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Date: October 4, 2023

Event: Managed Long-Term Services and Supports Meeting

>> The broadcast is now starting.
>> DAVID JOHNSON: Cindy, heard you were present. Neil Brady? Gail Weidman?
>> GAIL WEIDMAN: Good morning.
>> DAVID JOHNSON: German Parodi? Jay Harner?
>> SPEAKER: Present.
>> DAVID JOHNSON: Juanita Gray? Kyle Glozier? Laura Lyons? Lloyd Wertz? Matt Seeley? Monica Vaccaro? Patricia Canela-Duckett?
>> PATRICIA CANELA-DUCKETT: Good morning.
>> DAVID JOHNSON: Good morning. Sherry Welsh? And Carrie Bach?
>> CARRIE BACH: Present.
>> DAVID JOHNSON: Are there any subcommittee members I've missed that would like to announce themselves? Hearing none so I'll pass to Mike Grier for housekeeping items.
>> MIKE GRIER: Thank you David. I'm going to go over some housekeeping committee rules in just a minute but for folks that are in the honor suite, we just remind you to please sign in and there is additional seating up here in the front. I know it's kind of like school that everybody sits in the back. We do have some additional seats up here in front . We have room configured in a different way. But I thank you for your attendance and I'll just go over some of the housekeeping talking points. Please keep your language professional. This meeting is being conducted in-person at the Department of Education Building's Honors Suite and as a Webinar with remote streaming. The meeting is scheduled till 1:00 p.m. To comply with logistical agreements, we will end promptly at that time. All webinar participants except for Committee members and presenters will be in listen-only mode during the webinar. While Committee members and presenters will be able to speak during the webinar, to help minimize background noise and improve sound quality of the webinar, we ask attendees to self-mute using the mute button or mute feature on your phone, computer, or laptop when not speaking. To minimize background noise in the Honors Suite, we ask that Committee members, presenters, and audience members in the room please turn off your microphones when you are not speaking. The captionist is documenting the discussion remotely, so it is very important for people to speak directly into the microphone, state your name, and speak slowly and clearly. Please wait for others to finish their comment or question before speaking. This will enable the captionist to capture conversations and identify speakers. Please hold all questions and comments until the end of each presentation. Please keep your questions and comments concise, clear and to the point. We ask webinar attendees to please submit your questions and comments into the questions box located in the GotoWebinar pop up window on the right side of your computer screen. To enter a question or comment, type into the text box under "Questions", include the topic to which your question or comment is referencing, and press "Send." Those attending in person who have a question or comment should wait until the end of a 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. Questions or comments of a personal or individualized nature should be

sent to the resource account identified at the bottom of the meeting agenda. These items will be directed to the appropriate people for follow-up with the attendee. microphones. Before using a microphone in the room, please press the button on the base to turn it on. You should see a red light indicating that the microphone is on and ready to use. State your name into the microphone for the captionist and remember to speak slowly and clearly. When you are done speaking, press the button at the base of the microphone to turn it off. The red light will turn off indicating that the microphone is off. It is important to utilize the microphones placed around the room to assist the captionist in transcribing the meeting discussion accurately. additional public comments. There will be time allotted at the end of the meeting for additional public comments. Webinar attendees should enter questions and comments into the questions box and include the topic to which your question or comment is referencing. Those attending in person should use the designated microphones in the room. We want to remind everyone that this meeting is a place for generalized information and questions about OLTL managed care. Questions or comments of a personal or individual nature will be redirected to the appropriate people for follow-up. Responses will be sent directly to the individual asking the question. If you have questions or comments that weren't heard, please send your questions or comments to the resource account identified at the bottom of the meeting agenda. Transcripts and meeting documents are posted on the List Serve at under MLTSS-MEETING-MINUTES. These documents are normally posted within a few days of receiving the transcript.
The 2023 MLTSS SubMAAC meeting dates are available on the Department of Human Services (DHS) website. I'll turn it back over . I've got one more thing. We did just like Tamara, want to remind everyone that the meeting is being recorded. Your participation in this meeting is your consent to be recorded. With that I will turn it over to David.
>> DAVID JOHNSON: This is David speaking. In the event of an emergency or evacuation, we will proceed to the assembly area at the back of the Zion church at the corner of fourth and market. If you require assistance to evacuate you must go to the safe area located by the main doors of the honor suite. OLTL staff will be in the safe area and will stay with you until you are told to go back into the honor suite into be evacuated. Everyone must exit the building. Take belongings with you. Do not operate cell phones and do not try to use the elevators as they will be locked down. We will use stair one and stair number two to exit the building. For stair one exit honor suite through the main doors on the left side near the elevators, turn right and go down the hallway by the water fountain. Stair one is on the left. For stair two, exit honor suite through the side doors on the right side of the room or the back doors. For those exiting from the side doors, turn left and stair two is directly in front of you. For those exiting from the back door exits, turn left and then left again and stair two is directly had. Keep to the inside of the stairwell and head outside . Turn left and walked down Dewberry Halley to Chestnut Street. Turn left to the corner of fourth Street. Turn left at blackberry Street and Cross fourth Street. Before we proceed, I want to for the record now our present this morning. Good morning. Are there any other subcommittee members that have joined that would like to announce?
>> LAURA LYONS: Yes, Laura Lyons.
>> SHERRY WELSH: Sherry Welsh as well.
>> DAVID JOHNSON: Hi Sherry, good morning. Okay, thank you everyone.
>> MICHAEL GRIER: Thank you David. We will move on to the September 6 2023 MLTSS meeting minute or meeting follow-ups from our last meeting.
Related to the Wage Study, audience member Teri Henning asked in the chat if the OLTL intends to read the wage study language more broadly to include wages paid by individual providers to caregivers? Individual program offices typically don't pay direct care workers directly. Can you talk a little more about how you see the wage study working?

>> PAULA: Juliet responded that this is fairly new in that it was passed in the Senate on August 31, 2023. We will get back to the broader community with additional details about how the Wage Study will be working as this is a Department of Human Services-wide effort.
>> MICHAEL GRIER: Thank you Paula. Related to Sheltered Workshops, audience member Jeff Iseman asked how many OLTL participants are in sheltered workshop employment? Juliet said that there shouldn't be any OLTL funding for services within sheltered workshop settings, but we can follow up on whether or not there are participants in those settings for other services. Randy Loss from OLTL to provide a response.
>> PAULA: This is Paula. Randy Loss confirmed that OLTL does not provide funding for sheltered workshops. As such, there is no data tracked on the subpopulation since there is no OLTL funding provided for sheltered workshop slots.
>> MICHAEL GRIER: Related to Employment Services, subcommittee member Lloyd Wertz asked if there was an expectation for the number of people who will participate in employment services? If so, he asked how has that been established and how is that information being tracked on an ongoing quarter by quarter basis or a year by year basis For that matter? And if that information could be shared in a future meeting. Randy Loss from OLTL to provide a response.
>> PAULA: This is Paula. Randy Loss responded that there is a template to track data categories and metrics for each category. This information is tracked monthly, although Service Coordinators may only update participant employment details quarterly. While OLTL receives monthly reports, data may be the same month by month for a quarter since input is only gathered quarterly. This template will be provided as an Additional Document on the MLTSS Meeting Minutes ListServ shortly after the meeting today.
>> MICHAEL GRIER: Thank you Paula. Related to the.[word?] Garrett or guard asked if OLTL data -- included a breakout of population by County. He stated that this was a recommendation at the recent home and community-based services conference. OLTL to respond.
>> PAULA: This is Paula. OLTL responded that it is currently working on adding the breakdown by County to include the nursing facility ineligible and long-term services and supports populations to the data --.
>> MICHAEL GRIER: Related to shared savings, audience member Amy Lowenstein asked if AmeriHealth Cartias and Keystone First PA and PA Health and Wellness and UPMC could outline the shared savings arrangements that they have, including the service provider type in these arrangements and how the provider qualifies for the shared savings? All three Community HealthChoices managed care organizations to provide an outline of their savings arrangements.
>> PAULA: This is Paula. AmeriHealth Cartas / Keystone First responded the type of shared savings arrangement is healthcare payment learning and action network category three a. Networkwide savings alternate payment model with upside risk only. The types of providers in the arrangement are primary care physicians, serving home and community-based services non-dual and NFI dual aligned participants. The primary care physician providers serving the HCBS non-dual and NFI dual aligned participant population who performs favorably in their medical cost ratio as well as performing at or above the 50th percentile across the 10 healthcare effectiveness data and information set quality measures within the program can earn an incentive. PHW responded the type of shared savings arrangement is MTM cost per mile incentive, also category three with upside risk only. The type of provider in this arrangement is transportation. The provider qualifies for this arrangement by meeting quality and service metrics for transportation at or under the targeted average rate per mile. UPMC responded the type of shared savings arrangement is Premier partners program. The type of provider in the arrangement is certain primary care physician groups. The provider qualifies for this

arrangement by being invited to participate based on the number of UPMC enrollees in a groups patient panel. However, at this time, these arrangements are not based on UPMC CHC membership.
>> MICHAEL GRIER: Thank you Paula. And those are our updates and those are the follow-ups from the September 6 meeting. Now that you're here do you still want to keep the agenda the same added -- as it is or do you want to adjust a little bit?
>> JULIET: I was just happy I was able to join folks. Sorry for being late.
>> MICHAEL GRIER: Okay thank you. Thanks next on the agenda we have assistive technology practical applications . The CHC-MCO will provide an update on that . We'll start with AmeriHealth Cartis PA Health and Wellness second, PA healthcare third. You're up.
>> JOCELYN SAGGESE: Good morning everyone. Can you hear me?
>> MICHAEL GRIER: Yes, we can hear you fine.
>> JOCELYN SAGGESE: I'm one of the directors of service coronation for AmeriHealth and Keystone First. And today I'll be going over an example of assistive technology that we have through the (Indiscernible). Next slide please. So a case example that we have of assistive technology or AT as you might hear it throughout this slide, the participant requested the below AT to allow independent use of their computer or tablet. The first one was a Bluetooth had point tracking adaptive mouse that allows for hands-free use of a mouse for a tablet, phone or a computer. The second piece of equipment is the adaptive switch, which can be accessed using the foot as a selection method so clicking -- like clicking the mouse button. In the third part was a cling mount tablet holder and mounting plate which offers equipment stability due to tremors. Next slide please. So what barriers are addressed with the use of AT? The equipment combination, the various types of 80 were tested for efficacy and these equipment types were deemed most appropriate by the prescribing physician. Going through different types of equipment to find that right combination to allow the participant to independently use their tablet or computer. One of the other barriers that it addressed is the reliance for assistance. The participant had to rely on the assistance of direct care workers or family to utilize electronics for communication. It also addressed in the barrier of secure set up so the combination of the mouse, the switch and the tablet holder or plate creates a set up that allow the participant to independently use devices without the risk of drops or equipment damage. How will this improve the quality of life for the participant? 80 allows participants to independently use their computer without relying on the assistance of attendance or family members. With the use of a T, the participant has the ability to make phone calls, search the internet, play games and connect with family members independently. The secure mounting of the type allows for a safe stable surface which will minimize frustration and limit damage to equipment. Does anybody have any questions?
>> MICHAEL GRIER: Any questions from committee members? Audience members? Have you done this with any of the.[word?] Participants?
>> JOCELYN SAGGESE: I'm sorry. I was having trouble hearing that.
>> MICHAEL GRIER: Have you actually applied this to CHC participants?
>> JOCELYN SAGGESE: Yes.
>> MICHAEL GRIER: A couple times, two times, 20 times?
>> JOCELYN SAGGESE: Just a few times. This was a pretty specific example. This combination, that's a pretty specific combination of assistive technology.
>> MICHAEL GRIER: Okay. Thank you. Any other questions? Audience members? Committee members?
>> PAULA: Mike I have a question in the chat.
>> MICHAEL GRIER: Go ahead.

