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Date: 11/01/2023

Event: Managed Long-Term Services and Supports Meeting

>> DAVID JOHNSON: Good morning folks, this is David speaking. Paul wanted to do a sound test, are you able to hear me? Great, got your message, Paula. Can we test the sound in the room to make sure folks calling in can hear?
>> Can you hear me now?
>> DAVID JOHNSON: Yes, I can hear audio in the room. Thank you. Mike, I am ready to get started whenever you are.
>> We're going to go ahead and get started pretty quickly here. David, let us get organized a little bit and we will get going pretty all right?
>> DAVID JOHNSON: That sounds good, Mike could let me know when you want attendance taken.
>> All right, I will.
>> MICHAEL GRIER: Let's go ahead, David. Let's go ahead and start the meeting.
>> DAVID JOHNSON: Great, thank you Mike. Good morning everyone, this is David Johnson speaking. We are going to begin this month MLTSS subcommittee meeting by taking subcommittee member attendance. Mike Grier, sounds like you are present in person. Is Ali Kronley present?
>> Good morning, can you hear me?
>> DAVID JOHNSON: Yes I can, thank you.
>> I will be in the room shortly.
>> DAVID JOHNSON: Is Anna Warheit present? I'm sorry, Anna Warheit? I am hearing some feedback here. Apologies. Cindy Celi?
>> David, we need to take a break, we do not have captioning set up in the room yet. We need to take a break until that is resolved.
>> Good morning, Cindy is here. Just to let you know.
>> We are now up and running, thank you.
>> DAVID JOHNSON: Great, thank you. Neil Brady?
>> Yes, here. Good morning.
>> DAVID JOHNSON: Hi, good morning. Gail Weidman?
>> Good morning.
>> DAVID JOHNSON: Hi Gail, good morning. German Parodi? Jay Harner? Juanita Gray? Kyle Glozier? Laura Lyons?
>> I'm here, thank you.
>> DAVID JOHNSON: Hi, good morning Laura. Lloyd Wertz? Matt Seeley? Monica Vaccaro?
>> Present.
>> DAVID JOHNSON: Hi Monica, good morning. Patricia Canela-Duckett?
>> Good morning everyone.
>> DAVID JOHNSON: Hi Patricia, good morning. Sherry Welsh? And Tanya Teglo?
>> This is (NAME?), I am processing for Tania today.

