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Date: 07/06/2022

Event: Managed Long-Term Services and Supports Meeting

Captioner Standing By

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(inaudible speaking)

(inaudible background speaking)

>> Good morning.

>> (inaudible background speaking)

(inaudible background speaking)

>> I am here.

>> (inaudible background speaking)

>> Cindy Seeley is here, if you can hear me.

>> I can, thank you very much. Neil Brady.

>> Good morning everyone. I am here.

>> Good morning. Gail Wiseman.

>> Yes, good morning.

>> Good morning Gail. (inaudible background speaking)

>> Has you Vindman. J has she's in there Lloyd Wertz.

>> Good morning.

>> Matthew Seeley .

>> Present.

>> Good morning. Mark Gothicstop.

>> Patricia Comella tt.

>> Good morning everyone.

>> Sherry Welsh. Tonya Tuggle. Are there any other committee members that would like to announce themselves?

>> (inaudible background speaking).

>> .

>> CHAIRMAN GRIER: Heshie Zinman is here. Thank you. I'm going to review our emergency evacuation procedures for those who are imprisoned in the event of emergency evacuation we proceed to the assembly area to the left of the Zion church on the corner of fourth and market. If you require assistance you must go to a safe area located outside the main doors of the sweet. Staff will be in a safe area with you and go

back to the honors suite. Everyone must exit the building please take the lines with you. Do not operate cell phones and do not try to use the elevators they will be locked down. We will use stairs 1 and stairs to back of the building just upstairs one exit honors suite for the main doors on the left side near the elevators. Turn right and down the hallway by the waterfront. Stair 1 is on the left, first air 2 exit honors suite on the side doors on the right side of the room before the backfires. Stairs 2 is directly in front of you. Exiting the back door exits turn left and left at the end. . Turn left to the corner of fourth Street, turn left a blackberry street and across fourth Street to the transition.

>>.

>> CHAIRMAN GRIER: I just want to reiterate to those hybrid online, a lot of effort is spent trying to bring us back where we use the function normally and I just want to thank all the folks from LTL trying to get this straightened out I appreciate it. Let me go to the housekeeping points, the committee rules is keep your language professional. This meeting is being conducted in person at the department of education building Honors Suite with a webinar and remote streaming. The meeting is also being recorded at scheduled until 1:00 p.m. to comply with logistical agreements we will and probably at this time. At that time. All webinar participants and presenters will 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 feature on your phone when not speaking. This will help to minimize background noise to improve sound quality of the webinar. We ask participants please submit your questions and comments into the chat box located in the go to webinar pop-up window on the right-hand side of the computer screen. To enter a question or comment type into the text box under questions and press send. Please hold questions and comments until the end of each presentation Kaiser questions might be answered during the presentation. Please keep your questions and comments concise, clear and to the point. To maximize to minimize background noise in the Honors Suite we ask committee members and presenters and audience members please turn off your microphones when you are not speaking. Audience members should wait until the end of the presentation to approach one of the microphones located at the two tables opposite the speaker. The chair or vice chair will then call on you. Captioning and audio recording, the captioner is documenting remotely so it's very important people to state their name and speak slowly and clearly otherwise the captioner cannot caption. Submitting a question or comment to the checkbox it's important for people to include their name and the checkbox. Microphones, before using the microphone in the Honors Suite please press the button on the base to turn it on you should see a red light, indicating the microphone is ready to use. State your name into the microphone state the name and the microphone for the captioner next and speak slowly and clearly. When you're done speaking press the he button the redline will turn off indicating e microphone is off. 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 forr comments and the

checkbox. If you have questions and comments that were not heard please send questions and comments to the resource account listed on your agenda. Transcripts and meeting minutes documents are posted on the list serve under ML TSS meeting minutes. These documents are normally posted within a few days of receiving the transcripts. The 2022 ML TSS sub map meeting dates are available on the Department of human services website I think all of you for making through that. Will go ahead and go right to the follow-ups from the June 1 -- we have one thing that is a follow-up from May. During the additional public comment period the subcommittee, Cindy Seeley asked how face-to-face assessments are going and whether each CHC MCL had anything on how many assessments were being done in person versus (word?) during the meeting UPMC said there face-to-face assessments are up although they noticed the latest COVID search they have a bit of a backslide right now pH W and merit health Keystone said they would follow up.

>> SPEAKER: (inaudible)

>> CHAIRMAN GRIER: If related to the CHC MCL value based purchase, incentives, the incentives if the incentives are different for home and community-based versus nursing facility settings he wanted each CHC MCL to provide a list of incentives for the two settings so we can see the differences.

>> (inaudible)

>> CHAIRMAN GRIER: Lloyd asked if pH W can provide participant satisfaction surveys from other states in which the programs they mention have been implemented.

>> (inaudible background speaking)

>> SPEAKER: (name?) Was unable to locate a formal document that could be shared, however, if there are specific programs -- she cannot reach to the state liaison for information.

>> CHAIRMAN GRIER: Lloyd asked that each MCL will discuss their plans to increase workforce measures and the value-based purchasing arrangement. During the meeting this is happening in one of pH W's programs. The EDD program. (inaudible background speaking)

Brainstorm other options that might be out there and what providers might be doing and other states.

>> SPEAKER: PHW's other encouraging workforce (word?) and EDD program.

>> CHAIRMAN GRIER: (name?) Ask if there's a target goal for this fiscal year for nursing home transitions to money persons program. He wanted to know to understand the program has been effective in meeting expectations.

>> SPEAKER: It Rachel from LPL said there was no defined goal of nursing home transition issue to providers prior to 2021. The 2021 performance goal was 300 transitions per MCL per year, 900 902 transitions -- the 2022 paper performance goal is 400 transitions per MCL per year. 1200 total transitions. So far in 2022 we only have January through April data. We have 383 transitions reported so far for that time period so they are almost on track in 2022. Transitions account toward the goal are transitions where participants and

that the following criteria at the time of the nursing facilities stay. CHC participants in the nursing facility with the goal of residing in their home, (inaudible) not short-term rehabilitation, not for respite, paid for by medical assistance. The CHC participants who discharge to enroll in hospice should not be included in the and HT population.

>> CHAIRMAN GRIER: Related to money policy person home transitions, Paula Hunter asked if in the chat if there was a transition checklist that's given to the consumers that includes questions.

>> SPEAKER: Rachel from LPL says there is no statewide standardized transition checklist, there may be a checklist agency involved in the process used during the nursing home transition. Paula has further questions about further transition (inaudible) can address them.

>> CHAIRMAN GRIER: During the additional public comment period Danielle (name?) asked if the caregiver fails to utilize electronic visit verification how will Tempest verify the hours?

>> There's a few options in this scenario. The system allows workers to make manual entry if they are not able to have a shift at the time services are rendered. Of this is typical of most EDD systems. For workers unable to use the EBV p or the web-based d portal there's a TBB IBR telephonic verification active voice response system that allows the worker to record the start and end of each shift. ft. If a worker is temporarily unable to log into the new system during a ransition we are allowing a paper timesheet submitted to Tempus to be recorded.

>> CHAIRMAN GRIER: Thank you Paula. Lloyd requested a follow-up from the May meeting how would any skilled nursing facility that was not able to attend the (inaudible) (inaudible background speaking)

>> (microphone feedback noise) (inaudible background speaking)

>> That response was unintelligible.

>> And was present at the same and the speakers different for some of the webinars. We will include these links into the document box. The video May 3 shows the slide with the date of April 26 the same slide that was used with the reporting as of the May 3 webinar.

>> Thank you very much. That's the follow-ups from June and May meetings. With that we are little bit behind schedule I will turn it over to Jamie for the oh LTL updates.

>> SPEAKER: I'm hoping everybody can hear me okay. Nice to see some people in person here today in the room and thank u for those who couldn't join us in person thank you for being online. I'm hoping you can hear and see the presentation. For the office of long-term living update today, it's going to be rather quick. I know most of us wanted to get into the meat of the agenda which is the financial management services transition. We want to present information to the committee today on that transition as well as answer the questions that the committee members and the public about that transition. Getting into the agenda, if you go to the next slide. I had planned to get a bunch of updates, that will be quick. Just a quick overview on the community health choices 2022 agreement and then finally some updates on our American rescue plan act spending plan. The update on