>> PAULA: This question is from LR Cross. The question is is there a difference between AT and the DME, assistive technology and durable medical equipment?
>> JOCELYN SAGGESE: Yes. Assistive technology is kind of how the term implies so any kind of technology that we would used to assist a participant in maintaining their independence or more easily reaching their goals. They are defined differently in the agreement so technology is like the example that I have, a door opener, anything like that. DME is durable medical equipment which would include things like a Hoyer lift, any kind of piece of equipment that would be used to help that participant independently form more independently meet their goals.
>> MICHAEL GRIER: Go ahead.
>> SPEAKER: Hi. This is Rick from forces for independence. I have a question. I saw there you said that the AT is prescribed by the physician. Is the participant evaluated by somebody specialized in assistive technology? To make that recommendation?
>> JOCELYN SAGGESE: I have to go back and look but I think for this particular one, they were evaluated by the physician. And they may have gotten an evaluation at a specialized setting to have the access to different types of equipment to figure out the right, t combination.
>> RICK: Thank you.
>> MICHAEL GRIER: Any other questions from audience members? Committee members? Thank you. We'll move on to Pennsylvania health and wellness.
>> JOE ELLIOT: Good morning everyone. My name is Joe Elliott. I'm director of long-term services supports at PA Health and Wellness. For our presentation today we wanted to walk you through a scenario where we worked with a participant to help them transition through the -- from a nursing facility through the use of assistive technology. As most of you are aware, the waiver definition waiver service definition define assistive technology as devices and services which are intended to ensure the health, welfare and independence and safety of the participant and increase, maintain or improve participant's functioning and communication. Sorry. I'll slow down. Self-help and health direction. Life supports or adaptive capabilities. We'll talk a little bit more about how we use this in practice through the following case study. Just a little bit of background on the participant. They are under 40 years old . They were residing in a nursing facility at the time of the request for assistive technology. Additionally, the participant was utilizing a wheelchair and had limited dexterity in their arms and hands. Their goals were to increase their independence, increase peer DR man hand dexterity and to transition from the nursing facility back into the community. Next slide please. In order for the participant to meet their goals there were some barriers that the participant and a service coordinator worked together on to overcome. First, the participant once they transitioned would have limited formal supports. Secondly, even though the participant would continue to receive physical therapy after transitioning, they would still need some assistance as their are man hand mobility would not allow them to do things like turn on the television or easily answer a phone. Last of all the participant would need these services in place at the time of the transition in order to continue to become more independent. Next slide please. This is where we looked at assistive technology to help move forward with this transition . This was really a conversation that occurred between the service coordinator and the participant . In addition to the other services that the participant received to enable the transition like path services, home delivered meals, wrist wearable.[word?] Unit, the service coordinator worked with the participant to request the following items to increase their independence and have a greater chance of success. First was a smart speaker and smart video system . The smart video system and a speaker allowed the participant voice activation to video call a friend or family member and conversely allowed the others to call the participant. It would allow for voice activation from other rooms and control of other services as well. And additionally, to call emergency services in case that was required.

Next slide please. Smart plugs and smart bulbs gave the participant voice control over the electronics in their home from lamps, overhead lights, the ability to turn on and off their television. Similarly a voice-activated remote gave the participant opportunity to control their television much more easily than trying to navigate small buttons on the remote control. Lastly, hands-free water bottle allowed at the participant to control and monitor their fluid intake. So these systems have allowed of the participant to not only do the things that we kind of discussed but it also allowed the participant to set up reminders as they have a high volume of appointments without home and outside of the home. So the participant has been able to utilize these reminders through the smart speaker and smart video system to set up transportation services for medical appointments and therefore allows their diagnosis to be properly managed by the medical team. Specifically helping them reach the goals discussed previously . So we asked when we were working through this, the service coordinator through regular contact with the participant came to the conclusion that these technologies have really permitted the participant again confidence as both a person and a parent and also allowed for them to be much more independent in the community whenever they don't have pass or informal supports in their home. I'd be happy to answer any questions you might have.
>> MICHAEL GRIER: Thank you Joe. Any questions from the committee members?
>> DAVID JOHNSON: Yes, I have one. This is David Johnson. Does Pennsylvania health and wellness offer training on the assistive technology?
>> JOE ELLIOT: You mean training to the participant or training to the service coordinators?
>> DAVID JOHNSON: To the participant.
>> JOE ELLIOT: ...Then We could go out and set that up. Service coordinator could also assist in that training and technology . These are kind of market-based that come with instructions as well . But both informal supports, the service coordinator or others who might be helping the participant could certainly be able to help walk through these . If it was a more involved assistive technology device, we would determine at that point if the third-party vendor needed to go out and help them learn how to use that assistive technology.
>> MICHAEL GRIER: Thank you.
>> SPEAKER: This is the goal of (Away from Mic) Enhanced dexterity (Away from Mic).
>> JOE ELLIOT: The device were really to help while the participant remain independent while they were increasing strength and dexterity. That was happening on the medical side with occupational therapy and rehabilitative therapy. So this helped them around the home while they were completing that.
>> SPEAKER: (Away From Mic).
>> MICHAEL GRIER: Other questions for Joe? We have anything in the chat Paula?
>> PAULA: yes, there's another question from LR Cross. Is the state connecting people to technology or our services? I might need some clarification on that question.
>> SPEAKER: (Away From Mic).
>> PAULA: Is the state connecting individuals with TechOWL assistive technology services?
>> JULIET: In the Office of Long Term Living Julia Marcella and I throughout all of our program service coordinators help the person-centered process with the individual to ensure participants have education on community resources and the TechOWL program for assistive technology, lending library would likely be a our community resources. So the supports coordinators might recommend particularly different types of assistive or adaptive technology that they encourage participants to consider the lending libraries to explore different types of assistive technologies that might work for them. Assistive technology can come from a wide variety of arrangements. Something as simple as an adaptive stool to eye gaze technology. So I'm thankful that the person who put that researchers in the chat because it's a very good one.

>> MICHAEL GRIER: Thank you Juliet for the clarification. Any other questions for Joe? From the audience four committee members?
>> MIKE GRIER: Go ahead Carrie.
>> CARRIE BACH: How did the participants know what might be available to them? For me, even the example that AmeriHealth Keystone gave, that would be really cool (Indiscernible) and I thought wow, that's a tool that's out there that would help people seeking out employment services. I know I was prescreened when I was working . My hands are challenged to and if I could use my eyes to move between my three screens, how to the participants know what the possibilities are to reach out? I know that service coordinators are that first door but there's so much out there before they can get to that specialist that can really advise them so I guess that's a question for everybody.
>> SPEAKER: Can I start? Within the labor programs and standards just to kind of clarifies supports coordinators should not be determining what assistive technology is best. That's not a role. Part of the person-centered planning process, participants identifying their goals and what they want to achieve with assistive technology can very much be a part of that plan. And the supports coordinators role would be to coordinate with the appropriate person to do the assessment. That assessment could be done by a resident certified assistive technology assessor . Occupational therapist oftentimes do assessments depending on -- speech therapist, physicians etc. So it's working with the participant to identify those to have assistive technology that the paper calendar or an iPad . You don't always need to go to the most high-tech to meet the person's needs so it's very individualized assessment and planning process with the person to do that assessment.
>> CARRIE BACH: So the participant simply asks up their service coordinator to put in the service plan and write some goals that basically say I would like to pursue this assistive technology option. Then that's what will get them to potentially get the review with the specialist? Is that correct?
>> SPEAKER: That's a simplified version of it. I think assistive technology is a service that's available to folks but folks should be informed about all those services available to them. That is the person's goal is to say hey, I want to relay more assistive technology to see how this might improve my independent living. Maybe decrease my reliance on attending care. Something of that nature absolutely. If the person is thinking about I would really like to (Indiscernible) to improve my experience at work, then (Indiscernible) with that individual to pursue options potentially under the Office of Vocational Rehabilitation if appropriate for work. So it really is very specific but participants should know about assistive technology and the ability to access it.
>> SPEAKER: (Indiscernible) Really good question. (Indiscernible) Is it something a participant would (Indiscernible) or is that something (Indiscernible) create a goal for them?
>> SPEAKER: The.[word?] Role appropriately is tube make sure the participant is aware of all the things that might help assist their goals. They would not make the goal for the participant. But absolutely SCs should be bringing to the attention of participants here are all the resources either through the program or with the community that can help you meet your goals so absolutely appropriate for SCs to talk about.
>> SPEAKER: Thank you.
>> MICHAEL GRIER: Any other questions for Joe? Paula is there anything in the chat? Nothing in the chat. Thanks Joe. We'll move on to UPMC.
>> ALEX CRAWFOD: Good morning. This is Alex Crawford senior director of service formation for UPMC health plan for restaurant region of the state.
>> MICHAEL GRIER: Thank you. Please go ahead.
>> ALEX CRAWFORD: Assistive technology it's defined as any item, piece of equipment or

