not been able to negotiate rates for home and community-based . Is there a timeframe from when MCO's must be willing to engage and negotiate ? Jamie, I don't know if you want to speak to that or have the MCO speak to it .

>> JAMIE BUCHENAUER: I think it would be helpful if the MCO's speak to that but what I will say is her personal assistance services , the office of long-term living as I said in my presentation today with the American rescue plan act fund, we do provide a rate increase so the CHC MCO's can pay more but there is a rate in effect for personal assistance services for this year.

>> SELLERS DORSEY: Jen, do you want to speak to that or someone else from America health to start? Steve and I will have a timeframe, can you circle back to me?

>> SELLERS DORSEY: Sure thing. And now, how about you for PSW?

>> SPEAKER: Thank you Pat, can you repeat the question so I can answer ?

>> SELLERS DORSEY: Sure, so far providers not been able to negotiate rates for home and community-based . Is there a timeframe for when that MCO's must be willing to engage in negotiating?

>> SPEAKER: That's what I thought the question was, I wanted to - - . I will respond to that , 8% is wetland past agencies . But we were doing and is focusing on payment model being around quality . - - Is it interest in additional revenue streams and they would be welcome to our reach to me . They can discuss it for me for our quality measures for doing a value-based purchasing care. We have initiatives that benefit past agencies if they want to go down the quality route . As far as a rate increase beyond the 8% are focuses on quality not just a transaction last year .

>> SELLERS DORSEY: Mike Smith, how about for UPMC?

>> SPEAKER: Can you hear me okay.

>> SELLERS DORSEY: Yes I can do and I'm sorry about that. We are also working with a couple of different programs to try and bolster kinds of activities with the providers for the coming year . I was 71 of the last year retroactively we provided a 1% increase to our past agencies to bolster down for the previous year and we will be introducing that 8% increase this year as a part of our overall reimbursement model. Right now we are adopting with the state is providing it is a reimbursement and moving towards value-based programs as mentioned by Anna . The other piece of it is that we are also working with the learning collaborative on last month's call which is helping us look as were direct care agencies getting direct input from direct care agencies of the learning collaborative and how they

can be a part of services being provided for personal assistance services. More to come on that, exciting activities for sure.

>> SELLERS DORSEY: Anna, I got a request to repeat your email. I was in the post in the chat that's okay .

>> SPEAKER: That's great, I think you did a good job, it is right there.

>> SELLERS DORSEY: Jen, we will circle back to you.

>> SPEAKER: If you can provide my email in the chat for specific questions to be directed to our provider network to you, I'm not able to speak at and generally our coach at this time but happy to engage with the submitter of the question with the account associate so thank you .

>> SELLERS DORSEY: Sure, will do. Lori Harvey also had a comment. Thank you for the increase - - lowest rate in the state which is impactful. Thank you again for taking my question. As of right now, that is all of the additional public comments that I have . Do any committee members have additional questions or comments? Hearing none . Mike, did you want to circle back on the appointments , sorry I just got one more before doing that . A comment from Scott , this has been an excellent presentation. Thanks to OLTL and the MCO for the presentation . It is good to work on quality and that should be rewarded but it seems to me we cannot leave out right. Surely OLTL recognizes considering OLTL's focus on quality. I just received a question from Pam our which is probably a Jamie and Jermaine question, is MLTSS looking to go face-to-face anytime soon?

>> JAMIE BUCHENAUER: That's a great question and one we been asked in the past . We were looking at options prior to the holidays back in October as the Covid numbers were crawling up , #now going down and that's excellent to hear which you will all agree. We will convene with OMAP. We will follow up with the guidance and with the medical accessory advisories doing . We have been told that they go back in person that gives us the opportunity to go back in person as well. Many convene about what their plans are . Since the numbers that you are all seeing of Covid cases around Pennsylvania and the nation are falling , thank the good Lord .

>> SELLERS DORSEY: Okay, thank you. Mike, you will circle back appointments ? I don't have any other comments or did you want to adjourn early?

>> MICHAEL GRIER: Was to a couple of things. The first thing, and was reading my mind and question to Jamie . I like to add least offer up that there may be some kind of consideration that if he cannot go fully face-to-face, some kind of hybrid something that can allow folks to be able to have their voices heard in a different type of format . I appreciate the department letting us have the time to do that . What I would like to do is go to the employment piece on how the MCO's are seeing people participating in employment services in their particular areas and is there anything that anyone in the audience can do to be of any assistance to helping them increase the numbers? Thank you .