the fiscal year 2022/23 budget is that it has not passed yet if anyone is all the way in our state budget the deadline is July 1 of 2022 to have a state budget in place. That was Friday and there is no budget yet. I do know that the House and Senate are in session today and I anticipate and hear that they are going to start working fast and furious and the goal is to finish the budget by the end of this week. We will see if that happens. The American rescue plan act money that was allocated to the state and the general assembly is determined how that suspect. That is I want to say on the table and being negotiated. How it's going to be divvied up among all the toilet I can't say yet, I think that's ever-changing as the general assembly and administration negotiate. I'm hoping they remember the long-term living programs when they are doing their negotiations. More to come obviously, hopefully we will have a state budget update soon but nothing to say yet as it's being negotiated. If you move on to the next slide. I think we provided the update last month. I can't remember that CMS has approved the community health choices 2022 agreement. I we just wanted to highlight some changes in the agreement for the committee members. You should be familiar with these. We talked about them at past meetings and it will be an agenda item at a future meeting. The first obviously was that we added a requirement that our community health choice MCL's pay no less than the fee-for-service level for personal assistance services. This change took effect on January 1 of 2022. The funding for this I want to say increase in personal assistance services was through the American rescue plan act obviously we had to make the change in the agreement and it was approved by CMS. It was in place on January 1, this should be obviously familiar to the committee members and our personal assistance service providers. The next one we spent a lot of time at the last meeting, we have each of the CHCMCL's present on their value-based purchasing, what they intended to do for the 2022 calendar year. We did in the agreement we required value-based purchasing requirements, 15% medical portion of the cap must capitation be expended by the V BEP and 7.5% of the LT SS payments. Additionally on approving the payment arrangements and then monitor them going forward. The next change obviously is something we will spend most of the meeting today on the transition of oversight from the financial management services from the state holding the contract for the financial management center to making financial management services under Community Health Choices and administrative function of our Community Health Choices MCL is. -- MCO's. I think we talked about this early on. We did add a nursing facility quality incentive program. I know we had a lot of questions when we presented. We are providing incentive payments, the CHC-MCO are providing incentive payments on -- we have a learning network in place that's providing training, technical assistance and guidance to nursing facilities to help them move the needle on those indicators and then payout in 2023 based on how the 2022 performance as. These are all changes in the 2022 agreement for community health choices. We got questions on this early on and we added a community Health Choices you can see the measures on the screen. I'm not going to say a whole lot about that because we are going to have a presentation at the August ML TSS August meeting. We will present

on these measures and the benchmarks for 2022 to understand more about the payout that will happen in 2023. This was funded through the American rescue plan act fund through the community-based services that we received. The additional funds were built in to provide the pay-for-performance program for our community health choices MCL is.

>> (inaudible background speaking).

>> The nursing facility quality incentive program?

>> (inaudible background speaking).

>> I think we presented on this program in a prior ML TSS meeting. I know we presented at the long-term services and support subcommittee and if you're interested in the metrics we can get them to you. They are public presented publicly a couple of times but happy to get you to slide that so you can see the metrics on the nursing facility quality incentive program. Sorry I have to keep looking behind me to see where we are in terms of slides. Moving along to the American rescue plan spending plan updates obviously on the first slide we talked already about the enhanced payment rates for personal services as of January 1. That was the major portion of our funding for our American rescue plan act home and community-based dollars where we got 10% enhanced map on all the community-based services so our Department of human services some editors plan to CMS which was approved. We have begun to spend the dollars. Obviously the range the money is going out as we speak. As is the next one which is the strengthening the workforce and adult day service payments. We provided information to providers in February and March of 2022. We asked them to submit an STI -- an attestation to provide how much money they were eligible for booster they had to submit an attestation to say they would use the funds to strengthen their workforce and we sent them the money. The payments continue to go out. I think we made the last payment made June 2022. I'm not sure if we got anymore attestations between mid June and early July but just so you know we are going to work on generating letters to providers who have not yet claimed there strengthen the workforce payment. The letter will say you have 30 days to claimant payment if you don't claim your payment by submitting an attestation we are going to reallocate that money. It's better obviously if we reallocate and push it out to providers who didn't actually receive strengthening the workforce payment then obviously sitting in the Department of human services. We will give another 30 days and claim the payments if they don't we will reallocate them. I've been asked a lot of questions about how we intend to reallocate. It would be for actual providers who fall into the bucket that we outline meeting residential habilitation personal assistant service integration and adult day service providers. But we have providers, I will give you an example, a provider might not have revalidated and had a close service location so when they were eligible for payments the service location was not eligible because it showed it was closed and promise. They continue to get claimant'sts to the managed care, so they didn't take action, they were eligible for these payments it look just like the service was close. The provider will be eligible for payments for that service location, that was originally closed. We also have

providers that are not billing correctly. They might've had adult day service claims and getting a nursing facility service location so every pooled claims of adult day service providers they were showing no claims. So they were eligible for payment. We had to go by what the records showed and promised so we know there were some billing issues that prevented providers from getting payments. Finally, we've done a lot of promotion events in the home and community based improvement program. We did send a list serve motion posted information on the website in May that holding community-based providers in the office of long-term living are eligible for home and community based improvement grants, the grants are up to \$40,000 per provider. We started taking applications from providers on July 1 of 2022 and we will continue to take applications until we have expended all of the 38 million that we have allocated for this program. I think I did the math and that's upwards of about 900+ grants we can make to providers. Please if you are a home and committed to base provider and a program that will fall into one of the buckets please submit your application as soon as you can see can take advantage of those improvement program dollars. With that, that's all we have to provide an update on today, other than our financial management services transition but will spend the bulk of the meeting on. I'm happy to take any questions that attendees committee members have for the office of long-term living.

>> Any questions from committee members?

>> COMMITTEE MEMBER: Is a possible to get her notes for what she said earlier for the numbers for nursing home – – some of it went through cart and some didn't. The other question, do we have numbers to compare to? The people taken out of the nursing homes, how many are going and have gone in in the same year and we have those to compare to. How we are doing for the year keeping people from going out and diverting them as well as getting them out? Or have gone in and we need to go back to help them. And getting the numbers, that would be great. I have another? Two. – – I have another question too. We got together with the secretary and we were talking about the agreement with (word?), the stuff that we wanted to see if it was possible to go in but that agreement had already been set. Is there a way possible, it doesn't have to be it would be great but if it was adapt but it could be this group or some of the members in the group to be able to talk ahead of time about the agreements head what would be good to have the good agreements – – it feels like sometimes it's after the fact we don't have the ability to say wait, this might enhance it because it's already down the road. Even if a sub sub sub could help with that kind of thing that would be great. I can't remember my last question so I will leave it alone.

>> SPEAKER: I will start with the last question first and work my way up. We get asked a lot of times how individuals, groups, providers, can provide input into the community health choices agreement before we submit it to the CMS. I think we are continuing – – we continuously take comments from groups, providers, about what they would like to see in the Community Health Choice agreement did we already got comments for the 2023 or are the providers working on it? I know they already asked the Pennsylvania health law project

they routinely give us input into the agreement prior to us solidifying it and sending it to CMS.

>> Good morning everyone. You are correct, Jamie. We usually try to wrap up comments and additions to the agreement by March of the previous year that the effective date will be. Because of the work that our actuaries need to do to set rates. The time period for commenters over at this point for 2023. We do take comments from several – – moving forward we will make sure that the stakeholders are aware of the timing and when we will be taking comments.

>> (inaudible background speaking)

>> The other opportunity I want to put on your radar since you brought it up is we talked a lot about the pre-procurement timeline for community health choices so that is something we are actively working on right now in the office of long-term living. We been asked basically when we would put the procurement up for public comment and the public comment would probably be at this point September October or fall of 2022 stage. I would say we are hoping to hit that time period. We have an issue that it's still the work that we are doing but keep that in mind as well. On your second question I think you're looking for numbers on individuals going into nursing facilities to compare them to the nursing home transition numbers. I don't know that we have any good diversion but I do know that obviously monthly the office of long-term living posts the data – marketing to the fluctuating numbers between individuals going into the nursing facilities and individuals enrolling in home and community-based services. I don't know if we have any actual numbers of purchase entering a nursing facility that we received community-based services. I think that's what you are looking for. Or duly enrolling we can take it to see if we have the data and if we collect it. I know we collected at a total level and publish it monthly. But I don't know if we have the statistics.

>> Last month I believe that question was asked. (inaudible background speaking) The reasons why people were going into nursing homes? Can we do that? That would be really interesting to know why people are leaving home if they are in home community-based services. Two don't know those numbers would be really helpful.

>> We don't collect that information now we probably have to develop a report for our Community Health Choices MCO's, something they have to report to the office of long-term living that would take us some time.

>> One of the questions I've been asking is because of the direct care worker crisis how many people are winding up in the nursing home who how are we tracking these people how are we working – – how do we help our people (inaudible) that's what I asked last month. They were not really tracking going in.

>> We can check into it, it's just not something we have or collect right now. Pam, I'm happy to give you if you're looking for the information that Paula read you can have my copy. I will bring that over.

>>.

>>.

>> This is Jeff Eiseman, to follow up on what Pam said about attendance is there any tracking about attendance in terms of just not just CHC but in terms of retention, recruitment these are all LTL track data and reasons people choose to do it or anything like that for workforce issues?

>> Not that I am aware of I'm looking at the LTL staff in the room.

>> I appreciate the update on the budget, I have a follow-up on that. Since 2009 the federal court case we have the current budget delay. To require programs to be funded on consumer assuming they would be -- even though this is CHC able asked the question what about act 150 what should we be telling consumers and other providers of services since we don't have a state budget message on that exactly what will be impacted by this.

>> I can't say definitively, what I'm being told is that we should have a budget in the next week or two so it would be 150 if we have a budget in the next week or two would not be impacted. Longer-term I think we are okay for the near future if it drags out 100 days we have to have that conversation again.

>> Short-term you mean like months maybe or a week? Short-term generally speaking?

>> I think 150 is okay for the short term like a month or two but we should have a budget within the next week or two. It should not be an issue.

>> Any other committee member questions? Paula, do we have anything in the chat?

>> Why do our provider is not eligible for the grant?

>> I think they're talking about the home and community-based services improvement grant. grant. I want to go back in terms of why they are not eligible. I do not believe -- they are already providing.

>> Is there a possibility of reallocations on the claimed/unclaimed payments supplies providers instead. These providers have not received any of the funding yet I.

>> The reallocation would have applied to providers. Like I said the providers that previously received strengthening the workforce payment. It would be personal assistant services, community integration, adult day services and residential habilitation. We will reallocate those funds that were not claimed to those specific providers that didn't receive a payment for some reason.