product system whether acquired commercially, modified or customized that is used to increase, maintain or improve functional capabilities of individuals with disabilities. So in other words, this really means assistive technology is anything that helps anyone do something that they couldn't do otherwise like read, write, communicate, hear or see and that promotes independence for people with disabilities. Everyone who is nursing facility clinical he eligible with Community HealthChoices is eligible to have a referral submitted for assistive technologies on their behalf. If we could go to the next slide. When is assistive technology typically discussed with the participant? It's really any time that a participant reports issues or concerns related to an area . It could be related to hearing, vision, speech impairments, trouble holding onto things, having a limited range of motion or the inability to bend or reach other areas. Some examples of assistive technology on the next slide. Include things for say during impairments like a personal application device to help a person hear better. Or an alarm clock that vibrates when the alarm goes off or a doorbell that flashes a light to let the person know that there's someone at the front door. For vision impairments, this could be things like a vision magnifier, a device that talks such as a talking thermostat or phones with large tactile buttons to make the numbers just easier to read so they really stand out. Some other examples on the next slide for speech impairments. A device that increases the volume of your voice which can really help in noisy environments. A communication board which is really just a sheet of symbols, letters or pictures that can help a person communicate with those around them. Or items that help the person in their day-to-day life in their environment, in their home such as special tools to help with getting dressed, kitchen tools that make handling and holding onto utensils easier, a reacher, a tool that extends once reach. Or a voice control item like a light that turns on when you touch it or when you ask the lake to be turned on. I think an important point is assistive tech can be low or high tech. These are really special tools to make daily activities simpler and easier. As far as the assistive technology referral process, a service coordinator may discover a need or a participant may request assistance around a certain area. An assessment is completed with the individual. The need is documented. Ended the goal is added to the care plan. The service coordinator will complete and assistive technology referral, submit it's really describing the general areas of concern. Please evaluate for any equipment that may assist with hearing, vision, mobility . Ended the assistive technology team will review the referral and if appropriate send a request to have an occupational therapist evaluate . Each participant is evaluated individually based upon their needs. So it really is person-centered based upon that individual, their needs and their wants. The service coordinator if it's approved will be notified and will get the authorization and modify the assistive technology implementation through completion. And so we have an example on the next slide . As discussed on the previous slide too, the individual would be trained on the assistive technology and in our example we've got a participant who is a 49-year-old female with blindness in the right eye and blurriness of the left eye and fine motor coordination issues due to multiple sclerosis. As a result, she expressed to the service coordinator that she has trouble reading which impacts her ability to manage her medical care and assist with her children's homework, which was very important to her. She also had trouble with fine motor control and said she enjoys using her tablet but was having trouble holding onto it and was often dropping food, of writing utensils and silverware. She basically expressed experiencing general weakness, some pain with limited range of motion and she utilizes an electric wheelchair daily. The service coordinator noticed that when she give the participant her card that she held it up really close to her eyes so that was an initial indicator . Also she mentioned having vision trouble, trouble holding onto things like her tablet and dropping cups and silverware, and the service coordinator explained how assistive technology works. That she could submit a referral to NOT evaluator to come to her home to evaluate the areas where she

expressed interest and need in getting assistance. The service coordinator again doesn't request specific items.
They Ask the evaluator to evaluate the area that the person brought up and is interested in evaluating once obtaining that approval. And really in this case items to help her with her concerns that the participant wanted to evaluate due to her vision and other limitations. Then the service coordinator sends the recommendation -- excuse me -- the OT since their evaluation back in and PMC approved a number of items . Once approved, the.[word?] Would set up the assistive technology and teach the participant how to use it. And again every person is individually evaluated based upon the need. So it's completely person-centered, and in this case the OT recommended a desktop video magnifier, protective utility case for her tablet, adaptive utensils for teaspoon, knife, foam tubing for writing utensils to help with her grip, a drinking mug with a lid and straw, utensil holders and straps and portable magnifier with a light and a graspable handle on it. Previously, the participant in -- used small handheld magnifiers with cracks in them and they weren't doing a great job with helping her see. The participant expressed being in tears at times and trying to help her children with their homework. So the desktop monitor allowed her to be able to put the children's homework under it to read and to review her kids homework . So it was a huge thing for this participant . Even simple things like the fork and the teaspoon into the knife with the grippers, it gave her additional independence and she had expressed that she felt embarrassed that she could barely feed herself and that she was dropping things and making a mess and wasn't able to bend down to clean things up. So she was having to ask for help . Some of these items are not high-tech but they are really not super expensive items . They really can afford a lot of additional independence to the individual . In this case, the assistive technology especially the desktop video magnifier, she would not have otherwise been able to afford this item as well as the other items . They were really a huge game changer for a younger person to really get a lot of independence back. I'm happy to answer any questions.
>> MICHAEL GRIER: Great. Thank you Alex. Any questions for Alex?
>> CARRIE BACH: I believe it was slide (Indiscernible) the last statement I think it was something about referral. The service promotes independence for adults with disabilities and everyone in a nursing facility is eligible. . That's what I needed to read. Thank you.
>> MICHAEL GRIER: We have someone coming up.
>> DAVID JOHNSON: A question directed to all of the plans. I imagine there's utilization rate data available for assistive technology . I'm curious if that can be shared at next month's meeting, including the age of the beneficiaries as well or the age range . Just thinking about benefits of assistive technology, the mechanism by which a service coordinator may make a referral or an evaluation for a beneficiary with nmet need while older adults are not inherently not tech saavy or efficient in the use of many of these devices. I'm just curious if there is a lack of familiarity as to what might be available . So I'm curious if next month we could get utilization rate of assistive technology broken down by age 4 age range ipossible.
>> CARRIE BACH:
>> ALEX CRAWFORD: This is Alex from UPMC. We would be happy to pull that information.
>> DAVID JOHNSON: Sorry Alex. Heard the front end of that but you started to trail off.
>> ALEX CRAWFORD: Happy to go back and if I can get that information for you and I know that we have several hundred active authorizations. we'll try to get that broken down by age range.
>> DAVID JOHNSON: That would be great. Thank you.
>> SPEAKER: This is Jocelyn from AmeriHealth. We can accommodate that request as well.
>> JULIET MARSALA: Thank you.

>> SPEAKER: From one.
>> JEFF ISEMAN: This is Jeff Isman from Pennsylvania silk. First item is on AP complaints because I know in different times we've had presentations on different issues about so I was wondering if Office of Long Term Living or pens (Indiscernible) track complaints on consumers who requested AT that have perhaps been denied or it's under appeal?
>> SPEAKER: On behalf of the Office of Long Term Living we track (Indiscernible) with regards to the various categories the NCOs do as well and report them out to MLTSS usually at one of our meetings but we can certainly get back to you with data I would imagine looking over (Indiscernible) over there. (Indiscernible) Team can certainly look at that with regards to whether or not it's service specific I'm not sure 100% if we can get to that specific detail. But certainly the things like BME (Indiscernible) the top and some folks will take a look for you.
>> JEFF ISEMAN: Thank you. My second question is on what the CHT waiver coverage of AT means. Does that mean the three NCOs pay for the assistive technology or is it basically you're providing the information about what TechOWL does or Pennsylvania assistive technology? I'm just curious on that . I think that's a distinction with the difference.
>> SPEAKER: Yes. Assistive technology is a covered service under the Community HealthChoices waiver as well as the (Indiscernible) waiver. So it is covered and included under the computation rate of the managed care organization. It's important to note as always Medicaid is the payer of last resort. So SCs will be looking for community resources, alternative availability, programs that might be out there, whether or not it's work-related. Should we look at the Office of Vocational Rehabilitation? As I said, assistive technology comes in a wide range and so that's why the assessment is so important to find out what will meet the needs of the individual and if that's the most appropriate way.
>> JEFF ISEMAN: My last question was on AT and I'm not sure if it fits in this category 2023. Every year the value added benefits change for each of the NCOs . I'm curious as to if the 2023 AT or if there some AT value-added benefits within the ATO. If there's not, that's fine. But I'd like some clarification on that because it's not always clear what benefits are available to consumers.
>> SPEAKER: I certainly invite them to come up and ask it. Not sure why assistive technology would be a value-added benefit if it's a covered service.
>> SPEAKER: May be an additional say service or price with AT because (Indiscernible) is very specific with (Indiscernible) additional dental services or transportation under a value-added benefit. That's why I'm asking the question. There's something that might help consumers. It wouldn't be under (Indiscernible).
>> SPEAKER: That's NSI potentially. Covered our (Indiscernible) services within their plan.
>> SPEAKER: Any one at an CHC it's a value-added benefit.
>> SPEAKER: Happy to have (Indiscernible).
>> JOE ELLIOTT: Hi this is Joe from PA Health and Wellness. We do not have AT as an assistive technology as a value-added or (Indiscernible) but it is as was referenced covered benefit for nursing facility clinically eligible.
>> JOCYLYN: This is Joel's -- Jocelyn from AmeriHealth. We don't have AT as a value-added benefit but it is available for those under community-based services.
>> ALEX CRAWFORD: This is Alex Crawford from UPMC. The same. When I hear value-added services I oftentimes think about a person's Medicare special needs plan or Medicare Advantage plan and there could be some additional supplemental benefits through their primary insurer for instance. But for the most part, AT is covered under CHC.
>> JULIET MARSALA: I'd like to Adam going to take this opportunity to give a plug to the Pennsylvania assistive technology fund which is available to all participates under Community