>> DAVID JOHNSON: Thank you, good morning. Are there any subcommittee members I missed that would like to announce themselves? Hearing none, I will pass it over to you, Mike.
>> MICHAEL GRIER: Thank you, David. So for the housekeeping points, this meeting is being recorded. Participating in this meeting is your consent to being recorded. Please keep your language professional. This meeting is being conducted in person in the Department of Education's honor suite and webinar remote streaming. The meeting is scheduled until 1:00 p.m., we will and promptly at that time at all webinar participants except the committee members and the presenters will be able to speak during the webinar. We ask the attendees to self muted using the mute button or mute feature on your phone, computer, or laptop when you are 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 microphones when you are not speaking. The Captionist is documenting the discussion remotely, it is very important for people to speak into the microphone, state your name, 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 to identify the speakers. Please hold all questions or 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 on in the go to webinar window on the right-hand side of your computer screen. To enter a question or comment, type or text in the box under questions to include the topic which your comment or question is referencing. Those attending in person who have a question or comment should wait until the end of the presentation to approach one of the microphones located at the two tables that are opposite of the speaker. The chair or vice chair will then call on you. Before using the microphones in the room, please press the button at the base to turn it on. You will 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, please press the button at the base of the microphone to turn it off. The red light will turn off, indicating 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 -there will be time allotted at the end of the meeting for additional public comment. 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 MLTSS meeting minutes listserv. These documents are normally posted within a few days of the meeting. The 2023 MLTSS sub MAAC meeting dates are available on the Department of human services website. And I will turn it over to you, David.
>> DAVID JOHNSON: Thank you, Mike. This is David Johnson, going to review the emergency evacuation procedures. In the event of an emergency or evacuation, we will proceed to the assembly area to the left of the Zion church on the corner of fourth and market. If you require assistance to evacuate, you must go to the state area located right outside the main doors of the honors suite. OLTL area will be in the safe area and will stay with you until you are told you may go back into the honors suite or you are evacuated. Everyone must exit the building. Take belongings with you. Do not operate cell phones, and do not try to use the elevators as they will be locked down could we will use stair one and stair two to exit the building. For stair one, exit honor suite through the main doors on the left side near the elevators could turn right and go down the hallway by the water fountain, stair one is on the left. For stair two, exit honor suite to 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, then left again, and stair two is directly ahead. Keep to the inside of the stairwell and head outside. Turn left and walk down Dewberry Alley to Chestnut Street. Turn left to the corner of fourth Street, turn left to blackberry Street and Cross fourth Street to the train station could I will hand it to you, Mike.
>> MICHAEL GRIER: Thank you, David. Please note that Matt Seeley and Lloyd are in attendance, here in person. Another check to see if there are any other committee members that have signed on.
>> DAVID JOHNSON: Great, thank you Mike. Lloyd, Matt, good morning good other any other subcommittee members that have joined that would like to announce themselves? Hearing none, thank you.
>> MICHAEL GRIER: Thank you, David. We will go to the next item on our agenda which is the first item on our agenda. In regards to the MLTSS meeting follow-ups from the September 6 meeting. Related to transportation appointments, audience member Cynthia Gibbs-Pratt asked what is supposed to happen when an appointment lasts longer than when the right is scheduled to pick up the participant and they missed their ride home? How are after hours pickups handled? Randy Nolen from OLTL to check with MATP and CHC transportation brokers.
>> PAULA: Randy Nolen responded that the participant should immediately alert their local MATP agency of the possibility of their appointment running away and if they missed their ride time. If there is a driver or a vehicle available, the MATP agency will go back to pick up the participant and label it as a recovery trip. If there isn't availability, then the MATP agency would either arrange the most appropriate transportation through Uber, Lyft, text, or ambulance the fitting on available resources. The hours of of operation for services provided by MATP varies across each MATP agency. Contact information for each MATP agency can be found at the link listed, medical assistance transportation program.
>> MICHAEL GRIER: Thank you. Related to the transportation payment as a follow-up to that?
>> Uber, Lyft, taxi, or ambulance grid which one of those is accessible?
>> I think that is regionally specific, there are accessible Uber, Lyft and taxis. That I don't know, again it is regional.
>> MICHAEL GRIER: Related to transportation payment, audience member Cynthia Gibbs-Pratt asked how payment is handled if a participant pays out-of-pocket for a ride because their scheduled ride wasn't there and the participants appointment was over. Randy Nolen from OLTL to check with MATP.
>> PAULA: Randy responded that the participant would get reimbursed through their local MATP agency good for a participant to get reimbursed, they would have to choose a mode of reimbursement at the time of registering. If mileage reimbursement is chosen, the participant would be given policies, processes and forms to complete. Please contact the specific county agency for details on paperwork submission deadlines and reimbursement time frames.
>> MICHAEL GRIER: Related to the MA unwinding questions, Deputy say Terry Juliet Marsala said that OLTL will attempt to have someone from OIM present at the November meeting to address the MA unwinding questions. Jermayn Glover to reach out at Carl Feldman at Uber, Lyft for a November presentation or a November question and answer.
>> PAULA: Jermayn Glover from OLTL responded that Carl Feldman will be available for Q and A four MA unwinding after the OLTL updates and during the additional public comment section of the November agenda.
>> MICHAEL GRIER: Thank you, Paula. Related the MA unwinding mitigation strategies,