>> I do not have anything else.

>> Last call for committee members. Any questions for Jamie? Audience, thank you Jamie. We are going to have to stop the share screen for a minute because we've got a new updated slide deck that we will be installing in just a couple seconds. Hang in there with us as we do that for the presentation from Tempus Larry Spence and Garrett Beauregard. (inaudible background speaking)

>> I don't know if anybody wants to sit around the table. It doesn't look like more members are coming. Join us at the microphone. Feel free. At least you can put your computer on the table.

>> It looks like we have a new slide deck loaded and ready to roll. We will turn it over to

Larry and Garrett and you guys can take off with the presentation.

>> Hi, this is Garrett Beauregard with UPMC. Can you hear me okay?

>> Yes we can.

>> Thank you very much, apologies I'm not able to be present I live six or seven hours from Harrisburg and my wife would kill me if I was not up at 6:00 a.m. to leave for vacation. Apologies for that I know Larry is with us today by phone as well, from the Boston area and running table today. Not good to take his leash off at this critical juncture. What we have up on the screen hopefully everybody can see is the review of the FMS transition. I will kick this off and then Larry and I will hand it back and forth. This is just a bit of an agenda for what I'm going to discuss what we will discuss we will start with some of the transition information and moving into some details. Next slide please.

>> Garrett -- can we do a quick introduction of the folks for the MCO's here in the room before we start with the presentation .

>> GARRETT: Sure. Who would like to kick it off? Maybe Angela.

>> I think David would like to kick it off.

>> Hello, I'm David Garrett, director for clinical operations for the Eastern region.

>> (inaudible).

>> Good morning, (inaudible) also Jennifer Burnett. She will be right back. (inaudible background speaking).

>> Are there any MCO's on the phone that would like to announce themselves?

>> (inaudible) .

>> Okay Garrett, it's all you.

>> GARRETT: Thank you. I will reintroduce myself and Garrett Beauregard I'm in AVP with UPMC have had response ability for this transition on behalf of UPMC and I think Larry will introduce himself when I do the hand off to him. Let's go ahead to the next slide. You can pass the next title slide. We just thought we would kind of start and talk about what's gone into the transition. This has been basically an 18 month activity that has consumed my life along with many of my compatriots at the MCO's and certainly HHA and Tempus. In January 2021 we started the process with all to Mark OLTL then contracting took place throughout April to June timeframe and that's really in June we started the implementation. We have run a series of weekly meetings between all three MCO's, HHA and Tempus. As a reminder when OLTL agreed to turn over the responsibility for the FMS function one of the requirements was all MCO select the same vendor so there would be one vendor in the state of Pennsylvania. That's why we been working very collaboratively together on this transition. So we had the weekly all MCO meetings each MCO had a weekly standalone meetings to work through those things that are unique to any individual MCO. We spotted what earlier this year so the workgroups kicked off and held weekly meetings as well. Every other week with OLTL staff particularly Mike Hale and Kim large. Certainly a large group, along with all three MCO's HHA and Tempus being involved. A large part of what happened last year was around establishing and developing FMS policies. Most of that was anchored

on the existing FMS contract that was in place. Putting our own touches on that and making sure that Tempus and HHA had a strong firm understanding of what had to be done in the Commonwealth under the CHC program. Certainly the HHA team spent about a portion of last year working on system configuration developments to meet those requirements still ongoing but largely completed through March of this year. All three MCO's went through PTL training particularly with the service coordinators primarily around the systems but also any of the unique aspects like the changes that we made to the authorization process through the transition then each MCO had to create and submit thousands of authorizations for Tempus. The authorizations we can't just carry them over to PPL because it has all of PPL's registration information. That took place in February making sure that all the authorizations were in place and then as we went to the delays and took a pause on April 1 date moved it to July 1 we all had to move the authorizations again to re-spam them so they would be effective for the June 1 for the July 1 transition certainly effective in June as we started their. Those of you who attended the stakeholder meetings will have seen something like this. Just kind of a litany of activities that have happened. There were two delays on the go live date he originally was January 1 and then moved back to April 1 and then finally July 1 which has already taken place as of last Friday. We have 13 stakeholder meetings and I suspect we will have at least one more if not two more before this is completely closed out we've had 13 letters mailed and I believe another one getting ready to go out to the population. We had over 105 broadcast messages that have gone out and these are system Tempus uses called rave -- these are sent out by email, text, Robo call, those of it happening since February. OLTL has used the ListServ system. Those were largely May and June of this year. We hosted 23 in-person events, I have these listed backwards but there were seven back in December that he had 11 sessions that happened in most of the way as if great early June. Just two weeks ago now we have five where he ran through the state to do EBV in person EVV. Callers can call in using the phone or log using a smart phone or laptop tablet device. Tempus has certainly been doing outbound calling, they were active in calling folks for packets particularly around getting packets completed when there was missing information. They provided outbound calls and have been actively returning calls left by voicemail. They enjoyed a great collaboration, in fact, Union hosted the Q&A sessions are open to any worker or any CLE, there were 15 sessions that started February 25 and ran through 10 June. All three MCL supported each event to do Q&A and help folks get up and running on the EBV system. The MCO's have been very active with the service coordinators doing outbound calling and in-person home visits around EBV and packet support. The packet support started in February, March, and we transitioned over to a very strong focus on the EVV now and all three MCO continued outbound calling trying to reach a group of care workers in the CLE. In terms of some stats for the status as of right now we received over 18,200 transition packets that represent about 86% of common law employers and about 85% of the direct care workers who been actively submitting time in the PPL system. There's a

large number of direct care workers that are active in PPL's data but haven't enter time for over nine months so we've taken those out of account. They are still in the dataset, if they are going to come back to work they are available but in terms of focusing on the most important portion of the population 85% of those frequently active direct care workers have submitted packets. I just want to skip to the third, packets are not really our concern right now, it's important there's an IRS form that Tempus needs to have on file for every CLE that allows Tempus to be the intermediary. We needed update with exemptions and make sure we have all the recent information but they are a secondary notion at this point. We are very focused on making sure everyone has the ability to record shifts right now so we can continue to make payments and payroll to the workers. And we will certainly follow-up probably for the rest of the year on packets to make sure we get those important forms filled out and that we got all the latest correct information for everybody, both employers and workers. Next slide please. This is a table B MCO C every morning right now where we track the number of shifts that have been entered, the number of workers that we think are active in the system and then the members of direct care workers entering time you will see in the green boxes those are aggregated stats we have this is data as of the as of Sunday we have over 220,000 shifts that have been entered in the system representing about 84% of recently active direct care workers. I do want to note that we will talk about timesheets in a little bit but the 84% member is a bit overstated because this does include the shifts that were submitted on paper timesheet so the number of direct care workers who are actually active in submitting shifts by EVV the last one is about 81%. The bottom two rows have the unique CLE you can see the number is growing higher at 87%. I will come back to this table and just a bit but I want to shift over to Larry and have Larry talk a bit about payroll activities. Next slide and, Larry can you jump in and introduce yourself.

>> LARRY: Thank you Garrett, my name is Larry Spence I'm the CEO at Tempus unlimited. Like Garrett I apologize I could contend in person but in the future hopefully I will have an opportunity to do that.

We have started processing payroll as most of you know the kickoff was July 1, which meant our first check date was July 1. We've already processed the schedule 8 folks, the folks at ECW's who were with PPL, we maintained their schedule so they would not see any difference or gap's him payroll so schedule a was June 5 to June 18 and we process those timesheets for July 1 check date and schedule B was the payroll period June 12 to June 25 also paid on July 1. The ason both schedules were e paid on the same date of July 1 was that under PPL that ECW's were paid 13 days after the close of the payroll period so that schedule A June 18 ending date but 13 days will take them normally under PPL to July 1. We would've process those payrolls on June 24 because we are moving up the payroll to six days after the close of the payroll period instead of 13 but we could not process it second portal we had to wait until July 1. We ended up processing both schedules July 1 check date. All the ships that were ending via the Evvie app or the portal or the telephone system are being paid regardless of whether the CLE talk to them or not. This is a policy exception

that the MCO's dictated for the start to ensure that all ECW get paid as soon as they possibly can. We will emphasize with the sea always in the future as we want them to lock the ship since they are the employer. But felt it was important to do this for the first few payrolls to show that the D – – payroll issued in the first payroll for July 1 we run payroll every day of the week every week day so there are many opportunities if the timesheet information comes in late for some pickup with the timesheet we have many opportunities during the week to get folks paid. Would typically process payroll on a Tuesday, again Wednesday and again Thursday all for Friday payrolls. Then depending upon the number of timesheets or shift information that we receive on Thursday that could have been paid on Friday we can actually do same day ACH payroll and on a Friday which we did last week on July 1 we actually ran a payroll early in the morning and I think we had something like 600 ECW's who got paid that day if they were on direct deposit they got the payroll that day in the same day ACH if they were checks we overnighted the checks so they would hopefully receive them on Saturday for the long weekend. After that for the timesheets or shift information that we received after July 1 will be included in this week's payroll to be paid Friday, July 8. We processed one week after the close of the payroll period six days after the close of the payroll period. Schedule A is being paid again this week with July 8 payroll and then under PPL they would've waited until the 15th for the next payroll but we will be moving back to this week then schedule B will be paid next week on the 15th after being paid on July 1. Every two weeks after the start date.