HealthChoices . Individuals who may not need the covered services required through (Indiscernible) but (Indiscernible) assistive technology foundation provides loans, low-interest loans, city grants and a wealth of services and resources that I am aware that all three NCOs have shared on occasion and engaged with. So just wanted to take an opportunity to raise that awareness today.
>> SPEAKER: Great. We get lots of emails or calls for those (Indiscernible) so thank you.
>> LAUREN ALDEN: This is Lauren Alden for our Chester County's. TechOWL and NTF that was just mentioned are both resources that I use often when I refer folks for AT devices. My question I have two questions for the I guess all three of the managed-care organizations. The first question would be what is the average length of time for need identified to receipt of the actual assistive technology? Because my goal is always to help people get whatever they need the fastest so if that would be the fastest route I would prefer to go through the MCO. My second question for all three MCO's as well as you folks dimension the assessors. I think UPMC mentioned they have an AT team that are the folks that support submit the referral to. So I would want to know from each of the MCO's if there are people on these AT teams that use assistive technologies themselves. Thank you.
>> SPEAKER: This is Joe from PA Health and Wellness. I don't know the average time. I do know it's requirement participants notify at least under the occurring agreement within 21 days. I do believe that that may change for 24 but I'm not 100% positive. Regarding the assessors I'm unsure if any of them use assistive technologies themselves. We do have OT send ATs that work with participants to help them figure out what may make the most sense for them. But I don't know if they are using AT or not.
>> JOCELYN: In regards to the average length of time, we would need to take the question back together some of that data. We don't have that offhand. And as far as the assessments, we use brokers that are specialized in AT but we can't specifically speak to whether those employees with the brokers personally use AT.
>> ALEX CRAWFORD: The timeframe for the AT referrals it's generally within a couple of months but that's with variations due to the circumstances, responsiveness or unique services or (Indiscernible).
>> DAVID JOHNSON: Sorry Alex. We lost the final sense of what you said. Can you repeat yourself?
>> ALEX CRAWFORD: I said the timeframe for AT referrals through fruition it's generally within a couple of months. But there can be variation due to the participant responsiveness, the unique circumstances or needs of the participant or the items that are recommended and what's readily available.
>> SPEAKER: Thank you.
>> DAVID JOHNSON: Pam, do you have a question?
>> SPEAKER: I'm (Indiscernible) just the question (Indiscernible).
>> DAVID JOHNSON: Pam, I'm sorry to interrupt you.
>> SPEAKER: (Indiscernible) Sorry if it's already been addressed but when it comes to assistive technology (Indiscernible) if it gets addressed with the service coordinators as people are requesting assistive technology, working on what the request is to technology understanding they have to change the service plan and our service coordinators trained that they might not always not no longer need I think about a lot of times I hear people say well, I got this device but then they cut back my attending care hours but I need help getting the device out or getting it set out or I still need the time. Our service coordinator strained to balance all of that and understand that you want AT to be able to replace some of the things that someone uses in their life but that doesn't always happen. Is that addressed by service coordinator's? As well that

they may not totally (Indiscernible) .
>> JOE ELLIOT: This is Joe from PA Health and Wellness. The conversation around hours and use of assistive technology is really a conversation between the participant and service coordinator. The service coordinator if there was assistance needed in utilizing the device from the past agency then that would be accounted for as they are determining what hours are going to work best for the participant. Does that answer your question?
>> SPEAKER: If I could add this is Anna Rankin from UPS see director of service coordination but when it comes to assistive technology as we had mentioned earlier our service coordinators are trained to assess the identified need to and from that discussion if the participant would like a referral submitted for AT evaluation we would follow that process . But not necessarily will that impact the functional need that is assessed subsequently. So it's really about when we're assessing we're documenting the identified needs.
>> SPEAKER: Okay (Indiscernible) it's not a routine that a patient (Indiscernible) something in your service plan has to be reduced (Indiscernible) individuals are still able to if they need they can use the time that that might have filled . That's what I'm asking. (Indiscernible) Got this device (Indiscernible) coordinator and (Indiscernible) time reduced because of this device should be able to help you in other areas. That's what I was asking to make sure it's not (Indiscernible) just to reduce (Indiscernible).
>> JOCELYN SAGGESE: Outcome and on that a little bit. Our process and our planning process is very person-centered so looking at that person and their array of needs and how those needs can be met so we recognize that AT requests will enhance community living but doesn't necessarily replace the need for PAS. We look at the participant as a whole, look at what their needs are and how we can meet those.
>> SPEAKER: Do you have anything additional to add on that?
>> SPEAKER: I think the plan covered it well. Just to give you assurances there is no algorithms allowed so there shouldn't be any algorithms with regards to if you use an electric toothbrush you get decrease in hours. There should be no (Indiscernible) on that because it should be a person-centered, whole person approach to continuing to meet their needs.
>> SPEAKER: Thank you. Are there any additional questions from the audience? Do we have any questions in the chat?
>> PAULA: This question is from Susan. She's asking UPMC if they can (Indiscernible) a couple of examples for assistive technology and help with mobility issues (Indiscernible) if you have any examples.
>> DAVID JOHNSON: Alex do you have any examples available?
>> ALEX CRAWFORD: Can you please repeat the question? I didn't quite hear it.
>> PAULA: The question is if UPMC or any of these MCO's for that matter could give a couple of examples for assistive technology to help with mobility issues and weak legs.
>> ALEX CRAWFORD: Sure. Some of the items that talk a little bit about that there's items such as a door opener or a reacher to help somebody grab an item or a number of items that could help with the persons mobility with their dressing . In terms of assistive technology specifically and there's several devices that can help an individual with activities of daily living and really help them within their environment. I think a door opener is a good example.
>> DAVID JOHNSON: Thank you Alex. Are there any additional questions in the chat?
>> PAULA: (Indiscernible).
>> ALEX CRAWFORD: We often get feedback from participants that they didn't know that these ofdevices or items are available and can be really, y, really impactful for them. We actually had a service coordinator that said that one of the participants told them this isn't on a commercial as seen on TV I would not have known that such items existed.

>> DAVID JOHNSON: I appreciate that feedback. Has this anecdote informed any novel practices with service coordinators and the process by which assistive technology may be communicated to participants?
>> SPEAKER: This is Anna Rankin. Our focus was service coordinators again is to really channel them on that person-centered conversation and around identifying the needs because as you're hearing assistive technology is vast and it takes specialists, occupational therapists, the experts that live and breathe within assistive technology every day to fully evaluate and recommend all of those things that could be available to help the person with their identified needs. When we talk about training for our service coordinators again we really focus with them on listening to what the needs are and hearing from the person what challenges are and consider could these things be -- could these identified needs be met for the benefit and if that box is checked, we absolutely want to submit that referral to assistive technology to let the experts really dig in with the participant to make the best recommendations of how their needs could be best supported because there are a lot of items out there . But there is -- for service coordinator that wears a lot of hats, we want to make sure that the experts are really looking at that and helping make those recommendations for things we may have never even heard of just because that's not our area of expertise. We're experts at identifying that need and getting it to the next place.
>> SPEAKER: I would just say we've also --I mean from the Pennsylvania Assistive Technology Foundation as well as UPMC center (Away from Mic) Leveraged in trainings for service coordinator's.
>> DAVID JOHNSON: Thank you. Other questions on assistive technology? From committee members or the audience?
>> SPEAKER: (Indiscernible) UPMC referenced (Indiscernible) tubing and I love this stuff . This is my stylus . I actually have this wrapped in (Indiscernible) so it makes it sticky so I don't lose it. But I wanted to go back to the point -- I can't remember who said it (Indiscernible) assistive technology to replace DAS hours because as much as these things help me and allow me to use my phone -- I have them on my makeup brushes. It really does help me but please don't take my attendant away because you know how fast these full on the floor and roll away? Then I lose my ability to use it. So just wanted to make a point that yes, these are great. Please don't replace the attendant because (Indiscernible) so thank you.
>> DAVID JOHNSON: Thank you Kerry. Can't hear you. Please come to the mic.
>> SPEAKER: (Away From Mic) Hi. This is Cynthia. When you are talking about assistive technology, I listened to everything you guys have said (Indiscernible) resources that you mentioned . However I noticed that you guys didn't mention visual resources . I know visual resources call for assistive technology and training so do you guys see HT's and MCO's do they contact vision resources as well as a platform to help people get assistive technology training and tools?
>> DAVID JOHNSON: Do the MCO's want to respond?
>> ALEX CRAWFORD: I need to take this back to see if this resource (Away from Mic) Geographical focus (Away from Mic).
>> DAVID JOHNSON: You're breaking down a little bit, Alex.
>> ALEX CRAWFORD: In general we do look at all available community resources.
>> JOCELYN SAGGESE: I agree. It's very specific to the person, the needs that they identify . So with this presentation we were just asked to provide an example. But if it is vision related we definitely make referrals to visual services and then we are also enhancing SCa training to identify those needs and make appropriate referrals as well.
>> DAVID JOHNSON:

>> JOE ELLIOT: I would just echo Alexander Jocelyn . If the need were to present through the person-centered planning process assistive technology could fill that gap for a vision related item. That would certainly be available to them.
>> DAVID JOHNSON: Thank you all. Any other questions? Regarding AT for the presenters? Paula is there anything in the chat?
>> PAULA: No, there isn't.
>> DAVID JOHNSON: Thank you. Thank you all for the presentations and I appreciate the discussion about assistive technology. Next we're going to move to the next item on our agenda, which is Community HealthChoices managed care organization MCO question-and-answer session with AmeriHealth Caratas, PHW, UPMC and Community HealthChoices and all of our stakeholders. It's going to be an open format for the next 40 minutes or so and who would like to start us off? Paula, keep me informed if there something in the chat. Hearing none can we hearing none and can we expedite the OLTL updates? Pam, do you have a question? Thank you for the flexibility.
>> SPEAKER: Of course. We're going to go to the OLTL updates. I have a short list of updates today. One and two talk about the MLTSS membership subcommittee. We will have new seats available starting in the new year for individuals, community members and participants, especially participants who are receiving MLTSS services . We would like to receive nominations and hope you can forward them to Paula and Jermayne Glover over here for consideration. So we absolutely would like a new folks for the subcommittee meetings. For the Community HealthChoices request for application, there are no updates as of today. They will be shared accordingly through the marketplace. We are considered in a blackout period. We aren't talking about the RFA besides saying there are no updates at this time. The statewide listened and learn tour we are in the final stages of getting the summary document out to you. And just going through a review process . As promised, I will go to the board with that presentation on the learnings from the listen and learn tour. I'm excited to do that. From June 2023 through August 2023, the Office of Long Term Living held listen and learn sessions across Pennsylvania. Our goal is to have sessions in person in each of the five regions and also to have virtual sessions at different times of the day. Also one of the weekends to ensure that individuals could access the listen and learn session. These listen and learn sessions were put in place as part of my transition into this role because it was really important to me to hear from individuals across the Commonwealth to get a sense of what was most important to individuals that benefit from all of Office of Long Term Living services. Certainly we all recognize that Community HealthChoices is the largest among people but we did also want to hear about the over waiver, the act 150 program, our living independently for the elderly life program which is actually known as pace. Our Bureau of human services icensing lacing es for (Indiscernible) and health protective services program. We held 16 in person sessions and three virtual sessions so we were able to engage with hundreds of folks across the Commonwealth . We did not require sign in list so we were not keeping account of who participated in the sessions. I know folks would really love that data but we did not keep that count.
We Have a lot of really great feedback and I am incredibly grateful to the Centers for Independent Living, community-based organizations, the (Indiscernible) providers, the nursing home where these listening sessions were held . A lot of folks did a lot of good things to spread the word and support with transportation and access to this session so we are very grateful for that. So each session offered a glimpse into the day-to-day challenges that our participants face, what they value, what's important to them with regard to maintaining independence and living in the coming design their choosing. Most of these needs are well aware of but there was certainly learning at every session. It was really important to hear how important OLTLservices