subcommittee member Lloyd Wertz asked what the mitigations are related to the export a process? Jermayn Glover to provide a response.
>> PAULA: Jermayn responded that Carl Feldman will be attending the webinar today and that question could be asked.
>> MICHAEL GRIER: Related to COMPASS community partners, audience members CJ Weaber asked where COMPASS community partners can find a renewal date for a participant. COMPASS asked for a record number, but the participant did not have it. Jermayn Glover to confirm that information is available and if there is another way other than entering the participants record number.
>> PAULA: Jermayn responded that a renewal date can be looked up using a combination of the case record number, and either the master client index MCI number or Social Security number of the head of household. Whether the participant is looking up there renewal date and there my COMPASS account or the community partner is looking information up and in their COMPASS community partner dashboard, the case record must be used.
>> MICHAEL GRIER: Related to COMPASS renewal notices, audience members CJ Weaber asked if a renewal notice is available on COMPASS. Jermayn Glover from OLTL to contact Uber, Lyft and provide a response.
>> PAULA: Jermayn responded that renewal notices are available on all Compass for individuals who have enrolled in E notices. To receive E notices, recipients will need to create a my COMPASS account and link their case to the account. Then they can click the my notices tab on their dashboard where they will be asked whether they would like to go paperless and receive E notices. Selecting yes will enroll them in E notices. Details on signing up for E notices are found on pages eight through 10 of the COMPASS quick reference guide.
>> MICHAEL GRIER: Related to final determination of elderly notice, audience member Renée Slifkin asked through the chat if final determination of eligibility could be accessible electronically. Jermayn Glover from OLTL contact Uber, Lyft to provide a response.
>> PAULA: Jermayn responded yes, electronic notices are available to individuals through COMPASS and if an individual is enrolled in E notices. Community partners do not receive E notices unless they are an authorized representative. The community partner would have to get consent from the applicant to be listed as an authorized representative.
>> MICHAEL GRIER: Related to pending items on COMPASS, audience member Fadwa Robinson asked if an individual can check on COMPASS for items that are due for their in a renewal? Jermayn Glover from OLTL to contact OIM to provide a response.
>> PAULA: Jermayn responded yes, if they have enrolled in E notices they can be the most recent request for verification under the my notices tab on their dashboard. Close cases remain for 90 days after closure.
>> MICHAEL GRIER: Related to the uploading documents to COMPASS, audience member Fadwa Robinson asked why individuals were trying to upload items to COMPASS are receiving a message that the file sizes too large? Jermayn Glover from OLTL to contact OIM to provide a response.
>> PAULA: Jermayn responded that on the COMPASS website, uploaded documents must not exceed 10 megabytes in size. There is no file size limit for uploading documents to the my COMPASS PA mobile app.
>> MICHAEL GRIER: Related to assistive technology A T complains, audience member Jeff Iseman asked if the long-term living OLTL tracks complaints on consumers who request AT that were perhaps denied and/or under appeal? Brian MacDaid from OLTL to look at the data with

regards to whether or not it is service specific.
>> PAULA: Brian MacDaid responded that per the CHC MCO's denial reporting data it was identified that for home and community-based services there were less than 11 total denials for assistive technology between January 2023 and August 2023. Karen CHC MCO's operations report OPS-004: complaints/grievances/fair hearing appeals/external review, those reporting requirements/business needs do not capture participant grievances for assistive technology denials.
>> MICHAEL GRIER: Related to utilization rate data for assistive technology, subcommittee member David Johnson asked if the data could be shared at the November meeting to include, including the age of the beneficiaries as well as the age range? Andy CHC MCO's to respond.
>> PAULA: AmeriHealth first responded that the beneficiaries of AT are those enrolled with community health choices and are the ages of 21 and older. The age range of participants with approved AT requests ranges from 28 to 68 years of age. The utilization of AT from a March 2023 to current has been low. A total of less than 11 requests have been received. As our SEs continue to educate participants on the AT benefit, utilization volume should increase. PH W responded that their requests primarily fall into three categories. Speech generating devices, door alarms, or automatic door openers. Occasionally, they have received request for items related to smart home technology allowing for voice activation of everyday items. To date for 2023, pH W has authorized 14 AT requests. Please note that procedure codes apply to speech generating devices fall to Medicare as primary first. The age range for requesting AT devices and support ranged between 38 and 85 years of age. UPMC responded that over the past 12 months, 65 participants have received AT benefits through UPMC CHC could of the 65 participants, 43 were under the age of 65 and 24 were over the age of 65. Additionally, 14 participants under the age of 65, and 12 over the age of 65 are in the process of receiving AT.
>> MICHAEL GRIER: Related to receipt of assistive technology, audience number Lauren Alden asked what was the average length of time for the original need to the actual receipt of AT? AmeriHealth Caritas first, PA health and wellness to provide a response.
>> PAULA: AmeriHealth Caritas Keystone first responded that the request to completion can vary depending upon the AT item. On average from approval to services rendered, it could take up to 68 days. While in the approval phase, the SC service coordinator is in communication with the participant to offer additional services that could meet any unmet needs until the Journal of and is rendered. PHW responded that the length of time from request to completion can vary depending upon the item, however on average from determination to completion, services are completed in under 30 days. The PHW team follows all requests to completion.
>> MICHAEL GRIER: Related to AT referrals, audience member Lauren Alden asked if the AT team that makes the referrals use AT themselves. UPMC to provide a response.
>> PAULA: UPMC stated that while there OLTL providers do not use the devices themselves, some of the Journal of an providers purchase AT devices for testing come in to determine appropriateness. The providers will use these devices to train with and during the evaluation process to help determine an appropriate fit for a participant.
>> MICHAEL GRIER: Related to AT vision assistance, audience member Cynthia Gibbs-Pratt if the CHC MCO's contact division resources as well as a platform to help individuals get AT training and tools, UPMC to provide a response.
>> PAULA: UPMC responded that they partner with available community resources for participants who have low vision. From a person centered perspective, if a low-vision issue is identified during the assessment, the AT specialist will work closely with the participant to