>> SELLERS DORSEY: Anna, I know you had some specific for employment who was on .

>> SPEAKER: I do, she is our employment specialist for pH W.

>> SPEAKER: Good afternoon everyone, as Anna stated I am the employment specialist . One of the questions asked how can the audience help us with employment ? If you keep the conversation going . If you have someone who is employed in underneath the CAC waiver , talk to their friends with the benefits of employment and how it is help them not only socially but economically . Also share with them your stories of how it's not affecting your benefits , that you are still able to keep your past services and all the other great things on the CAC waiver if you follow the process of assessing the benefits of counseling and other services that are available on the waiver and through OVR, thank you.

>> SELLERS DORSEY: Mike, how about for UPMC ? Or did you want to phone a friend ?

>> SPEAKER: I can talk to how we can help a one of the things to add to what K already said was really just making sure that we remember that folks transitioning from a nursing home are also given that opportunity to think about employment at some point post discharge. I only mentioned that because one of the things that we see with nursing home transition is the focus on safe transition to a community-based , to the community. One thing that gets forgotten is what happens when you're in the community . Thinking about and revisiting employment as a transitioning partner with you on this phone calling others be thinking about the conversation and revisiting the conversation because those are the first thing that thinking of maybe the transition . We are currently adding an employment question to our post transition follow-up because of that. I think it's an important component not to lose track of because in the excitement of transitioning , they are often times we forget there is opportunity post transition that has to be circle back to . In terms of employment programs, do you want to talk a little bit about what we are doing it again if you want to talk Mike a little bit about what you are doing and following Michael Grier question, what challenges you are facing if there's any information the audience might provide .

>> In looking at employment etc. the assessment process and getting to know the person as we work to the assessment and planning process and asking the questions , getting to the point of understanding someone's interest in participation and employment programs. We have a lot of folks who are over the age of 60 and are not really interested in employment but we still ask the question because we do not know that sometimes a challenge there is people thinking that they are too old for employment or this is not the time of their lives they want to seek employment . Not always employment , it could be a volunteer activity . Those types of conversations whether they involve paid employment , it's juxtaposed or moisture boosted by the individual that we might be able to find a volunteer activity as well. Now you want to engage in our work incentives planning and assistance program on Social Security , OVR, the office of debilitation all services and employment services. That's a complex road and I heard from folks on the call, that is where we lose people. We are working through all the benefits and trying to get people to counseling through the - - program which is a work incentives planning and assistance program and the OVR services ultimately to support of long-term services through UPMC and CHC program . Some events are really some candidates . I'm curious if folks have any

thoughts of how we can avoid that area and the length of time we are working through this and sometimes impacts employment .

>> SELLERS DORSEY: Okay. Then maybe next you will go to Jan before we circle back and see if there any suggestions .

>> SPEAKER: Hi Pat, can you hear me?

>> SELLERS DORSEY: Yes .

>> SPEAKER: For our plan I have seen an increase in the number of persons who have expressed an interest in employment and having it listed as a goal on those service plan however there is hesitancy . They are not yet ready to take the active step towards engaging employment services . Our approach and focus has been for the last year to reach out and personally educate Brisbane to have expressed interest in implement services or who have active goals and employment. We try to educate them on services and encourage them through motivational interviewing to have an engagement in the implement related services . Our focus has been and continues to be an educating dispense toward employment . We do want to overcome Brisbane hesitancy . We think we are better now than they were in the height of the pandemic that we focus on making sure our service correlator and employment coordinators are having the best and impactful conversation with participants to painting a picture of what appointments look like and what integrated competitive employment can look like for them . I hope that is helpful . To the point made earlier, of course be open to stakeholders the back and ideas. All stakeholders that we are contacted with because we share the goal of employment first and wanting to see folks engage in competitive integrated employment , thank you .

>> SELLERS DORSEY: Just to circle back if there were any berries wanted to mention before we get input?

>> SPEAKER: I think the biggest barrier is the age of our participants and the lack of understanding of what employment can look like and the benefits of it. We're getting to educate our service coordinator to educate our participants on what employment can actually look like and the benefits of those that are interested in obtaining competitive integrated employment.

>> SELLERS DORSEY: What about from your perspective? Any thoughts and barriers?