are and what impact it has two individuals with our services. There may be struggles or they fall short or where they are not necessarily meeting the needs of the person. Some of the common themes that we heard that should not be surprising were concerns related to the workforce shortages, the concerns related to reduction of the personal assistant service hours, concerns related to service authorization, challenges with service coronation, concerns with regard to the impact that delays in approvals or installation of home modifications may have, challenges with medical and nonmedical transportation which predominantly are different at the different local levels . We also received input on recommendations for considering virtual service delivery options for some of our waiver services. The take away with regards to the positive impact that folks experience with the appendix K waiver was replaced due to public health emergency. I should note that listen and learn sessions give opportunities for folks to give feedback . It's important to give feedback on where we fall short but I don't want this list to make people feel that the whole program falls short. The programs that old TL offer offer a great deal of benefit to folks. It's a negative list but we always have work to improve. With workforce shortages, there were concerns with regards to the demand on workers, the lack of pay, not being commensurate with the living wage.
Shortages indirect care worker, high turnover, workforce shortages in service coordination. (Indiscernible) Were certainly a concern. Personal assistants hours and service coordination. There was shared concerns at listening sessions in each of the regions where it was a question why PAS hours reductions were occurring . at the pace it seemed like they occurring and concerns were shared with the justification on the reduction of hours. Participants feeling as though they need more advocacy support and that generally speaking maybe a lot more information with regards to the reduction in services to help them better understand why they occurred. So certainly looking outback. For support coordination, the value and the need for service coordinators came across very clearly and we heard great stories about service coordinators who were very strong and very committed, very caring . It's a very tough role that requires Medicaid and people who are very mission oriented . But there was resource related to the need for more training of service coordination in their roles and the need to improve access to service coordinators and being able to get to them directly and quickly . This frustration when they have to sort of go through multiple layers to get to their service coordinator. We talked about transportation and virtual services. We visited rural areas of Pennsylvania and that was very enlightening to see the differences and the challenges and concerns for rural Pennsylvanians . In particular I learned about how frequent power outages occur in those areas. And in particular how when a power outage does occur, if an individual has switched their landline from their and along landline to upgraded Fios services then it has unintended consequences on their health and safety that they may not have been aware of at the time because if they have a power outage and they have the Fios and they don't have their analog landline anymore, they cannot access 911 services. Some of these areas are very remote and so be able to get to emergency services takes considerable amount of time.
There's just different challenges and things to consider with regard to emergency backup planning services, resources and planning. Matt has a question? We went to Falls, PA. we only went to 16 places ut Falls, PA was where we learned about role challenges. At other meetings we had...And falls, PA data center because they have (Indiscernible) so very, very grateful for their efforts in pulling their community together. It was very diverse. We have the local commissioners were present. We had older adults, young adults, caregivers, a really great session was held there. There was feedback on nursing home transition services, the need for more nursing home transition services. A concern related to should a resident identify that they'd like nursing home transition services and want to transition, concerns about whether or

not they are offered a timely opportunity to appeal or learn or understand or get a decision about whether or not they would have access to nursing home transition services. So lots to think about there. We heard about the benefits -- how benefit services are important and access to the benefits services, counseling services are important and hoping to see that service utilization grow. There was discussions on provider communities with regards to looking at where we could reduce administrative burden . The need for services for different target populations such as individuals who are homeless, at risk of homelessness, veteran services . In particular in one session we heard from community shelters who are experiencing an increase in receiving individuals who have higher needs than they've seen before. And the need to work with coordinating to address those individuals needs and the need for awareness that if an individual is a Community HealthChoices individual that services can be provided in shelters for those individuals should they be at risk of homelessness or (Indiscernible) homeless. So it was really a valuable time spent with community members and stakeholders . It was very informative in helping me to relearn issues and areas of importance across the Commonwealth with regards to the Office of Long Term Living services. You'll see that come out hopefully in the near future.

We'll Talk about the state transition plan for the home and community-based services HCBS rule . The rule was introduced some time ago and there was considerable effort to evaluate and assess our services and our compliance with the home and community-based services rule in particular with the vital settings rule particular to what meets the definition of community services. As such that the Commonwealth had to plug in a transition plan to the centers for Medicaid and Medicaid services for not just the Office of Long Term Living but the office of developmental programs (Indiscernible) etc. Part of that transition plan for Medicare and Medicaid was to discuss how would we ensure we were in compliance with the home and community-based services rule. I'm happy to say that our plan has been approved and CMS provided an approval letter which is available online if you'd like to read it. That says that our collective work in this effort and area has been approved. It's a great milestone. Thanks to the Office of Long Term Living, to our partners to help make this possible. There are next steps with this . Centers for Medicaid and Medicare now that our plan is approved they do plan to have on-site monitoring visits and so we will be planning our efforts to receive them here in the Commonwealth and have them walk through the statewide plan . Their on-site monitoring visit is to monitor our transition plan, heightened security assessments. It may require on-site visits to providers particularly residential habilitation providers so that CMS can obtain their assurances that we are doing what we have proposed we're doing. Certainly our monitoring visits -- you guys get lots of monitoring visits from us. You may from CMS on occasion as well. Any questions for us? Alright. Federal government potential shutdown that is not a shutdown but could be a shutdown and 45 +/- a couple days. While we watched that closely and of federal government shutdown would have some impacts to the Office of Long Term Living, we wanted to share with folks that Medicaid in particular is a mandatory spending program so the Medicaid funding utilized to predominantly run our Community HealthChoices program (Indiscernible) programs, the over waiver do not need to be appropriated by Congress each year.

When You hear about the government budget shutdown, it doesn't impact the provision of Medicaid services so we would not be worried about shutting down the health choices or individuals not getting their services. For OLTL, where we do have an impact is when the centers for Medicaid and Medicare staff might be furloughed . So in terms of responsiveness to get approvals and things of that nature for regular operations, that might be delayed a bit. We don't have anything critically pending that would impact participant services. Most of our Medicaid services are PHE unwinding etc. We would continue as usual . Certainly it does have

an impact to people we serve with regards to other services they might receive such as (Indiscernible) things of that nature. So we continue to watch that very, very closely both at the Office of Long Term Living and our service for a minimal impact . With regards to the public health unwinding, many of you may have seen an article recently that discusses how CMS has asked states to pause their disenrollments as part of the public health unwinding. Or mitigation strategies . So we wanted to ensure folks were aware that the Commonwealth Health and Human Services did implement mitigation strategies. We are one of the states that are pausing disenrollment for procedural reasons. So we are continuing as we have been once the public health emergency unwinding and requiring individuals to ensure that they are recertified for their eligibility.
>> SPEAKER: Can you please define (Away from Mic).
>> SPEAKER: In terms of mitigating strategies, I'm not the expert . The office of income maintenance is where the supplies tomorrow. I may hand it over to Donna friend (Indiscernible) he is our liaison to the PHE unwinding >> SPEAKER: this is germane. The main thing that CMS in the articles talked about is exparte process for (Indiscernible) budgets . I'm sure that might be (Indiscernible) but really is looking at whether (Indiscernible) has enough information prior to (Indiscernible) to determine if a person is eligible for the same or higher level of benefits and then the CAO would process that renewal without having to send a renewal to the participant waiting for the participant to turn things in . I think we all know that sometimes it's going to be difficult for people to maybe understand what all is needed or get things in on time. So exparte process would avoid that . The mitigations exparte process before CMS came out with new guidance was that Pennsylvania was looking at ex parte at a household level. So if there happens to be a budget let's say parent and child and the county assistance office looks at that as we don't have enough information to determine both individuals on the case eligible, we send out a renewal. Even if potentially one of the persons could be determined eligible for exparte. CMS has said we want exparte to happen and an individual level. Pennsylvania has put out a new exparte guide to help us to make sure people are identified who might have procedurally closed because exparte was looked out at a household level rather than pausing the unwinding. So that's the mitigation.
>> SPEAKER: Any other questions about PHE?
>> SPEAKER: I do. We didn't hear that exactly (Indiscernible) what we heard was that a number of individuals who were disenrolled were going to be reinstated until the exparte process as described by CMS as being required is put back in place. Did I hear that incorrectly?
>> SPEAKER: I would want to defer to I believe it was called (Indiscernible) and he can clarify (Indiscernible) able to say anything.
>> SPEAKER: I do have a question on the eligibility . (Indiscernible) the past week we lost 16 of our participants lost eligibility and we tried to do everything in our power to assist them with getting reinstated and what we're finding is the county assistance office, they go there they'll get better assistance. We know on the phone waiting for hours. We're just kind of like getting a door and they tell us (Indiscernible) staffing. Right now this week alone we lost clients have lost 16 of them lost eligibility and some of them have 15 hours a day. Are they doing anything to speed up the process of how they want us to submit documentation? I know there's a process that's online and sometimes (Indiscernible) our clients who have to go into the county assistance officer waiting there for hours. We're just like is there a faster process or streamlined process? You mentioned that they get an application in the mail . Is there a process that we can just do online to help them? Or is there a thing that we can login their (Indiscernible) to see what is it they're missing because right now we have to call so we know on the phone for hours to figure out what documents they need.