identify the vision resource that would work best for them. This may include partnering with local vision associations for any needed training and resources.
>> MICHAEL GRIER: Thank you, Paula. That concludes our follow-ups from the last meeting. Thank you, everyone for their time and attendance with back. We will go ahead and move on with the agenda. To nursing home transition training and educational session. I am the presenter, I will try to see if I can get us back on schedule. I will do my best. Great, go to the next slide. So where did all this begin? When we talked about nursing home transition educational sessions, (word?) and their members and all centers for independent living have been really strong advocates and efforts to have people live totally independently. It is kind of a great match for our network to talk about home and community-based services for people that are in institution. This originated out of a proposal that we did many years ago to the office of long-term living that went into a bid process and PCIL responded to the bid. Next slide, please. So does it have strategic alignment? If you think about it, the independent living philosophy and supporting people in living in least restrict of environments as possible, it is very much so that we also provide nursing home transition services within the centers for independent living. So doesn't match our mission? We will get to that in a second, but this alignment in this agreement has been in partnership with OLTL, the presentation is actually cobranded with the office of long-term living and or presentation on the slides. But the mission statement for the Pennsylvania Council on independent living is to support the network of centers for independent living and to advance the independent living movement. Though there is not much more of an advancement then taking people out of institutions and having them live in the community as full functioning community members. Go to the next slide, please. Sorry, next slide, please. So the process kind of explains -the agreement calls for us to provide educational sessions to 593 licensed nursing facilities across the state. Primarily responsible for providing educational sessions in their coverage area, I will get to the coverage areas in a minute. We will go to the next slide. This is a map of the centers for independent living across the state. It is color-coded pretty we have a combination of state and federally funded centers for independent living, we actually have one that is funded both ways. Go to the next slide, please. This is a breakdown of the centers, and we will go to the next slide, please. How do we do this? We gathered a group of experts from across our network to develop the educational PowerPoint. All these people have tremendous experience in nursing home transition, have been doing it for years. Then we use a train the trainer model to educate and vet CIL members across the state. We had two hyper sessions, one is on the east side, one is on the west side. Next slide, please print home and community-based services is the goal. I will turn it just for facility-based care. Sessions were set up to educate, or are set up to educate the residents as well as the nursing facility staff and any family members that want to be involved. Creating a plan for successful transition, the starting steps to crating that plan for transition back to the community. Go to the next slide, please. Some of the options available for residents are our centers for independent living, CIL. Nursing home transition programs, inform family members, area agencies on age income in the LIFE program real quickly I will go to the next steps. Our next steps are to schedule the education sessions, which that is happening now. Complete the education sessions, then report the information back to OLTL through a reporting mechanism that we provide, the good and the bad. It doesn't always go very smoothly, but it continues to offer the sessions ongoing. That is a quick presentation of a very big project that we are working on, and I will -we will go to the next slide. Are there any questions from the audience or from the committee members? Yes, Lloyd?
>> LLOYD: My question as always is how much reference is made to the behavioral health