>> EDWARD BUTLER: I would just say that the earlier benefits counseling when there is an interest and working towards getting it is our goal or have it on our goal on the person centered service plan , because it's participant driven and participant choice , the more comfortable and educated and more work the service correlator do with the participants to show them the benefits not only financially to a quality of life to what competitive integrated employment can be certainly would improve the quality of life and when you're talking about competitive integrated employment, monotonous and solitary talking about every individual will work 37 to 40 hours a week. For some individuals it is a few hours a week because that is what they are capable of or based on their medical condition able to do . I just think that part is very critical and just on the part of the service correlator to keep

the conversation going and revisiting or if a participant as Mike Smith had mentioned that it was a long journey or process, if a participant gets stuck somewhere along the process , the CHC MCO it knows to reach out to OLTL or the appropriate person that they are fostered a partnership with to get rid of that logjam and start moving it forward . We know that the longer the person has to wait for anything , interest diminishes. Thank you.

>> SELLERS DORSEY: There was one employment related, they came from Kelly Barrett . As a CAC Brisbane who was employed - - is key to employment. If it is not available or cannot be maintained , I and other people with disabilities simply cannot maintain employment . Thank you Kelly. And the other stations or comments from audience members ?

>> EDWARD BUTLER: Pat, this is Ed Butler, if I could respond please. Past service for individual should remain uninterrupted , maybe they would be modified or changed or adjusted but past services should not be justified any type of employment.

>> SPEAKER: This is Matt might think Kelly's question or comment was more that without past, people cannot work . I think she is stressing the importance in the overall independent living .

>> EDWARD BUTLER: The point is well taken because individuals traditionally before employment was ever introduced in the office of long-term living as a viable option for this population , participants were focused on past services and other services because they needed that every day just to get up and function. Everything needs to work intended so point will taken .

>> Kelly provided a little additional context . During the day for example I utilize in attendance to assist me with accessing items on my desk and manipulate objects. These direct care workers are paid potentially less than what I make it my job. I cannot do my job without them . How can we create support in this way?

>> SPEAKER: This is J Harner , I am a quadriplegic with - - freedom center and I work full time. My direct care worker makes \$11.50 an hour . Their vacation time , no health benefits and I rely on them to come to my home at 5:30 a.m. so I can go to work and get full-time. I make more than them, they know that but I rely on them every day . The 8% raise while it is appreciative , with inflation right now , it is not even cover the cost of gas for my work with the come to my home and they are traveling . We continuously keep kicking the can down the road I discussed this many times. I've been doing this 1998 . We need to take care of our direct care workers and we keep talking and talking . I hear Jamie talking and talking , ever the same thing doesn't come to the six in 2008 and 2022. For somebody my situation where the previous individual , we are relying on individuals can help us . For some of us like ourselves I cannot get out of bed without an assistant. If they can come to work because they are making \$11.03 an hour to help me , I cannot support my family and I cannot be a taxpayer, I cannot contribute to this community. I can't live the life I want to live and be financially stable for living off SSI at \$830 a month. We keep talking in circles here in the 8% , thank you but it's not enough and that really wish there would be conservative effort to get to \$50 to make these people and direct care workers feel

appreciated for the job that they do because for a very long time we have taken for granted and without them we cannot live our independent lives.

>> JAMIE BUCHENAUER: Thank you for the comment and I will just chime in here because we would agree with you that 8% was what we can sustain . We know it is not enough. It wasn't the governor's proposed budget for the 2022 2023 state fiscal year, he did propose an increase for the minimum wage together to \$12 for a pack of \$15 that would impact the service we provide on our programs. The funding that the provided - - legislature as well . We also feel listen to any of meeting about she is encouraged to support the build back that legislation to give us additional federal funding to support rates and increases and supporting our direct care workers . We also call upon a legislator to use some of the ARPA funds they have to support our providers that are providing these critical services to our populations.

>> SELLERS DORSEY: With that Mike, I have one last comment and I'll send it over to OLTL. The last comment was from Aaron related to the hybrid , hybrid will be much appreciated . As a hearing-impaired person it is very difficult to hear in person .

>> SPEAKER: Exactly . Exactly. I'll to thank everyone for their precipitation , we are at the end of our meeting about time allotment. I want to say to the committee members are not forgotten the priorities that you've submitted to me , I have submitted them to Jamie and we are in the process of being tonight on that and feedback for you. For that I want in a motion for adjournment from committee members .

>> SPEAKER: This is Jake and I will motion it .

>> MICHAEL GRIER: Okay, thank you everyone.