>> I just want to point out that I'm guilty of recycling a slide. When it referenced today that should reference July 1. Mike and Paula I will send you an update as we go along. Apologies for that.

>> The Evvie app, I'm curious why the need for the second app. I've used CLE before and I've used both, does that mean I potentially have to use two apps?

>> There's only one app the Evvie app is the app that DCW can use to clock in and clock out. There's a portal that DCW would use in the event they missed a punch or mistake shift and needed to add it manually or if they needed to adjust the shift. Let's say at ECW let's say I DCW arrived at the home and finds the participant is in dire need of service right now. They're knocking to take out their phone and clock and they're going to start providing the service that's necessary and then they have to use the portal later to go in and either add that punch or adjust the punch if they punched in late. It is just one app but the portal is available for those who need to make adjustments to in and out punches.

>> You answer the question I didn't really ask. But I was curious about that. So the PLE doesn't have to – –.

>> Correct, the CLE doesn't have an app, they use the portal or the telephone system to improve the shifts.

>> I think you're not taking into consideration that the direct care worker will then have two apps a lot of them use – S.

>> Why do they have two apps? Why would they have two apps?

>> If you could go back one slide.

>> This is Angela, I can clarify as Larry and Garrett both mentioned, there is on portal to participant CLE has the portal, ECW has their own portal they each have access to their own portal website but that ECW Hall – Esther DCW has their . It's very user-friendly and what they use to clock in and clock out seamlessly each day. If, however, they forgot to punch and they forgot to punch out they need to do manual edit. They can do that in the Evvie portal.

>> I get that but direct care workers don't work with Tempus. (inaudible)

>> I'm not aware of another app they are using. (inaudible) I'm not aware of an app the agency model is using. (inaudible background speaking) It's kind of the same in the sunset at the portal interface.

>> Looking currently for a person in the (word?). So with the CPS waiver within the CHC waiver they will have to use the PPL systems as well as the CHC system. They would have to use two different systems.

>> I thought they were signing in with HHA as well.

>> No .

>> Every agency if they are working for a personal care agency every agency is using a different form, there are a lot of EVV out there there's they have to punch in and punch out with the EVV the agency chose to work with. There's probably hundreds of EVV the agencies choose to work with.

>> Let me just remind folks, if you could, state your name as we are doing the presentation because the captioner is trying to figure out who is talking. Thank you guys.

>> I'm sorry have to leave the meeting momentarily. One quick question oppose. Can you tell me the percentage increase in the Tempus overall budget when the CHC program in Pennsylvania decided to contract with its financial – –.

>> The overall budget at Tempus would've increased by about 40%.

>> Thank you very much, I appreciate it.

>> Just to give you a little bit more information we have a total of 48,000 participants in our program in Massachusetts. Adding the 11,000 or so from Pennsylvania would be – – a huge transition to anyone but we are used to this type of volume.

>> LARRY: 88% we actually found – – previous slide please. Thank you. We found that actually about 91% of the actual payments we've issued so far were through direct deposit and we will emphasize with the other 9% try to get direct deposit as it's a much more efficient way for them to get paid and for us to pay them. We did use the data provided by PPL and used their direct deposit information that was provided to us to make the first payments. We did, prior to processing the first payment payroll we did run a pre-note on all the direct deposit accounts that we received from PPL to make sure those accounts still existed and we could get payment to these folks, and that worked out very well. (dog barking) were making same-day ACH deposits for shifts that were late we did that July 1. The slides need to be updated. We will do that again on July 8 for any folks who last minute

Thursday afternoon or Thursday evening got their time in for last payroll period or prior so that we can get those folks paid on Friday also. We do use pre-sorted first class mail for our mailings and we are approved seamless acceptance provided with the United States Postal Service. What that means is that when we put together our mailings and bring them to the description center no one at the post office needs to look at our mailings, they automatically go on to a truck because we demonstrated an ability to provide almost perfect mailings for the post office. We demonstrated that over the years and have obtained the seamless acceptance which gets our mail into the process much more quickly pre-story first class mail via regulation needs to be leaving the description center and on its way to its destination by midnight of the night of the day we deliver it. We get pretty quick delivery. We will be doing most of the payroll processing Tuesday's and get the checks and direct deposit stubs on the payroll registers for the participant CLE in the mail on Tuesday and last week we delivered the checks we put them in the mail on Wednesday. We also have a great debit card option available for people who want direct deposit or I may be on bank. Is a large population of DCW's who are on bank either if they don't or can't get a bank account. The debit card that we have available there are no fees associated with the card except in unusual circumstances. And no one can be declined a card. Even on bank population can receive the debit card. Next slide please. Here are some of the payroll stats from the first week of processing last week. There were 8430 CLE's processing and we paid 10,308 direct care workers. Almost 91% my direct deposit. For those who were on checks we did overnight the first batch last week on Thursday and Friday to make sure those folks got their pay before the long weekend.

>> I just want to point out that.

>> GARRETT: I was hoping we would have staff from this week's -- stats from this week's payroll but I know it still processing that's why we have the blank column.

>> LARRY: Yes, we are still in the middle of processing last week's payroll, should be wrapping it up soon but we don't have the numbers yet. All the pay stubs last week were from DC W is both checks and direct deposit ubs we do have a payroll portal that would allow DCW's and participant CLE used to log into the portal and see their payroll stubs rather than -- at some point it will allow folk stopped out from receiving the stubs in the mail. We will roll out the portal -- next Monday. But right now -- and we will continue to mail all the stubs to all DC W's with every payroll that we run. This will also allow DC DCW to pick up their W-2 at the end of the year from the portal. ext slide please.

>> GARRETT: I will take the next slide if you want to finish up on the pay stubs.

>> LARRY: The other quick point is on the paystub portal available next ek DCW's and the CLE's participants will be able to see the payroll stub within an hour of us processing payroll. Typically on (word?) around noon or 1:00 p.m. the DCW's and CLE's will be able to see the payroll coming up for that Friday. There you go Garrett.

>> GARRETT: Thanks Larry. I wanted to swing back and talk a little bit about I had a chart earlier that talked about the number of direct care workers who had submitted shifts we

have somewhere between 2000 2300 direct care workers that still have not submitted any shifts. That means they haven't submitted by the app by the portal by the IVR phone system and have it submitted anything by timesheet. The question we ask ourselves every day is where are they so the questions are where they schedule to work in June I had a service correlator who popped into the chat at UPMC today who called the produce of them who had many shifts entered and found the direct care worker is out of town and has been all month. And she's using her backup support to help her with the services while she waits for the direct care worker to come back. Is the participant hospital or other facility we certainly expect service correlator is to know but the participant or family doesn't always reach out to let us know. Has the person moved to agency model we certainly have a few cases of those. Certainly is the participant still eligible for the program whether the nursing facility currently eligible status or just not eligible for CHC at all. No matter what, as I mentioned earlier, each of the MCO's is working through a list of workers and employers who have not set a checks and the calls are going out every day from the service coordinator to participants to find out do they need assistance have they been working are they no longer eligible? What's happening. We are trying to close the gap to make sure everyone who is working and needs to enter the time has the opportunity to do that. Next slide please. To that end, what we've done is we made a paper timesheet available essay paper is digital it's on the web. We announce that on 21 June primarily to the payroll schedule a folks who had not yet submitted their shift then we did additional messaging on the 24th and the 27th and the 28th (word?) sent out a message by their ListServ this is only intended to be used for direct care workers were not able to submit their shifts one of the EVV technologies app, portal or IVR. This is only for shifts not recorded by the system. We are asking the community to please not submit entries, if you submitted your time by the IVR or the app please do not submit duplicate entries. That will only create more time to get the data ironed out and get folks pay. We have received well over 1000 I think over 1200 timesheets at this point that may not be unique individuals that have 1200 paper timesheets received by email or fax or snail mail. You're seeing some are incomplete. Missing IDs or signatures or ineligible -- not legible. So Tempus are identifying those and making calls to those employers to find out the information missing so that can get those translated and then we have those available on the website in a hidden page on Tempus's website the service correlator's are certainly reaching out to anyone who has not entered shifts to make sure they have the link to the timesheet or helping folks who don't have a printer or a means to get to download and print out the paper. Made this available and I apologize today's number was over 1200. As Larry mentioned -- (inaudible).

>> The last slide, for people not to -- (inaudible)

are they getting verification it was received? When it's incomplete they are getting the information back I know in the past with a different letter that was an issue people didn't know there was something wrong and the time will go by and they had to contact them directly and find all. Are you guys helping the process by contacting the person or in the

system we automatically receive it everything is okay. ?

>> Addressing the first I think I heard the question about the response I don't believe there's response when you send by email or fax Larry can go into details. They use a cloud-based fax machine which is very high Burrell ability. The Commonwealth of Massachusetts doesn't use EVV yet, they have a very reliable system for that but there's no feedback if a timesheet has incomplete information it gets worked by the Tempus team there are calls going out to make sure if the time entry can't be read as that 7:00 a.m. or 9:00 a.m. that type of information or are missing IDs or signatures of we can identify the person who submitted they will get a call so that information can be perfected. It might not happen tomorrow it might happen the next day but they will swing back and complete the information. Larry, did you want to add anything?

>> LARRY: I think you handled it well. I think we do have a good fax system and HIPAA compliant frack system and unlimited es so no one should ever receive a busy signal when the facts comes n we are encouraging folks in the next couple weeks to transition from paper to even the Evvie system or the IVR telephone system. We haven't put a lot of programming to the notification system for FAX or email timesheets.