aspect when services are provided? When you're making these presentations, do you have any idea if they are utilized in the process?
>> MICHAEL GRIER: Great question. There are four slides in the presentation that actually deals with behavioral health. It's how to contact, who to contact, you know, your local county, litter and litter HID provided we talk about the behavioral health MCL as well. Thank you, I see no other questions. Juliet, you are up next with the OLTL updates.
>> JULIET MARSALA: Great. I just want to check with the team, do we have Carl Feldman on the line?
>> CARL FELDMAN: Good morning, can you hear me?
>> JULIET MARSALA: Hi, yes I can forgive in the interest of time, I know you have short time with us. Should we start with the public health update and the answers to the questions that were posed?
>> CARL FELDMAN: Thank you for having me on first, I appreciate that. I think Jermayn or your team has the questions and the answers. Do we do that first?
>> JULIET MARSALA: I can certainly walk through them. Go ahead, Jermayn.
>> JERMAYN: We covered those during our follow-ups.
>> CARL FELDMAN: Sorry, I got on a little after that, I think. My apologies good I'm happy to speak, then about the unwinding activities and share what we can at this point. Everyone all right with that?
>> JULIET MARSALA: That would be great, Carl. Thank you.
>> CARL FELDMAN: Good morning everyone, my name is Carl Feldman could I'm the director of the Bureau of policy in the office of income maintenance here to talk to you today about the unwinding of continuous coverage in the medical assistance program, we are currently at about the halfway point from our unwinding period Pennsylvania elected, 12 month unwinding period of the first thing I want to share are some updates around data reporting. Many of you may be familiar with our Unwinding webpage that has a lot of really useful information, and one of the new tabs that we have added is on final outcomes. It displays information about 90 days after the person's eligibility review, what was the disposition? Not the disposition of their case, but their current status of eligibility. After someone was determined for eligibility, did they come back? You can see that in a tab called final and monthly unwinding renewal outcomes on our webpage could we think that is a useful data point to try and understand all the particularities that may be taking place during the Unwinding. We have that information month over month, we have it by gender, race, ethnicity, age groups, and at the county level appeared we will continue to update that as time goes on. Another reporting update we want to provide to this group is that the federal Unwinding reports, that is a second page that we have connected to the Unwinding group where you can see all the information, Unwinding reporting we are doing to CMS. That will be updated to include as best we can final dispositions of eligibility for particular renewal cohorts. A renewal cohort would be whomever had renewal in a certain month. So the month of April, month of May, month of June, people with renewal dates in those months. Currently they report on the outcomes, I shouldn't say outcomes. Disposition of an eligibility determination for the point in time at which we are told to report it. So CMS kinda set an arbitrary deadline today by the state you have to report it to us. That means that there is a number of cases that ultimately don't make it into the report and we are not providing information currently on what the result of the eligibility determination was. The update that we will be providing as we have been instructed to by CMS is to indicate what happened to the remainder of the portion of people who had a renewal in that month. So for example, in the month of April, there were

125,000 cases that eligibility was not determined for by the point in time we had to submit the report but I think that is around 40 percent of the total cases that were in the April renewal cohort. So when we go back to do the update, what we hope to do, and what CMS expects us to do is take that $125,000 and indicate, was that a person who was ultimately determined eligible? Is that a person who is ultimately determined not eligible? If they were determined not eligible, was it for income? They told us hey, this is how much I make, clearly I am not eligible. And also, was the someone who was closed for a procedural reason? Did they not return a renewal at all when one was necessary? That is another big update and piece of information we hope to have available to the public could finally, I think top of mind for many folks around the Unwinding is the change that literacy -- CMS indicated around the Ex Parte process, and CMS said back in August that around two thirds of states were incorrectly doing this and Pennsylvania was one of those states in determining this Ex Parte review at a case level, where should really happen at the individual level. A simple example of this might be a mom and a child, maybe mom has increased her income and that means that the kid would no longer be eligible for their MA coverage at a lower income threshold, and if done appropriately the kid will move into inmate eligible you at a higher income threshold, but mom would lose eligibility altogether. That is nuzzling that Pennsylvania, like I said two thirds of other states were doing, so in September we immediately implemented a manual change to our process to expand our manual Ex Parte reviews to ensure someone in that circumstance would be appropriately reviewed and the child eligibility would be continued print of it is kind of a basic but common example of this issue could another component of what we are expected to do by CMS is reinstate the individuals for whom we closed and doing it improperly could we reported to CMS there is about 76,000 cases as the maximum potential universe that need to be reinstated, and we are currently evaluating that population to determine what, how, and how quickly we can go about restoring coverage. Everyone who we determine will need to have coverage restored will be made whole. Communication will be sent to them about the process of resubmission of any bills, and we hope to have more information about that very soon. I think that is currently the state of play, and a lot of things going on and I am really happy to answer your questions to the best of my ability.