>> SPEAKER: Do you happen to know if people who lost eligibility (Indiscernible) procedural reasons for having not completed the process not turned in their (Indiscernible).
>> SPEAKER: This is verification of income. They need to update their income. They need five years of bank statements or their direct spending debit card statements. (Indiscernible) What they need rather than us having to get a live person to tell us? I think that would be the first step of make it easier to help the participants because we'll call and then they get frustrating because we can't get through. We just know they have to reapply and we do know they are trying to hurry up the process because they want their services reinstated.
>> SPEAKER: CMS recently but has been focusing on getting information out (Indiscernible) are available for people who maybe don't have the time to wait for online or can't get to an office. You can submit documents both ways on my (Indiscernible) PA app or on the website and right now you can review online . As to whether you could log in and out, if you go to the DHS website DHS.PA.gov/PHE there's a (Indiscernible) on the sidebar for (Indiscernible) and you can become a community partner (Indiscernible) help that way.
>> SPEAKER: But does it say what it is that they need? That's I guess my question. We know all of that. We have that access. That portal. But we still have to get on the actual phone to determine exactly what they need. Because the renewal part is the easy part . You can do the paperwork. But it's like what exactly are they looking for? Maybe the last two years the participant needed life insurance but they didn't have that prior two years ago. So now we just want to know when they login to compass, could it just say what counties assistance office is looking for?
>> SPEAKER: I don't have access to my (Indiscernible) move right now but I can look into that and get back to you and let you know for sure.
>> SPEAKER: Don't go anywhere.
>> SPEAKER: A couple things. 16 individuals lost eligibility and we verified that they appealed and got an appeal notice. Did they ask if they felt (Indiscernible) that they are getting services (Indiscernible) while they are waiting for their hearing?
>> SPEAKER: Who are they supposed to be appealing with?
>> SPEAKER: If the individual lost eligibility, they should've received a notification for the county assistance office that they lost their Medicaid eligibility. If they lost eligibility due to a changing political determination, they get a letter from us. Are you saying these individuals received no notification?
>> SPEAKER: No, they only find out because in our office (Indiscernible) so we call them and tell them they lost eligibility. I'm not sure what's going on with their mail. I can't speak about the mailing system. But they only find out -- our 16 participants only found out because we did our in-house audit weekly on the eligibility and then we reached out to the participants .
>> SPEAKER: That's really concerning to me. If you could send the names of those 16 individuals to Randy Nolan, for purposes of everyone in the room and on the website, if you don't have Randy's email yet, here it is again. RNOLEN@PA.gov So please reach out so he can have his team members who look at the 16 individual situations so we can get a sense of what's happening because that's a concern for a variety of reasons. If someone has lost eligibility, they should receive determination notification. Two, it would be curious to learn more about how the service coordinator's are assisting those individuals and interactions with service coronation because service coordinator should be assisting individuals with the benefits renewal and access. So a lot for us to check in on those individuals. Do want to ensure that if they did not get a notification opportunity to appeal that that's corrected.
>> SPEAKER: Thank you. I'll email you.
>> SPEAKER: Two questions. First one (Indiscernible) determination, that includes a paper or

something that says (Indiscernible) if they did not know they could appeal, what would be the best case scenario for recovery of services?
>> SPEAKER: I just wanted to provide a reminder to everyone if you can please identify yourself when you start your conversation so the transcriptionist --
>> JULIET MARSALA: In that situation, it isn't a one pathway for everyone because I don't know for those individuals what each one was. Two things. One is requesting a hearing and appeals through the county assistance office in addition to requesting one through us.
>> SPEAKER: (Away From Mic).
>> JULIET MARSALA: If they didn't request a hearing or appeal, there isn't extraordinary circumstances to say why . It would require reapplying for services through the Pennsylvania independent enrollment broker.
>> SPEAKER: When they reapply (Away from Mic) Best case scenario (Away from Mic).
>> JULIET MARSALA: I don't have an idea how long that could be. I think right now we're running on the enrollment data is probably 30 days. But I don't have that specific data. That data is oftentimes presented at the LTSS subcommittee meeting so that data will be discussed next week on Tuesday . We can certainly get that to you. I just don't have it in front of me right now. Hi Shawna.
>> SPEAKER: Hello? This is Shawna Aiken and this very scenario happened to one of my staff on Monday . I of course was emailing back-and-forth with her to give her guidance, and as of yesterday at five o'clock, the CO reinstated her attendant services. But in the process, they didn't give her information about medical assistance for workers with disabilities. And for her, it was a question of income eligibility because she's working now and her income changed. But I was surprised that all along the way no one gave her information about.[word?] Or even information about Act I 50. Randy, I did give her your email, but it was reinstated last Tuesday. But what's the process to educate people about mod and then if not mod eligible isn't the process for Act I 50 immediate?
>> SPEAKER: A couple of things with regard to workers assistance in all the benefits available to folks. Someone is working and there's Community HealthChoices. The service coordinator should be coordinating those services and that information. [word?] Counseling is a covered service in addition to benefits counseling you have the (Indiscernible) counseling that's available to individuals as ell. Our.[word?] Are a wealth of resources of information. Shawna is one of those as well. (Indiscernible) these questions. As you know (Indiscernible) staff provide a wealth of information. They are responsible for information and referrals for people with disabilities to help provide this information. Medical assistance for workers with disabilities is provided through our DHS website . The Office of Vocational Rehabilitation of folks are connected with them they get this through their benefits counseling as part of their process as well. If the feedback is that the county assistance office did not provide this individual with information related to mod then certainly we'll take that back to OIS.
>> SPEAKER: I already knew and everything you said I told her but I was just surprised that the information didn't come from her caseworker to give her an option . She was left with 98 hours of attendant care a week and I'm not going to have any. And I told her that wasn't correct and guided her through the process . But I was just surprised that first line of defense she contacted right away was her caseworker, and that person didn't help her until she kept pushing and gave her caseworker information about mod because I had said something. It should be I think the other way around.
>> SPEAKER:
>> JULIET MARSALA: This is Juliet when you say caseworker you're referring to the county assistance office?

>> SPEAKER: Yes.
>> JULIET MARSALA: Thank you. We will certainly take that back to the office and communicate it. Thank you for bringing that up.
>> SPEAKER: Hi. This is DJ (Indiscernible) the president (Indiscernible) I have a question (Indiscernible) same situation with eligibility and we were think it might be helpful if we could proactively look up when someone's eligibility was coming up for renewal . I know we became a community partner (Indiscernible) sometimes the persons like I have no idea what that is. Is there another way to look up when the timeline of eligibility is so we can forewarn the people who don't look in the mail. A lot of people say I don't check my mail.
>> SPEAKER: This is germane again. I'll have to confirm exactly what information is available and if there's another way other than partner number. Putting personal information a person can find out what their renewal is.
>> SPEAKER: That would be helpful because we were thinking maybe we could comment or maybe it somewhere else but we can find that information so if we could have that that would be very helpful. Thank you.
>> SPEAKER: Moving onto the next slide, I'm excited to share that we've done some enhancements on our data -- information that we shared at a prior meeting. These were the work so I'm excited to say they will be coming out for the September data . So very big thank you to the OLTL team, Joel Baucus our quality director of quality and her team and everyone else involved in making these adjustments. What you should see in Septembers enhancements are data that includes our participants race and ethnicity by County and in addition to participant self-direction by region. In CHC and the participant self-direction and count by individuals for our fee for services programs so you should see those reflected in the September report. We are working on future enhancements and potential additional data points as well but we are very excited to be able to say that we are including that data in the patch release for September. Is that all undated --? On data --? We wanted to ensure people know October is National disability employment awareness month. We wanted to do our part to woo make sure folks were aware of what we're celebrating and talking about in October. This year is s particularly special because we're also observing the 50th anniversary of the rehabilitation act of 1973 which is huge legislation that impacted employment services for accessibility and employment for people with disabilities nationwide. Monumental (Indiscernible) independent living. We have vocational rehabilitation so it's pretty big legislation. We're talking about it today because employment is incredibly important to people with disabilities. It's important to independent living . We love to see employment opportunities and more and more people being employed in all of our programs and services . Pennsylvania is an employment first state and so we bring this up to talk about it and share resources to the Department of Labor at the federal level where we hope all of you will join us in spreading awareness and helping to continually increase opportunities for employment for people with disabilities. And then lastly, kind of along those themes.
We Wanted to make sure folks were also aware that the Commonwealth is holding workforce plan listening sessions . The Pennsylvania workforce board is holding three an in-person sessions from October 11 through the 13th and also one virtual session on October 17. These sessions are available to the public to provide input on Pennsylvania's 2024 to 2028 workforce development strategies for workforce innovation and opportunity act, the state plan WIOA state plan. The plan focuses on apprenticeship and career and technical education, focuses on building industry partners and employment engagement, focuses on youth as a priority population, looking for ways to continuously improve the one-stop system, looking at barrier remediation, evaluating worker shortages in critical industries . I expect everyone here to be there to talk about critical industries hint hint. So this is an opportunity to talk about these goals

and to share more broadly, identify areas of improved impact and bring ideas for innovation and improvement . I was wanting to share this opportunity more broadly and hope you do as well and hope you have the opportunity to attend one for all of these listening sessions. Those are my updates.
>> DAVID JOHNSON: Thank you.
>> SPEAKER: Tom from liberty resources Center for Independent living in South Eastern PA, Philadelphia, South West Chester counties. A couple questions. It's great the dashboard is continuing to evolve . Are there any plans to include in the dashboard metrics that would measure participant or consumer satisfaction at some point? And some of the measurements that might be relevant to that would be unwarranted PAS reductions for participants, satisfaction with response times to MCO inquiries etc. so that participants and consumers of the health plans have a place to go to look at the dashboard as they make choices on what plan to go within the future . Especially with the RFA coming out soon and possibly more MCO's being added.
>> SPEAKER: Appreciate the suggestions and feedback, Tom. Thank you.
>> SPEAKER: Then the other question, this is just leapfrogging ahead . We know full well how hard it is for direct care workers to make a living and supporting participants to live independently in the community, which is something we've all worked very hard to do with the Office of Long Term Living over the years. Rate setting for the coming budget year, will there be opportunities for stakeholders including consumers, participants, agencies and other providers, Centers for Independent Living etc., to provide input? Because it just seems that rate setting that happens historically has failed to take into account things like over time which is mandatory in Pennsylvania under Pennsylvania state law and the reimbursement rate doesn't take that into consideration. But the cost of healthcare benefits for direct care workers who are dealing or caring for folks in the community to live independently. We really hope that the next round of rate setting will take in the true cost of sustaining the workforce that the demand for is growing. We just heard in the hearing earlier this morning from personal care homes, assisted living facilities, they are encountering the same employment challenges with caregivers and not being able to retain them.
>> JULIET MARSALA: We are in full agreement and when the rate setting process with regards to the Medicaid, these rates are taken on, we absolutely would be seeking stakeholder participation as part of that process and have in the past.
>> SPEAKER: Thank you. Timing wise, will that be in the early part of 2024 or what's the timeline on that?
>> JULIET MARSALA: I don't have a timeline for that. In addition we're also watching for the finalization of the fiscal code as well. There's directions and therefore us as well on that piece so I don't have a timeline for you on that. But absolutely I'm with you with regards to the urgent need to address direct care workers needs, these providers overall and the increasing cost. Your education and engagement, folks everywhere in the General assembly are aware of those issues as well so thank you for that.
>> SPEAKER: I know Senator hasting introduced or reintroduced the community-based services (Indiscernible) I think yesterday and hopefully all of us can support that with our advocacy efforts and see it through because that's obviously needed . Last question or comment . You mentioned that (Indiscernible) had recently received approval from CMS. Did that approval include the assisted living in lieu of services?
>> JULIET MARSALA: Assisted living services, the assisting -- assisted living setting is allowable setting in our program. Looking at settings of assistance is separate from there's not in lieu of service right now that's approved but assisted living is an approvable community