>> GARRETT: Next slide please.

>> About the timesheet at the link you have, is there a way to make that interactive?

>> What you mean by interactive?

>> Literally this paper because you have to print it.

>> Correct.

>> Is there a way to make it a PDF so you can make the fields required you wouldn't have the issue of the 2300.

>> It is a fillable PDF document. If you have the ability to download it you can fill it out on your PC and turn around and email it back but if you don't have a PC that allows you to run an Adobe type program you can print it, fill it manually and scan it and email it or fax it in.

>> And pretty technologically savvy but I have to tell you, none of my direct care workers are. A lot of them don't have PCs. They have their phone. Can it be done on the phone?

>> With enough time, sure. Ultimately we have to live by the EVV regulations and timesheets are not allowed by EVV relations ultimately, I have a slide coming up that will talk about that, ultimately timesheets will be a limited exception. Putting the effort into building a sophisticated timesheet entry system is not currently on the to do list.

>> Think you.

>> Sure.

>> GARRETT: I wanted to talk a little bit about the questions I have come in already around wages and the transition from PPL to Tempus in terms of shifts entered. Around wages, the wages that were paid or were used to make payments were based on the data that EPL provided. That's the only source of truth that Tempus has. There were errors found on Monday the 27th about 500 of them, the Tempus team were able to get in contact with PPL and PPL was able to quickly turn around another full file and correct the wages so they can

be used. So far today we have not seen any confirmed instances where a direct care worker was paid at the incorrect wage. However, there's a rumor going around about this transition that some people believe there was an intent to bump up their wage to the highest rate allowed in the Commonwealth in the region they live, that is false. It's never intended, the intent was always to transition us with the exact same pay rate, unless the common-law employer wanted to change it. That's always an option if they if the employer wants to make a change they can have the discussion with Tempus and work through that but the intent was to transition through with the exact same wage. I personally have been in touch with the folks at the union to discuss this with them and make sure they understand that so they can communicate to their membership. I'm speaking for UPMC I know we notified all of our service correlator is that rumor is false and there isn't an expectation that folks are going to be bumped up to the maximum wage. However, if people think they were paid at the wrong rate they should either call Tempus to work through that and Tempus will certainly make any corrections and make folks whole with back pay or the folks can call the service correlator and the service chlorinator can send messages or escalation due to Tempest to get the process started. We are all aware certainly the MCO and the teams are aware that through this transition there are some folks who enter the time into the wrong system. Most common folks on payroll schedule B supposed to start entering the time in the new test Tempest systems as of June 12 but had actually entered the time into the Tempus system prior to that. The good news is that all three MCO's agreed hat Tempus should pay out the shifts that were incorrectly entered into Tempus ystem to make sure they got paid for those hours worked and we will certainly go back and verify what the duplicate entries into the PPL system but we also know there were entries made into PPL system that weren't approved on time or for various reasons weren't paid out by PPL so the MCO's worked out a process with Tempus to identify these and provide instructions to Tempus to make the payments and that will be happening over the next several weeks as we get the data from PPL identify what was not paid out by Tempus and then determine the gap get those approved get the authorizations in and provide instructions in Tempus to make payments. Any questions before I move on?

>> SPEAKER: Good morning, this is David Johnson, for workers what is the timeline for receiving backpay?

>> GARRETT: Larry Mackey.

>> LARRY: We run every day every single day. As problems are uncovered and corrected they would go into the next payroll run for the next day and typically we would be paying say we found something yesterday if we ran payroll today it would be for tomorrow's payday for older issues for someone who should have been paid last week otherwise it would be for Friday this week the pain.

>> Thank you. I just wanted to make sure I understood your last point for direct care worker otherwise do not make a for a number of – – otherwise do not make affirmative outreach. To use the next two few weeks .

>> On that particular point we have to get notified by the direct care worker because the only source of truth that we have for the wages is PPL's data. If there's an incorrect value we have nothing to check it against. The only way we will be aware there is a problem is if the direct care worker or the CLE calls either the service chlorinator or Tempus to notify us. Once we are notified then we can certainly work it out. The direct care worker can provide a paystub to validate the pay rate, the MCO can reach into the PPL portal to validate what that was. That particular use case I personally have not seen a valid instance where a direct care worker was paid at an incorrect rate versus what we see in the PPL portal. We thought we had the problem we know we have the problem on the 27th and we corrected about 500 records since then I have not seen one yet where someone was paid at an incorrect rate and it's been validated in the PPL system. Doesn't mean it's not there. If it's there we will definitely get that fixed but we have really been scouring those trying to figure out if we have the problem we've already been talking to the PPL about queuing up another dataset but have not been able to provide them with specific instances to validate that there is a problem.

>> I appreciate that there will be fewer effort. Is there any communications being shared by Tempus or MCO's communicating that there's a possibility for this issue to reconcile pay stubs all pay stubs with the new? Any workers can be aware of what they are paid whether there is a discrepancy but I'm just wondering if there's folks may be an error and pay close attention to it. Whether there is providers to check and that can be resolved.

>> So far I haven't seen any indication that anyone needs prompting. Folks have been very very vocal if they think they been underpaid in some way. Certainly I can speak for the service correlator's are aware for get a call from a direct care worker or CLE they should escalate to us we have a process and I'm certain the other MCO's have the same thing in place. There's a lot of messaging going out right now and we are trying to be very careful about how much messaging goes out so we don't just further confuse people. Anything related to pay and I don't see anybody being shy about it.

>> Sure, I'm sensitive to the over communication piece. With representatives of (word?) confirm similar guidance they received questions or concerns about pay being escalated? Or what is the communication?

>> Absolutely we have a lot of (word?) twice a day, the service correlator's come to the office hours supported by staff and we are escalating issues as they come in.

>> Thank you.

>> I'm sorry, that was Angela from pH West .

>> Is anybody from Keystone able to respond?

>> We might have problems getting them on muted. I don't know if Jen Rogers is available and she could be on muted.

>> CHAIRMAN GRIER: I think we are working on it. Jen Rogers, if you can hear us, if you could unmute yourself. (silence).

>> LARRY: While we wait for that, HHA and Tempus we developed a pretty good very good

escalation process where we have a single point person at HHA receiving all escalations from the three MCO's and make sure that those get processed through to the appropriate parties to resolve all issues that we find. I know America health and Keystone folks are involved in the escalation process.

>> CHAIRMAN GRIER: Thank you.

>> SPEAKER: (inaudible)

We have a contact person who will escalate in the emails. (inaudible)

>> CHAIRMAN GRIER: Thank you Jess.

>> GARRETT: Next slide please. I alluded earlier to the exception around timesheets. There are two important policy exceptions we have in place or that we put in place so we could ensure the highest number of direct care workers get paid through this transition. The first is the paper timesheets. Those are not allowed under EVV rules. There have been exceptions for those in the past and there will continue to be exceptions for those in the future but it will be limited exceptions. Would certainly expect all direct care workers and employers to get up and running on the EVV system. So they can submit shifts appropriately and we can have the data to provide to OLTL -- the second is an auto lock feature. Terminology with the new system when a direct care worker submits their shift they need to put that into a mode or status called approved so it's approved by the direct care worker when the shifts are submitted by the app or the phone system those are automatically set to approved status. If a direct care worker makes an entry by the portal, manual entry, they will then deliberately have to set that status to "approved". If they adjust a shift that was previously approved they will then have to approve it again. This is similar to what they had to do with the PPL to set it to submit it. Once that's done the employer then reviews and locks the shift. Instead of using the term approved under the PPL system for CLE now locks the shifts. What we did knowing that folks are still gaining the skills and particularly the employers are getting the skills around this we went ahead and instructed the Tempus and HHA teams to Medlock any shifts entered into the system through last week. It was one of these damned if you do damned if you don't items we having complaints from employers wanted to make a change they wanted to deny an item and they certainly have the ability to do that by contacting Tempus to get it worked out but we wanted to flex to the side of ensuring that every direct care worker had an opportunity to to get paid for the shifts that they worked. These exceptions right now we have planned ahead to bring those to an end late in July. That will be the period ending July 23. For schedule B will be the pay period ending July 30. We will work with the LPL's to monitor progress toward that. We fully expect for timesheets to be granted on an individual basis based on that individual specific situation. We know there are people who don't have the ability to access cell phone or landline phone or the Internet so as before, the MCL's working with Tempus will grant those. The team expects us to follow our requirements under EVV. Messaging will be going out along with service coordinator outreach to make sure that everyone is aware of the deadlines we are preparing a letter on that right now

and we will be using the system to message the community so everyone can see it coming and we want to make sure everyone heeds the warnings and for those folks who are using the paper timesheets we want to engage with them to make sure they have the ability to login and use one form of the EVV system including the phone-based IVR system. Any questions? Sorry you have something caught in my throat before I have two general questions. Is Tempus paying overtime?

>> With the same mechanisms apply what Tempus or otherwise communicative with the service correlator? ?

>> GARRETT: Certainly I would just want to make sure everyone understands how it's paid out. Let's use an example of a person works 49 hours a week they will be I be paid 49 hours at ime and then nine hours at halftime. The same as 40 hours at regular rate and nine hours at time and and a half we've seen some confusion around that. t. Folks should look at the paystub and verify they didn't actually paid incorrectly ly but Tempus will follow the labor laws laws around overtime.