>> MICHAEL GRIER: Any questions for Carl?

>> This is Monica from the brain injury Association of Pennsylvania could I don't know if this is the correct place to ask this question or raise this issue, but we have started receiving calls from a variety of sources about people with brain injury who, upon review, are being told that they are not functionally eligible. These are people whose status hasn't changed and not sure why they are suddenly not eligible functionally. They are all under appeal, I wanted to bring that up as an emerging problem.

>> CARL FELDMAN: Okay. Thank you for mentioning that. I know that functional eligibility determinations are conducted by, I believe it is still aging well. But there is certainly a component of that process that is held by the office of income maintenance be some of that includes noticing, I wanted to say that we did release, I think last week or the week before, and updated policy to further emphasize the need to handle cases where there is a finding of no longer functionally eligible, all noticing and eligibility changes timely could we previously expected those activities to be done within five days, we have reduced that timeframe to three days but we included language about ensuring that workers when handling these cases are communicating more thoroughly with the office of long-term living to help us deal with any potential managed care issues. So it is certainly on our mind, too.

>> MONICA: We are in the information gathering process now as well, we will be in touch.
>> MICHAEL GRIER: We have another question could go ahead, Jeff.
>> JEFF: Carl, thanks for your updates. I think some of the people in this room are on but not everybody is, can you tell how many folks are in the MLTSS categories of the 76,000 that you are looking at for reinstatement?
>> CARL FELDMAN: I think once we complete our efforts to determine what the final scope of the pool is, that is something we can provide to this group.
>> Thank you.
>> (indiscernible) Per that is causing MCL's.
>> CARL FELDMAN: Can I please ask you to speak up?
>> Can you hear me now? We have some consumers who are receiving some retroactive loss of eligibility, which is resulting in some of the MCL's requesting refunds on the services that were delivered in May. And as a result of what you are saying about potential reinstatement of the lost eligibility, how would you recommend us handle that? Or give us some guidance.
>> MICHAEL GRIER: Carl come up before you answer that, can you did buyers will form the transcript?
>> (indiscernible) From MCA.
>> CARL FELDMAN: Thank you. It sounds like retro disenrollment but what I would say, generally is the activity we are conducting would be to grant coverage to people, not to revoke it. While there might be an issue with retroactive disenrollment's that I am not at this point in time familiar with, the work that we are doing is not about taking away coverage, it is about providing it. Maybe I am getting the sense, like if you had a retroactive disenrollment but ultimately we go back and cover the period, how would that be handled? I would say that we are developing a piece of guidance, I guess you could say, to affected individuals that will indicate the ways in which they go about receiving reimbursement for services that would involve the provider resubmitting claims, that is how the medical assistance program has to do it. But if coverage is added to individuals for a period in which you are asked to, I guess, payback services or something to a managed care plan, that sounds to me like a good flag could we act income maintenance should definitely be coordinating with our partners at OLTL and OMAP so they had clear visibility on whose coverage is reinstated, and I can say we will certainly be doing.
>> Thank you pretty what channel would we put that through? How would we bring this one? Through OLTL, or come to you directly? How would you like us to bring this forward?
>> CARL FELDMAN: I will just say, regardless of what should happen I don't think the office of income maintenance is going to be able to assist you with the billing challenges with a MCO, but we will be working with OLTL and OMAP and OSAW to figure who among their members had coverage restored.
>> Thank you.
>> Hi Carl, this is Amy Lewinstein but we are also seeing people with retroactive this moments from the waiver without notice or with notice that you tell them they are being retroactively disenrolled. I think this is an issue that might be emerging outside of this Ex Parte issue.
>> CARL FELDMAN: Okay. I will say, I think you know that this will often be our response and we don't say it because we are trying to be evasive, but we find the cases that you sent to us to be very instructive and understanding what is going on in the field. It is a large state and a big system, so I will certainly keep that on my list. But if folks have a case where they have said I had a retro disenrollment, we think this is unusual and should not have occurred, I would