setting and unallowable service . We don't have one that we have approved if that answers your question.
>> SPEAKER: Does assisted living count as a community setting with respect to nursing home transition? Typically when we move somebody out of a nursing facility, it's into an apartment or a home with the services and supports available under MLTSS. We actually see or start counting consumers who are moving out of nursing level facilities or nursing facilities to assisted living counting as a community setting toward rebalancing?
>> JULIET MARSALA: Individuals moving from nursing homes into assisted living, do they count as nursing home transition the way that we count them today? I do not believe that they meet the definitions as required by (Indiscernible) person to meet that specific count. Will we be tracking data should an assisted living in lieu of services be brought online and approved? We would absolutely be looking at the information of where the individuals are being served, how are they getting into the assisted living facility, prior, ensuring individuals it's voluntary and the criteria in lieu of services as required by SDM S. Absolutely we would be tracking that data. I know individuals have been concerned about a person who goes from a nursing home to assisted living may no longer be able to access community transition services. That (Indiscernible) the case. Community transition services are available to transition folks from any provider out.
>> SPEAKER: Thank you.
>> JULIET MARSALA: Yeah, of course. Thank you Tom.
>> DAVID JOHNSON: Your question then we'll go to Jeff.
>> SPEAKER: (Indiscernible) Psychiatric leadership Council. I have a question for the attendees . How many of you folks have been contacted and asked for input to the quality strategy update that is being required by DHS specific to CMS? Please other than those of you would you please raise your hand? For those of you online there are no hands raised. I would point out that this is listed as happening as on the Pennsylvania bulletin of September 23. I reference that and was pleased to find that this was a fairly short document only finding it referred to another document which is 65 pages long. I would encourage that we are able to share that document . Juliet, is there a plan to do that with the folks who attend these meetings on a regular basis and get comments back nto DHS prior to the October 23 deadline for those submission of those comments?
>> JULIET MARSALA: Reverse that for me a bit. Which document that you like shared?
>> SPEAKER: I think it's the managed care quality strategy review and it is intended to directly address three issues. One of which is financing . Another of which is quality of services which we discussed on a regular basis and third and most important would be mental health space is access . The lack of access to behavioral health services in the community is astounding yet not highlighted near as I can tell related to the point where it needs to be in that document. It's the parts that refer to the behavioral health managed-care organizations and their responsibilities in carrying out quality in the community are referenced on page 58 of that document. And it refers to the lack of compliance with the state expectations. In simplistic areas like reassessment, follow-up after seven days of hospitalization, follow-up within 30 days of hospitalization. These are issues that have been addressed by the joint commission since before I took this job. This is like 25 years ago. And they are still not being addressed effectively and it's the responsibility of OLTL to assure the overall individual is connected to the rest of the body to be assured that individual receives mental health care . It does not appear that we have assured that and I am hard-pressed to figure out how this response that's been prepared does that in any way. I don't see it and I'm hoping I'm not (Indiscernible) responsibility (Indiscernible) responsibility.
>> JULIET MARSALA: Yeah. I don't think you'll ever hear from me that it's only one

department's responsibility to coordinate behavioral health services. Behavioral health services are part of overall whole person care. (Indiscernible) Managed-care organizations , every service coordinator has that responsibility to address this for everyone . Psychiatric rehabilitation practitioner (Indiscernible) to a person's life. So you won't hear that from me. With regards to that particular document the managed care status report and where it's at in its processing I don't know if we have Jen Hale on the line director of policy. She's not in the room but she could give up-to-date status to that. If she is -- she is not. Perfect. (Indiscernible) So quickly. What I can commit to absolutely is ensuring that every member of the committee gets the documents that you're referring to and Paula and Jermaine as a follow-up can attach it to the documents that go out as part of the minutes.
>> SPEAKER: That's good news. The other part and fact that there are three workforce opportunity comment opportunities being offered going forward in plan for 2024 is a good thing. I'm very, very happy to hear that. I'm a little saddened this didn't happen in 2020.
>> JULIET MARSALA: I wasn't here.
>> SPEAKER: We still of the workforce problem (Indiscernible) last 20 years (Indiscernible) continues our staff constantly. You are much better off going to work at a distribution center versus being a mental health worker in the community based on these statuses....Hopefully you are going to be able to get comments from folks (Indiscernible) to be able to supply comments to that workforce strategy update quality update. It's important for us to make things --
>> JULIET MARSALA: Yeah. Part of what I'm hoping to do and continuing to move forward is bring opportunities for public comment especially as (Indiscernible) with our world.
>> SPEAKER: Thank you very much.
>> DAVID JOHNSON: Thank you Lloyd for bringing that up.
>> SPEAKER: This is Jeff from Pennsylvania SILC again and my question dovetails nicely into the discussion of behavioral health. Some of you are aware there's been discussions about (Indiscernible) dollars under the behavioral health commission . I've asked this in other meetings, DHS meetings . There is an awareness of the need in terms of folks, people in OLTL or (Indiscernible) having (Indiscernible) need and about that being shared. I was curious if you had any updates on that and how OLTL would be receiving any of that funding for individuals who might have secondarily have mental health diagnosis . Obviously there has to be a physical health diagnosis first before that funding can be shared. If there's any collaboration with (Indiscernible) on that.
>> DAVID JOHNSON: That
>> SPEAKER: That money is gone. That money was really Reallocated from the Senate (Indiscernible) nodded the community where whizzes...That spent hours upon hours to develop those recommendations it is gone. From the Senate approved budget that was signed and put in place.
>> JULIET MARSALA: Thank you for that update Lloyd. I wouldn't have been able to share it because of the details so OLTL will not be receiving any of that funding because it's no longer available.
>> SPEAKER: Thank you. Thank you Lloyd.
>> SPEAKER: Hi. This is Rick from (Indiscernible) independence again. On your updates I noticed that you had a home model approval delays as part of your update . One of the things that we see as a provider because we work directly with the MCO's we're trust provider to OLTL and all the MCO's is that timeline that you have in place . I know Joe had mentioned (Indiscernible) 21 day and 60 calendar day for home (Indiscernible) in the process. That equals to 40 to 44 working days. In that timeframe. With the referral is made by the time he gets -- the SC gets into the home.[word?] Department and gets into an OT and gets it other providers in

this room we get maybe two weeks to provide a quote . The communication between trying to get a hold of a consumer is very difficult . Is there any -- are you looking at moving that timeline to either going to 60 business days or changing when it gets kicked out to a provider meaning that all the paperwork is handed submitted for review and then the clock starts? Because the MCO's (Indiscernible) MCO's but I'm here to help them also because we're all in this together to try to conserve the consumer. That's the first question.
>> JULIET MARSALA: To answer that I don't have a specific answer for you but that's an area that we're looking at as part of receiving all the feedback . I'm glad that you bring it back up, that need an barrier and draw the attention to the reality of what's happening.
>> SPEAKER: As a provider, we would be more than happy to sit down with you . I know there's other providers here that would be because it really ends with us and the MCO's are reaching out asking us for updates. You can't get blood from a stone sometimes with these things. We would be happy to offer any assistance moving forward. Second is (Indiscernible) there's not clarity on that . When that came out there really was an input from a provider or any providers on that. If you read -- it came out from CMS DHS on that . It makes zero cents when you look at a vertical platform and you are only going to cover XYZ . MA, we're a provider for MA. I'll tell you about a case that I had . Mary is I got a call from MA and we are a fee-for-service provider. Fortunately it was closed, went out, did all the work for this and submitting it everything. This family was waiting two years for rent. And because of the process of placement on their MA, no provider wanted to do it because the fee-for-service -- once you get the renegotiation, they are only going to pay so much. There's no modifier for design, nothing like that. We're going to involved. I submitted the proposal . In that we are a faceup organization and I had our project management fee and that part to do the site work . All of that got denied . I wasn't going to let the family be without a ramp as the mother and father were both in their 80s and getting their 46-year-old daughter out of the house, they couldn't. So I ditched the project management fee which I had to explain to my CEO to get that ramp in. We had to come up with a better system for that. And maybe out of modifier or a cost +30 somewhere in there to allow other providers to get paid for what they're doing. Not just for the material and the labor. You guys are requiring so much. I had about 10 hours in the project just in Erie, Pennsylvania and to not get reimbursed for the time, that's why (Indiscernible) do work under MA. Are there any plans to reevaluate that having process?
>> JULIET MARSALA: Yes. (Chuckles) Short and sweet. Yeah. We do have a new operations memo and communication going out that has gone out already with regard to clarifying some of what they're having. It's continued work in progress, but the short answer yes. We are working on that. That is a topic of interest and concern.
>> SPEAKER: Again if we could offer any help with that because if you can part of if you look at that anything attached to a screw, bold or not that affixed with the material is, I have MCO's that are we do a bathroom and it has grab bars in the shower but if I have to do a grab bar over here that has to go through (Indiscernible). It's a totally different process. The MA reimbursement rate from what I understand for a grab bar is $15. You can't buy a grab bar for $15. A whole lot of work needs to be done on that. Again we can help in any way as providers we would be happy to because we want to get the people what they need.
>> JULIET MARSALA: Absolutely. Thank you.
>> SPEAKER: (Indiscernible) I have two questions. Everybody's aware about the lack of poor transportation issues that we are having and people with disabilities mostly are the ones that are having these issues. My first question is what is the process when a consumer is taken to a location Doctor whatever the case may be after hours and there's no one to answer those phones, what is the process on getting help? That's the first question. The second question is