>> Thank you. ou. Also for folks who haven't received the checks from Tempus and have issues catching themem predominantly with check cashing place is ace is not banks. I'm curious if that's received any concerns or issues if anyone is having an issue with cashing the check in the same mechanisms apply. Letting Tempus know or committee getting with the service Grenada.

>> LARRY: We did receive some calls on from a few folks concerned that check cashing places did not recognize they were used to seeing these DC W's walk in every two weeks with the check and now there is a different check. What I did on Saturday came running off the beach to put together an Excel spreadsheet of all the checks issued because we found that the check cashing place with cash the check they called us and we were able to tell them the check number the pay and the amount of the check. We did put together, spreadsheet of all the checks were issued and circulated that to all the folks on the phone so they could answer the check cashing places questions. We found that that worked quite well and we wanted to use this to emphasize the folks they really should not be getting paper checks at this point the debit card as I talked about earlier is available to everyone, no one can be denied the card and it allows folks to get their pay in increments that they want at an ATM or walk into any Visa branded bank and get their entire check without any fees. Really not much reason for folks to be on paper checks at this point. We are going to message these folks who are receiving checks and let them know what all their options are.

>> CHAIRMAN GRIER: Thank you. A question from (name?).

>> SPEAKER: I know you have a lot of social workers on board so they won't be familiar with everything.

>> My question is, I'm concerned about the 2300 people that you can't find. I'm sure everybody else is. How are you going to monitor them ongoing? You're gonna provide ongoing training, service coordinators will offer ongoing training for those people who are afraid of it that might have come back because the prior change, correct?

>> I think it's a good point. There are a lot of folks who don't work adjust well to change. We need to reach out to those folks and find them. We've been sending out the wave broadcast, our emails voice messaging and text messaging to the folks to try to get them to engage with us in the communications workgroup the MCO's have a communications workgroup that helps us with all medications for different issues, recently decided maybe what we need to do is send these folks a letter in the mail to invite them to engage with us better and find a way to get them paid so they can continue to provide much necessary much needed service for the participants. We are staying on top of the issue and we talked about it at just about every meeting we have about this 2300 actually the number is dwindling of it but we are getting more and more people engaged. We are confident we will get to everyone and in addition to that it's also worth noting that we find in this population about 15% of the people are habitually late with providing payroll information to the FMS agent to get payroll out. Potentially some of that number is people who are always learned getting payroll information and and when we find those folks we will try to address the fact that the CLECs are not meeting the labor laws in terms of timely payment by delaying getting timesheet information to us.

>> GARRETT: That 2300 number is definitely inflated because of the number of timesheets we have in the system. Every day every workday we get a file from the HHA team from all the folks actively punching time and not punching time. The not punching time is all based on data we received from PPL so we decided we are going to look at folks who were entering time after April 1 so were very focused on folks we think were active but we don't know for sure as I mentioned earlier I received a check from one of the service coordinators who call the participant on the list and found out I direct care worker 's out-of-state enjoying much needed time off and for that reason she's not punching time. We might find that there are employers who are deceased we might find employers that are no longer eligible for either (word?) portion of CHC or no longer eligible for CHC at all. As service correlator go to the list they identify those we take the authorizations out notify HHA so it's a long process of identifying who actually is working and get in contact with them getting them to pick up the phone and working with them. Certainly the service correlator's make their best effort to help people get up and running on the EBV system but I think everyone will agree technology training is not part of the curriculum for social worker and so they do their best as initial triage and then we point them back to the Tempus staff who run daily EBV helpdesk sessions and who can get people up and running every ay we will continue working through this until we get to the point where we are basically banging her head on the wall with people who haven't answered the phone who haven't entered any time but certainly anybody picks up the phone and calls Tempus or anybody picks up the phone and calls the service correlator will get attention.

>> CHAIRMAN GRIER: Whoever the individual who was just talking was that Larry?

>> GARRETT: Garrett.

>> CHAIRMAN GRIER: Can you slow it down a little bit the cart person is having hard time

keeping up.

>> GARRETT: Sorry, I'm over caffeinated.

>> CHAIRMAN GRIER: I'm curious about what you said about the direct care workers not getting their information in on time and therefore the CLECs are not meeting the labor laws. What are you implying with that?

>> GARRETT: --

(multiple Speakers)

>> LARRY: That was Larry that made the comment. The labor laws are pretty specific about how soon after the payroll period ends that the worker is supposed to be paid. If a direct care worker and their employer aren't getting the documentation to Tempus timely then they may not be meeting the regulations of the laws. It is the employer's responsibility to get there worker paid. Ultimately, even if the worker is responsible for submitting the timesheets it is the employer's responsibility to make sure it gets done.

>> CHAIRMAN GRIER: Does Tempus some kind of duty in that scenario?

>> LARRY: We do not as the fiscal employer agent we do not. We have a response ability by contract to issue payments within a certain amount of time after we received a bona fide timesheet but it's not our response ability to ensure that DCW are paid within the regulations.

>> CHAIRMAN GRIER: You have no interaction with the department? You would have no interaction with the Department of Labor I assume?

>> LARRY: Not on that issue, no.

>> Can I ask you guys, Garrett and Larry, we are the chair, who is me, has done a terrible job managing the time for the meeting. Would you guys be able to delay the rest of your presentation and allow the MCO's that are here to talk about their transition and implementation strategy that's part of the agenda that is next then we can come back to you and have you complete your presentation.

>> GARRETT: Just a reminder, I am with the MCO's I'm representing the three MCO's at this presentation but I'm happy to do whatever you'd like.

>> The MCO's are here just for the Q&A.

>> CHAIRMAN GRIER: Okay. We will go ahead and have you guys proceed and we will hold the questions until the end of the presentation.

>> VICE CHAIRMAN JOHNSON: So you are doing a good job of keeping the time.

(laughing)

>> GARRETT: Should we move on? Next slide please. I will keep going with this one Larry. Just in terms of ongoing activities around this transition, EVV is first and foremost, it's in bold and red for a reason. Our focus is on EVV and shift entry. There is paperwork that ultimately Tempus will want to have the files but we will worry about that later. The promise has always been to ensure that people get paid through the transition. Just as a review, I know we've done a little bit of this already, the EVV system available here is the Evvie system, it's produced by a company called (word?) and subsidiary of HHA, HHA is the

technology provider. Direct care workers use the Evvie app for time entry or they can use the portal to answer manual entries or corrections or they can use the phone system. There is number three terms. TVV, the IVR which is what the rest of the world calls that, interactive voice response, then there is the colloquial which is the phone system. Those are the three mechanisms that the direct care workers should be using we also have a timesheet available but that is intended to be a limited time and limited exception. The common-law employer can either use the Evvie portal to go in and review and the lock shifts or use the IVR system to approve and review and lock shifts. The setup process is fairly straightforward. Although it's definitely been difficult for some. Once someone gets registered and looks at it from the eyes of someone entering the self-directed model tomorrow, once they get through the registration process with Tempus they get a welcome email sent directly to them automatically to their email they've given us and it's a welcome to Tempus Unlimited email accounts from no reply at Annkissam.com. Through the in person sessions we run to provide EVV support we learn to check the inbox, junk folder, spam folder, even deleted folder, some people don't recognize and immediately delete it. In the email there is a link you click the link and it takes you to a page that allows you to click the green button that says "sign up" you enter the pre-populate your name and email address when you enter your password. Once you are there you press the login button and you're able to log into the system. There are training sessions as we mentioned, there are also some great videos and job aids on the Tempus website. I always point people toward the IVR system. It's very easy to use it just doesn't let workers adjust their shift or make manual entries for past shifts the IVR can only be used for your shift that is starting now and ending the shift that ends later. Next slide please. Through this transition we been working hard to get folks up and running on the EBV system and it's very much the nature of new systems whether they are long-standing systems new to people or brand-new systems. There are going to be issues and we identified some and corrected them as quickly as possible. I made a short list of what we see we saw issues of people trying to use the app or the portal or the IVR and unable to clock out or told them there was no service ID available. That problem has been fixed. There were missing wage rates on the system, you can imagine the rates go through many portions of the system. Those have been fixed. There were issues primarily in the PPL data we had duplicate CLE's in the system, that's been scrubbed and fixed. Some folks particularly CLE's are missing the Evvie icon in the portal, I think by now that one has largely been fixed but the team is still working on it. If a user by user setting in the system that's quickly fixed. Anybody having that problem can come to the help desk or reported to the service coordinator for escalation. The welcome – a lot of folks said they haven't received the welcome email all that was originally based on the data submitted either through PPL or transition packet. You can imagine with handwritten documents is difficult to read seller typos got into email addresses so we been working hard to solve the problem. The common-law employer and direct care worker must have separate accounts for the system we cannot have one account being used by