certainly like to see it.
>> MICHAEL GRIER: Thank you, Amy.
>> Hi, this is Fadwa Robinson with daily dove care, so we are clear and I am understanding this, in September there was an error. Is that what you're saying? With this waiver.
>> CARL FELDMAN: So in September, we updated our policy on doing Ex Parte reviews as a response to CMS direction to do so.
>> FADWA: Okay. So a lot of our participants, they are eligible for MA but they lost waiver, we are seeing them come back. But now what we are seeing is, like, other people have mentioned MCO's are coming back, saving that participant lost waiver services been so they are recouping a lot of money, but as an agency we checked promise, we checked HAA on a weekly basis, and the participants in question were approved for waiver services, then they come back and say oh, for a year there was an error in the system. So we have to recoup the money.
>> JULIET MARSALA: This is Juliet Marsala, one of the questions I have for you is have you been pursuing the provider appeal process with the MCO in order to get those requests reviewed?
>> FADWA: Yes, but we have to provide evidence. Right? We have to provide proof. Will we have is HH exchange, and we have the caregivers clocking in and out, but when we go with the promise to pull those months back when they did say they were approved, it no longer shows waiver. They are eligible for MA, but they don't have a waiver.
>> JULIET MARSALA: For those situations, have you brought them up to Randy Nolen.
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>> FADWA: No, it does happen this week.
>> JULIET MARSALA: The other cases we reckon eyes Thomas may overwrite the eligibility. But (indiscernible) has exchange laws that should be provided to you. We will follow up and look into the possibilities, at least you should be able to see the changes and eligibility determination through HH exchange.
>> FADWA: Should we just stick with HHA and not Promise or look at both?
>> JULIET MARSALA: You should continue to look at both.
>> Thank you.
>> This is (NAME?) with Maribeth healthcare could we have a couple of questions regarding processing for individuals who lack informal supports to assist them with filing paperwork. I have encountered individuals who have dementia or under circumstance where they are not able to complete the paperwork on their own and do not have any informal supports to help them. We are wondering what supports might be in place in those circumstances.
>> CARL FELDMAN: I think the first line of assistance is probably going to be whomever was assisting the household with their renewals prior to the point in time that annual renewals, I wouldn't say were no longer requested, but were no longer having any negative consequences preserve the household had family members, friends, service coordinators, potentially service providers assisting them with that activity, that is definitely where we anticipate the assistance coming from.
>> The next question I have is specific for the Philadelphia area, looking at individuals who are using CHC services being held through one COA office but we were curious about that capacity at that office versus other field locations in the Philadelphia area?
>> CARL FELDMAN: Did you have a specific district office?
>> So to my understanding, it looks like the district office, Parkside Avenue is designated for individuals who have long-term care services, is that accurate?

>> CARL FELDMAN: Okay, yeah. Generally speaking, it is the case that Philadelphia and Allegheny being the largest population figures in the largest economy of the state have reduced staff relative sometimes to other offices, just generally because it is the hiring challenges that DHS is not immune to. Our staff capacity is certainly lower in those areas for that reason, so it is correct that generally, Philadelphia has lower staff relative to its complement in other parts of the statement I will say, we just brought on 22 annuitants to assist with case processing, I think we have another 12 in the pipeline. We hope that will be helpful and we are not letting up on trying to beat the bushes to bring in additional support. But generally, yes. Philly does have a lower staff ratio to complement.
>> Can I clarify, is there any consideration or understanding of the staffing at that specific field office versus other offices in Philadelphia? So our participants are using the office is what it sounds like. Does that make sense?
>> CARL FELDMAN: I think you are just generally asking about the Philly long-term care unit, and I don't have the information around what their staffing capacity is relative to the rest of the PCAO. Certainly some information we can get for you, I think as a general rule Philadelphia has lower staffing relative to complement than other CAOs.
>> MICHAEL GRIER: Any other questions? Go ahead, Sean when you are ready.
>> Hi, can you hear me? I'm sure you are aware that centers for independent living support people who are in this process that don't have informal supports. . I think there is a misnomer out there that people have informal supports. This system is very complicated, and as a center for independent living we don't often find out that people needed to respond in some way until after they have been taken off the roles and are no longer eligible. I keep hearing informal support, and that bothers me, because is there a way for the system itself, for the office of income maintenance, the caseworker at the local level to help people who really don't know how to navigate the system, fill out the paperwork? Of course we will do everything we can to assist people, but there are so many out there that don't know about us, for example. Don't know how to do this process on their own. His overwhelming to many.
>> JULIET MARSALA: Shawna, thank you so much for those comments and highlighting those issues. Those are issues that OLTL has been looking at, sort of looking at ways to address. In addition for folks, just as a review of resources available, there is also the aging disability resource centers, the options counseling, individuals can get supports for folks that are already enrolled going through the redetermination process. HMR and their service coordinator's are tasked with providing support, particularly coordinating supports for individuals that do not have informal supports. I know they presented on not a couple meetings ago, but wanted to highlight that as well. Thank you. Are there any questions for Carl from our chat before he might have to hop off?
>> No questions, I have one comment. This comment is from Alexandra (NAME?). Not only people with permanent disability's are being reassessed for decreased services, but also mistakes are being made. A person may die, and the county assistance makes his or her spouse inadvertently not alive as well. And when they try and go back and correct the mistake, it takes a long time. There is a lot of people involved, and we feel the system is middling with the vulnerability of people's lives. That is the only comment that I have in the tract, no questions.
>> MICHAEL GRIER: Thank you, Paula.
>> CARL FELDMAN: Thank you. So I will be available for the public comment portion as well, I appreciate your time this morning. We have noted down some of the things that you have shared with us, like I said I will be here for that later portion.