because there's such a lack and poor fee for transportation when can we get together as an entire group of different organizations to bring up these transportation issues to make it better for us?
>> JULIET MARSALA: I'd like to defer transportation issues to Randy. He was looking too comfortable over there. Transportation issues to be clear, transportation issues there are some that are common across the board and then there are others that are very local, community specific. And then there's transportation issues that we can look at from a vertical line, medical, nonmedical, community, every day transportation issues. So it's this big, broad and wide. With that, Randy has all the answers.
>> RANDY NOLEN: Hi this is Randy Nolan from OLTL. In regards to your first question as far as being at a site after hours and needing help, the MCS should have a 24 hour call line and the transportation brokers better have or they should have a 24 hour call line. There should be no time during the day where you are not able to call somebody . I'll let the MCO's discuss little bit about that. But I will tell you they should have 24 hour access if there's an issue with transportation. Can you repeat the other part of your question?
>> SPEAKER: The other part of my question was because there such a need for transportation whether it be medical or paratransit, may be medical, how can and when can we get together as an organizational group to tackle the issues that we're having with medical transportation? And to piggyback off of what you said, when you call in after hours after hours but when you're calling when you arrive (Indiscernible) you don't always get someone on the phone to tell you how they are going to make it back home.
>> RANDY NOLEN: As far as discussing issues what I will do is work on setting up a transportation summit. We did one last year and I will do another one this year. There were three MCO Zen two transportation workers we utilize cause transportation provider in the southeast, departing of transportation, am I TT program and providers and consumers of services so I will work on setting a meeting up for that. As far as after hours not being able to get a hold of I'm going to turn that over to MCO so (Indiscernible) do you want to discuss that?
>> SPEAKER: Before you can do that can I ask you when you say set transportation out power we going to be notified as a consumer and as a community so we know whether we convene here, in hybrid, in person? Will there be some documentation or flyers being circulated so we can know whether this is online. People can always go online if someone doesn't have access to internet access or for some it's not acceptable especially those with vision loss. Sometimes websites are not accessible to navigate so how are you going to get this information out so we are aware of it?
>> RANDY NOLEN: We will advertise (Indiscernible) I will also ask the MCO's through their service coordinators to make sure they advertise also. We'll also advertise it through providers like SILs and various providers out there so you can also (Indiscernible) provide you information about that. AmeriHealth can you answer the question in regards to after-hours ability for you guys to answer phones?
>> SPEAKER: Can I ask a question (Indiscernible) how long (Indiscernible).
>> SPEAKER: It happens a lot for various people in various locations. If I was to go right now to a doctors appointment because a doctor wants to see me at a later hour and I'm at the doctors office and I scheduled transportation to bring me home and they are supposed to pick me up at a specific time but I'm sitting longer at the doctors than I anticipated and then when I call the transportation to see one ride is, you don't always get an answer and if you do get an answer because you are supposed to be picked up an hour ago they don't always want to pick you up at the time you're released from the doctor's office.
>> RANDY NOLEN: We don't have data on these incidents but one time is too many.

>> SPEAKER: This is (Indiscernible) from AmeriHealth (Indiscernible) nobody wants to hear that that's occurring. Through the MCO we provide nonmedical transportation . Doctors offices is likely covered through medical assistance transportation program which is done county by county. That's not handled by the managed care organization so I'm not able to answer that question regarding MATP and we also do not have data on that either. For the nonmedical transportation that we do have control of we scheduled a return visit and our vendor SEM does have a 24 hour service line . If that is not reachable you can't get the representative, our service coordinators have on call. They are available 24/7 and we have a direct line into the MCM representative.
>> SPEAKER: I'm going to call (Indiscernible) people will be part of that conversation.
>> SPEAKER: PA Health and Wellness just like AmeriHealth we provide nonmedical transportation (Indiscernible) ambulance specialized support (Indiscernible) identified in the person's care plan. But within ATP if you're experiencing trouble with your ride MATP (Indiscernible) service coordinator (Indiscernible) getting that remedied. That's the guidance we would provide for partners and our participants because otherwise (Indiscernible) related to MTM we address that directly with the broker of the transportation and they get on it right away.
>> SPEAKER: UPMC?
>> SPEAKER: (Indiscernible) That question ahead of time (Indiscernible).
>> SPEAKER: I just asked Jermaine to give me a reminder to talk about the MATP program this week so I will follow-up with him on that in regards to being available after hours.
>> SPEAKER: (Away From Mic).
>> RANDY NOLEN: That's what I'll follow up with when they do service in the evening (Indiscernible) County based so research into it.
>> SPEAKER: Just want to piggyback off that again. Again if the person is in a wheelchair wanting to use a structure to go to and from and transportation does not come and they call other avenues of transportation who will not take them because they have to pay cash out of pocket because they should've been picked up by their ride . How does that work?
>> RANDY NOLEN: Those are all part of the questions I'll follow up on.
>> SPEAKER: David from UPMC community health services. Similar to what Missy in and said. We're currently providing non- medical transportation (Indiscernible) services. Our vendor and service coordination team do have after hours operation with numbers that are available for individuals to call . Our there may not be a vendor available so our service coridinator or TPS vendor may have to call around to try to find an available provider which may result in a call back to those services (Indiscernible) secure (Indiscernible) but if there are specific issues we can certainly talk about it.
>> SPEAKER: Thank you for that response.
>> SPEAKER: This is Shawna Aiken from voices for independence and we have been working on transportation since the middle of summer because we have been receiving extraordinary complaints about the different types of transportation issues . There's ADA compliance issues, which is one bucket. But there's also a whole lot of complaints around MCO transportation and the vendors that MCO's use . We have also heard in addition to MCO transportation that there is a great degree of difficulty with medical assistance transportation or medical appointments to the point of people being left at doctors offices . We had a blind individual tell us that he had to be taken home by the state trooper because the medical assistance transportation provider was outside but he couldn't see them so he didn't know they were outside and they left without him. So he had to be taken home by the State Police. And then on top of all that, there are other kinds of issues around securement of wheelchairs both in the MCO transportation world and in the ADA Pro transit world to the point where I have an advocacy group of consumers of about

35 that are actually in the process Juliet of writing you a letter to ask if we can have transportation on the December MLTSS meeting because there's many people that want to testify about their individual stories and complain the transportation dilemmas that people are having.
>> SPEAKER: Thank you Shawna for that input.
>> SPEAKER: I'm happy I think.
>> JULIET MARSALA: We are happy to have that on the agenda for that month. However I would think that it would probably be just as important to have those individuals come to the transportation Summit . If someone can only come one one time and knowing how that may disrupt work or whatever they are doing certainly going to defer that thinking because you heard Andy rule pulled together a transportation Summit but of course you are welcome to come anytime.
>> SPEAKER: We didn't know there was going to be a transportation Summit when we tried it -- started writing that letter to you so now I'll tell them that and hopefully Randy we can get that scheduled soon.
>> SPEAKER: Shawna it is anticipated for the December MLTSS meeting will include a comprehensive presentation on medical and nonmedical transportation.
>> SPEAKER: This is Jeff from Pennsylvania SILC . I would suggest and Randy suggest PennDOT is invited to have tracking from PennDOT on the persons with disabilities shared ride because it would depend on what program they're using to get there in terms of having a clear picture . It would also include the senior shared ride program that's under the Department of aging. People with disabilities also use that so having the data from all the different divisions is going to be helpful and see what comes out of the summit.
>> SPEAKER: Thank you. Pam? Are you still waiting or no? Alright. You're good.
>> SPEAKER: This is David. I do have a question circling back to the PHE unwinding with the (Indiscernible) shared where a number of beneficiaries had their services terminated for poor procedural reasons . The question that comes to mind is what role the service coordinator may have played with those individuals and I appreciate OLTL following up. Is there data available for each of the managed care plans how many beneficiaries lost HCBS eligibility for procedural reasons and is that available?
>> SPEAKER: I don't think we have that available for our MCO's finalized (Indiscernible) procedural reasons. I know it's something they wanted to look at. Proactively we were looking at individuals that we believed may have been lost for procedural reasons and sent them to managed care organizations and ask them to do additional outreach and follow-up to those individuals. Now that we're through it I believe we're still looking to gather the data of those that have been clothes for procedural reasons. We hope to get to that data eventually but I'll think we have a right now fully .
>> SPEAKER: Just make sure I understand, data is available on the number of individuals who are believed to be ineligible for procedural reasons and what's outstanding currently is kind of further analysis what impact for procedural reason or was it procedural reasoning.[word?] And
>> JULIET MARSALA: If it's termination they can appeal it end appeal time may take some time to fully determine reinstated or not reinstated. Go back to the data being able to see it's fully completed that process to get to a final number . I don't believe we have that data that.
>> SPEAKER: And lightedof the anecdote we shared with the number of beneficiaries being unaware of appeal whites could we get information on that bucket of individuals that are perceived to be procedural that are going to that further analysis? I think it would be interested to see the final numbers as well but also just that initial batch we're talking about of people or the number of people who were suspected to be losing eligibility for procedural reasons.

>> JULIET MARSALA: Procedure means writing stuff down.
>> SPEAKER: Thank you very much.
>> SPEAKER: Thank you David. Any questions for OLTL? From the community members? Audience?
>> PAULA: The question is from Amy Tompkins. The transfer from (Indiscernible) is not immediate (Indiscernible) the process for this type of transfer (Indiscernible) IEC. That was just a comment. The question comes from Janice Miner. The CEO should be automatically reviewing for mod if the caseworker has information that the individual is both working and disabled. So also a comment. The next question comes from Renée silken. can DHS for a responsible department not DHS work with (Indiscernible) request a final determination eligibility be accessible (Indiscernible) at the current time you can only access verification information request.
>> JULIET MARSALA: They are asking whether or not theirs notification can be provided electronically for (Indiscernible)?
>> PAULA: The final determination of eligibility.
>> JULIET MARSALA: That will be confirmed with the office of maintenance on that. I believe there's certain regulations regarding the delivery of notifications but I don't know what those are. Perhaps what we can do is invite LIS to the next meeting if they're available.
>> PAULA: We don't have any further questions in chat.
>> DAVID JOHNSON: Thank you. Any further questions for Juliet regarding OLTL's update? Committee members, audience?
>> PAULA: We have a new comment from Kathy long. I'm so thankful for the transportation Summit. Please plan to have them in various communities and counties so that everyone who is affected by the lack of transportation may be included and have a voice on this important topic that helps us live independently in our communities. Thank you.
>> JULIET MARSALA: I might add to talk about transportation because it's a county level service and often very locally funded service and service issues. I encourage folks to make that known at the county level in a different to -- addition to raising them here as well. That's important too.
>> DAVID JOHNSON: Thank you for that. We will move onto additional public comment section which is I think what we've been doing. But we will efficiently move on . We have to accomplish all the things on the checklist. Additional public comment. From the online audience?
>> PAULA: No comments.
>> DAVID JOHNSON: Nothing in the chat. Nothing here. I don't want to cut anybody off. But I don't see anybody. Alright. I will entertain a motion for adjournment if we don't have any responses. I got a motion from Matt . Second by Kerry . We'll see everyone next month November 1 same time same place. Thank you all for attending. Thank you online. Appreciate it.