both the CLE and the DCW the system does not allow that. In terms of the welcome email, folks can go to the help desk, they can contact the service correlator or they can contact the union if your union member we been working closely with the union folks giving them the ability to send in requests for email updates and resend welcome emails themselves and they been very helpful doing that. I think working together we been able to really tackle a lot of this among the population. Next slide please. In terms of how to get support it's pretty much what we've said here. We strongly recommend folks go to the Tempus website that's the Pennsylvania version of Tempus's website. At the top there is a link for training materials that is just chock full of really good information. Recommend everyone take some time to read the job aids relevant to them so the job aids for the direct care workers the job aids for the employer job aids for the app and the portal and the IVR. There is videos available that teach folks how to use these systems and on the Tempus homepage if you scroll down under the banner there is a long set of frequently asked questions we been adding to that answer not only questions about the EVV systems but general process as well. I invite everyone to come join Tempus's EVV helpdesk they are the experts. I met them personally and watch them in action and they are really good at what they do. Folks can also reach out to the service correlator's. Enkidu initial triage and help get the welcome emails done but pretty quickly they run out of bandwidth – – not bandwidth, skills their own skill set will ultimately have to turned over to the Tempus team to figure out particularly difficult problems. The service correlator's have done a great job helping people get to the welcome email and the registration process and I personally have seen dozens if not hundreds of service correlator's successfully get their participants and workers up and running on EVV. Next slide please. One of the ways to get support is calling Tempus. There have been challenges with the call center wait times are getting much better. Tempus and HHA have worked together the wait times are getting better. The best advice is just don't hang up. We see average wait time is now less than 15 minutes, not 25. But we still see a lot of people hanging up within five minutes of calling and. We recognize people have work to do or perhaps servicing their consumer at the time and aren't able to stay on but as much as possible, hang in there. Tempus are the expert they will solve the problem, they extended their hours for Pennsylvania open Monday to Friday 7:00 a.m. to 8:00 p.m. and on the weekends it's 8:00 a.m. to 5:00 p.m.. The weekends have been very light so we definitely encourage people to try calling on the weekends if you have questions or problems. There's a phone tree, dial 1 is just there for the welcome email. We try to speed that process so the folks can take your email address verifies corrective system and get the welcome email out to you. Option 2 is payroll and auction 3 is enrollment. And then Tempus has an automated call back system of a Friday. One of the problems we have is that people don't answer the call back and Tempus is currently struggling trying to get all the carriers to update their caller ID. One of the dirty underbelly secrets of the technical world is the phone company provides you your service doesn't manage the phone list if the phone company that on the phone receiving the call. So every carrier every system has

different lists trying to get those fixed has been a problem. Consulting company has been brought in to help get it cleaned up so that when the callbacks come they come from Tempus and not – – one of the two? Larry? Community company and ListServ our dual authentication provider is dual security, for some reason one of the carriers our phone number assigned is dual security shows up caller ID as that. Is in error and then there's another one I can earn under the name but shows up but it's not Tempus.

>> GARRETT: Is like auto service. The automated call back the team that run the call center manage that pretty carefully and the intent is that everybody who requests a call back at the call back that day so they will often turn it off and typically gets turned off before 2:00 p.m. so they can manage the list and ensure folks get call back. We spent a lot of time discussing around can we just manage a list and carry those forward and the answer was generally no. If we try to carry forward we get to a point we would be only calling people back never take calls that are incoming. Next slide please. Larry, do you want to jump in and talk about the helpdesk?

>> LARRY: Thank you. We do have Evvie online helpdesk session live support Monday through Friday and believe 9:00 a.m. to 5:00 p.m. or maybe 9:00 a.m. to 4:00 p.m.. If folks are having difficulty with EVV they can join us in the online helpdesk either by phone or by clicking the link on our website and going in and they will receive one-on-one assistance. If they go into the WebEx session there is a waiting room that will ask folks to wait – – ask folks to wait in. We can privately work with each caller then we will let people in into a breakout room for the one-on-one support and stay with them as they receive their welcome email and login and make they are completely comfortable with the system before will moving to the next caller. We really encourage people to take advantage of this. We've had these online helpdesk sessions going for many months now. We have helped a lot of people through this support. Here is the EVV helpdesk support schedule on our website. You can see we are providing the support every day through July 15 and we will probably extend that beyond July 15. To make sure we get to everyone. Is open from 9:00 a.m. to 4:00 p.m. so folks can, at their convenience, log in or dial in to the session to get one-on-one help. You can see on the bottom of the screen the different links and ways that folks can get into the session. All of this information is on our website. Any questions on this? We also have the IVR phone system set up. As Garrett talked about earlier we do have job aids available on our website and training page there's a lot of how to use, a lot of videos and downloadable PDFs folks can use to help with the technology. We have one on how to record ships for DCW's that we have another one on how to improve ships for common-law employers or participants. The phone number and the pen are provided in the documents DCW will need their ideas the last six digits of their E number. I think I might've mentioned a little earlier we decided when we made the transition, since DCW's and CLE use they already know their E number and the C number that they received from PPL that we transitioned using those same numbers so that DCW and CLE's would not have to learn a new number. There are videos on the webpage so folks can watch the video

about IVR. IVR, although eventually it will only be used on a landline, right now we are taking IVR transactions from any phone from anywhere. We have allowed the flexibility to make sure people get paid. Since January 10 we been hosting multiple session for folks to join and get training. These are trainings that run all day. . We are running hourly running them at least daily at least once a day, and a couple days running a couple of sessions. There are sessions scheduled each week for people who are deaf or hard of hearing so we do have American sign language interpreter on a couple of the sessions. We do these through online WebEx sessions. There have been in person sessions. As mentioned earlier, the training videos and the job aids are on our website. The topics that we cover in all of the sessions are from soup to nuts how to obtain a user account and access the Tempus EVV app and the portal. How to download the EVV app and use it to clock in and clock in and clock out how to use the portal to submit time to enter manual ships. How to use the phone system to clock in and clock out. How to approve or reject the shift in IVR and how to use the portal to view timesheet and payment information. As we mentioned a number of times, there are a lot of information on the website for training. That's a duplicate slide. There's an image of the website and job aids where you find the training materials at the top. Whole list of job aids and links in different so folks can get the manuals and job aids to help them. If there are no questions we will move on to the . We are in the process the site is pa.tempusunlimited.org folks can check here frequently because we are constantly updating the frequently asked questions as well as posting documentation from all three MCO's there's a section for each MCL. There are memos and documents folks can find more information about. And the schedules for the webinars and the in person sessions. We are still in the process of hiring some remote staff for the in office Pennsylvania offices. We originally talked about opening three offices in Pennsylvania we are successful in negotiating for more appealing leases so we can open a fourth office. There's one in Taylor near the Scranton area. We are looking for individuals with experience and self-direction we would like to hire a number of people with disabilities to assist us in Pennsylvania. You can find out all about our careers on our website at the Massachusetts website these are the addresses for the four locations. The Erie client might be opening soon, we have a second person hired for that location who starts on July 18 the Pittsburgh office we are still recruiting for two specialists for that office. The King of Prussia office has one specialist hired who is starting on July 18. Likewise for the Taylor office we have one specialist hired who is starting on July 18 and currently recruiting for the second specialist. As well as the second specialist in the King of Prussia. That's the end of the presentation. We are here to answer any questions folks might have.

>> CHAIRMAN GRIER: Thank you gentlemen. I believe Paul has a couple questions from the audience.

>> PAULA: This question is from Amy -- is there problems (inaudible) will that be corrected by July 23 and July 30?

>> GARRETT: There is no systemic issue with the IVR right now office CLE is having an issue it's probably something on the backend in their record that needs to be fixed. All we need is a notification they are having a problem . Would certainly get those through the service correlator's and we have an escalation process back to the HHA staff to get those fixed they can certainly call Tempus or dial into the EVV helpdesk but similarly they can escalate that and get it fixed but there's nothing systemic right now that's preventing that .

>> PAULA: This goes back to the very beginning.

>> I've got a question.

>> VICE CHAIRMAN JOHNSON: Thank you for reporting unreported average call wait time decreasing. We are still hearing from consumers who are reporting longer than 15 to 25 minutes, two questions, do you have available data on your call ahead rate?

>> GARRETT: Can you repeat the question?

>> VICE CHAIRMAN JOHNSON: Call abandonments. Capturing the individuals who perhaps dial, waited for five minutes and then hung up or speaking with the specialists.

>> GARRETT: Yes we do.

>> LARRY: We do. What we found is that there are many people calling in multiple times, we are trying to encourage people not to call in and wait four or five minutes and then hang up and call back because they lose their position in the queue, we are trying to encourage people to stay on the phone and wait for us to get there or, as Garrett mentioned earlier, we did invest in a call that feature back in February and installed that and that allows folks to just enter a phone number and hang up the phone and know that they will retain their position in the queue and when it's their turn, we will call them. That allows people to not have to wait on hold. I will say that the hold times are awful. If you have to wait an average of 15 minutes or maximums could be currently in our government if you held on the phone. I understand that's awful we are doing everything we n to try to improve that including ing adding 24 more people to the phones sometimes tomorrow we will have an additional 24 more people answering the phones so we hope to dramatically improve the wait time so we can get to everyone and get their issues solved, get them answers to their questions and get people paid.

>> VICE CHAIRMAN JOHNSON: I appreciate the transparency on your efforts to address the issues of call wait time. I'm not sure if this is a hypothetical but a range of calls between 5 to 15 minutes upwards to an hour , how are you calculating the average wait time? Does that include individuals who will call, hung up or opted into the callback feature?

>> LARRY: The callback feature does include the amount of time someone takes to get a call back is included in the average wait time. I don't believe abandoned calls are. I'm not absolutely certain about that. Probably shouldn't answer that. I know the callback feature is included in the average wait time.

>> COMMITTEE MEMBER:

>> VICE CHAIRMAN JOHNSON: Thank you, just curious, we can follow up on that.

>> Can folks hear me this is Allie Crumley. Time with the United home care workers a

Pennsylvania. We represent the direct care workers so we are probably one of the main organizations in the system that has been engaging with the direct care workers direct what they are hearing how they are experiencing the transition I wanted to take a second and share what our experience has been and ask a question. I think not surprisingly direct care workers and consumers had a really high level of anxiety and stress around this transition and that's understandable any changes are challenging just to begin with. These are changes that have the potential to impact the ability of participants to live independently in their communities and of course TCW is to get paid and pay their rent and the bills. And of course the direct model overall is an important part of our home care system. I think workers and consumers have a lot of ownership over it. That's kind of I think where we started people just really nervous and on top of that transition has required a higher degree of technical access and computer literacy than many of our direct care workers and consumers were used to. We clearly seen a lot of challenges with things like accessing the welcome email and call volume. Given that, I really like to lift up Tempus and (word?) to engage with the workforce and be responsive to workers experiences and workers ideas throughout this transition. There's a lot that lots of people talk about direct care workers and few people talk with them and from the experience has been representatives from Tempus and each MCL often join many hour-long meetings with workers to answer questions to provide support we found them creating process to address problems responsive to ideas for workers. There's a call from her in person invents-- in person events. And Tempus added more from late June. Flora Holman from HHA has been working nonstop I think workers feel good that Tempus is running multiple payrolls to catch issues. Many on this call say nothing about us without us. I was present for the last transition and this was like a holiday weekend and I think many people we brought in extra staff bracing for large number of calls for direct care workers who got paid incorrectly we did get some calls but not what we anticipated. As we look ahead obviously there is work to do to get the welcome email -- the other piece what we are hearing from TCW's is that they really want to make sure Tempus continues to build the website and make more information and forms available. We see more information on enrollment. I think the one thing we are really concerned about is what Pam mentioned earlier I think even not knowing exactly what's up with the status of the 2000 2300 who have not submitted time in the last month you see hundreds possibly thousands of direct care workers and consumers leave participant direction over the last six months we've seen enrollment really really slow down some of this is just normal as consumers who are no longer eligible or we think a lot of it has to do with the combination of the challenge of the transition combined with pretty aggressive marketing tactics from some agencies. Moving forward the biggest piece in the space for you guys to respond and talk about there's a lot of work to do to ensure there's a viable option for participants. As we turn the corner on the transition want to make sure that all stakeholders are working to grow and expand the participant directive model. I just wanted to kind of way in and reflect on those and if there

are thoughts or pieces you have particularly around learning and expanding it would be interesting to dig into that.

>> GARRETT: Hey Ali, it's Garrett. Thank you for recognizing -- we appreciate your partnership with you and your staff. Throughout the long transition. For the entire audience, Ali and I chat on a regular basis to make sure we are in sync and the transition is going as smoothly as it can. There are always difficult but I will speak specifically for UPMC at this point that we have talked internally and we definitely have a goal to increasing the participation and directive model that we feel the combination of Tempus and HHA are served in a way that they need to be in order to stay in the model we have very high expectations of Tempus in terms of the ongoing service model Tempus has been doing this for 24 to 25 years, they have successfully won every consolidated effort in Massachusetts now they already FMS provider in Massachusetts serving entire population in their Commonwealth. We hope in the next couple months to continue working with Ali and others to figure out how do we expand this to make it easy for folks to choose the model. Angela, I don't know if you're prepared to address that or just if you would like to address it for America AmeriHealth standpoint. Evvie this is Angela from PSW, one of the things we are doing is talking with service carnitas to understand, along with the full list of anyone not currently punching time, and what specifically is the barrier. We are getting that for all the service creditors we try to get this fully complete and get everyone transition. There were some participants who did transition but it was actually before the implementation, very small numbers now so we're going to keep getting the data for all the service coordinators for all the CLE's we have right now who do not have BCW's. I want to say for PA health and wellness there are (inaudible)

>> GARRETT: Jess or Jen Rogers do you have any comments?

>> JEN: This is Jen Rogers, hi, everybody. We do have the added advantage of having service coordinators who cannot reach from each prospective plans to try to get the granular level of information. I think the beauty of the participant directive model is if the option of having a direct care worker login occasionally when needed. There was a great question asked the other day by direct care worker received the packet they turned it in but you're not going to see punches because I am away and they are not scheduled to work until October. And that's great but having that information help explains the missing punches here in the plans need that information to know, it's not that we are missing folks it's not that people are understanding the process is just that they are not scheduled to work right now. That information is crucial. We are in pursuit of that as well.

>> GARRETT: Thank you Jen, I know you're not feeling well I appreciate you taking time to be on the call.

>> JEN: Absolutely.

>> I did receive notification we have a committee member who would like to make a statement.

>> SPEAKER: Thank you. I'm a participant so I will be brief. I wanted to discuss really fast the

rollout. In my experience with it when I went to log into the app on June 26 the app was empty. So for a week I called Tempus and my main issue was the whole time we thought about you guys talk about the numbers that you have. I have screenshots of me being on hold for over three hours and not getting through to anybody. Your callback system has a major error. I use an iPhone with Verizon. When I put my number in the queue for the call back Verizon would automatically silence the call and send it to my voicemail. So for over a week I could not get through and get a call back through the queue. The only way I could get a call back to the queue was to go in to my contacts, take the number that Tempus was calling back and -- I don't know if you guys need to look at the app I was sharing information last week that's what I'm willing to do because I work full time, I sat on hold for three hours and 21 minutes on June 16 through a meeting. I know it's not the way we want to do it but my experience was not that great for the first seven or eight days and thankfully I'm technically savvy enough to figure things out. But most people can't or don't know how to do things. Please keep that in mind moving forward. Thank you.

>> LARRY: This is Larry, first of all I apologize, you weren't the only one who experienced very long hold times and I apologize they were absolutely awful, atrocious and we are doing everything we can to try to reduce the wait times and get down to where they should be. We did expend a lot of effort over the winter months into the spring to try to get folks ready and prepared and did experience issues with folks having problems with you talked about empty portal because there wasn't a proper link between the CLE or the discipline and some of their workers. We were trying to resolve those issues but trying to put in place things like the paper timesheet to give people every opportunity to make sure the folks providing the service didn't get paid. I am sure you it will improve the process and improve every part of the process going forward and things will get better and I apologize for the tough transition.

>> Thank you for bringing that up and thank you for the response. Any other questions? In reference to FMS. The committee members or the audience? We appreciate the presentation guys. Thank you very very much. We will move into the next item on our agenda which is additional public comment. Paula, do you say you have something in that?

>> PAULA: I have a question going back to the beginning of the presentation asking if we had an update on agency of choice?

>> I don't have any update on agency with choice. We are still working on the procurement and procurement has not been issued.

>> Thank you Jamie. Any other public comments? Committee members?

>> SPEAKER: This is J Harner , going back to the state budget I know we are continuing to talk about raising direct care worker wages I've been voicing -- my opinions on this many times but my personal situation I been without an aide for almost 8 8 weeks and I can even find somebody to apply to my ad for the dismal wages we are offering people. It's very important this budget gets taken care of I feel like if we don't get the wages were raised now with the money available it's never going to happen and I think we got a very good job

of completing our case but I feel like we will get left behind now that we are up against the clock with the budget they asking on the first and not very helpful. I'm very concerned many less, I have one full person I can count on one slip sprained ankle to possibly going to a nursing home, I would lose my job, my house, the whole house of cards is coming down. We have to figure out how to get these individuals paid for the job they do. Think you.

>> Thanks for reiterating that.

>> There was legislation out there that I can't remember the bill number -- that would've increase the rate for personal assistance services. I'm not sure what the status of that legislation is and I'm not sure what the lobbying effort around to the General assembly was obviously the Department of human services was supportive of any increases of personal assistant service or home and community-based service rate for the populations but obviously we need more money allocated and appropriated from the general assembly. That was our response to those pieces of legislation.

>> Thank you Jamie. Are there comments or questions from the group?

>> SPEAKER: To follow up on the comment about the lack of workers coming back, this is Jay, with regards to people not coming back, they are not coming back because of the wages. They can go to Jersey Mike's two blocks from my office and start at \$17 an hour. At some point this is going to come home and the majority of us are out here begging and pleading we are not going to be able anymore because were going to be in a situation where we don't have a choice or a voice. This is going on way too long and something needs to happen.

>> Many of the legislative visits that (word?) participated in was made very evident to the legislators quite directly much what you just said. Max articulated much better than I could. In saying that they are facing significant choice this is a crisis. It's not going to be, it has been. Other questions from committee members or the audience?

>> PAULA: Question from Lisa Robinson asking if the PVF or portal will eliminate the use of timesheets?

>> GARRETT: This is Garrett with UPMC, can you hear me okay? I had to switch to headphones. Thank you. We are required to follow the EBV roles and Commonwealth of Pennsylvania which include timesheets. However, there been under PPL and will continue to be exceptions on an individual basis those would be determined based on the individual specific circumstances. Not intended to be easy button solution but for folks who really have no other resource and don't have the ability for one reason or another to use the EVV systems in those cases will be reviewed and likely exceptions will be granted.

>> Any other questions? Nothing in the queue, Paula? We have a motion on the floor to adjourn and I will accept the motion.

(laughing)

The meeting is adjourned, our next meeting will be August 3 2022 and we are planning to do that in hybrid. Face-to-face and telephonic. Or dial in. I think you for everyone's attendance today. The folks that showed up face-to-face I think you for taking time to do

that. I appreciate everybody following through with this. Hopefully next time we meet we will have a budget passed. Thank you. Take care everyone.

>> Thank you.