>> JULIET MARSALA: Great, thank you so much, Carl could I appreciate your time. I'm going to move ahead with OLTL updates but I know we are a little over time, so I will go through as quick as I can. We wanted to note that the statewide listen and learn to her summary has been posted, shared by our listserv. It is there for folks to review print most of you, they have heard me talk about it at other MAAC meetings, and/or this meeting. For procurement updates, there are no new updates to share. Any updates will be posted to the E marketplace, in addition we have no updates to share with regard to agency with choice, the CA ID or financial management services from all of these are under various stages of procurement and they are in a blackout. I wanted to share that OLTL staff are undergoing a trauma informed training. Our goal is to have 100 percent of the OLTL staff trained in the trauma informed training 101. It is important to us, because trauma is a widespread, harmful, and costly public health issue. It often occurs as a result of violence, abuse, neglect, loss, disaster, or other emotionally harmful experiences. It has no boundaries with regards to age, gender, socioeconomic status, race, ethnicity, geography, or sexual orientation. We recognize that this is particularly important to the office of long-term living because many of the individuals we serve experienced trauma and have experienced trauma. We want to make sure our services are more responsive to people who have experienced trauma to try and help towards resolving trauma and certainly not re-traumatizing individuals if possible. We have had three or four sessions underway, so our goal is to have everybody in OLTL trained by the end of this year. Of those are predominantly public facing, and those who are in support of or administrative roles. Next update is the office of long-term living is undergoing our annual CHC reach discussions for the CHC managed care organization, as we do every year we have a series of meetings. We conducted the joint technical assistance session in September, we then conducted individual sessions with each of the CHC managed peer organizations, and negotiations and discussions are ongoing with hopes of finalizing those offers by the end of this month. We also wanted to note that the managed care quality report, the comment period for the public comments with regard to managed care quality reports closed on October 23, 2023. The team is reviewing all of the comments that have been provided with regards to the managed care quality update report. In the department published an updated managed care quality strategy, for a little bit of background, the Pennsylvania bulletin on September 23, 2023 for that 30 day public comment period. And OLTL he quality proven initiatives included requiring value-based purchasing models for our long-term services and support, and requiring a pay for performance program to improve the quality of nursing facility services as well as performance improvement programs for performance around assessments, care plan reassessments and planning after discharge, the consumer assistant of healthcare providers and systems or CAHPS command meeting benchmarks. And then lastly, we wanted to update folks on the OMAP and OMHSAS joint bulletin regarding strict medicine. Effective October 1, 2023. This also impacts OLTL. Medical assistance providers that DHS, it informs medical assistance providers, Department of human services will cover certain services for Medicaid beneficiaries experiencing unsheltered homelessness in their lived environment, known as strict medicine. Covered services included in this Billiton include behavioral services such as primary care, vaccinations, wound care, counseling, and diagnostics in the lived environment. We are working to update those, they have been updated since those services are being included in our state plan they are also included in our CHC program. Any questions related to any of those updates? Given time, we would pause questions not related to those updates.
>> At what point in time where Lobi engagement by consumers and families in the department's

response with the quality updates going into CMS by the end of the year?
>> JULIET MARSALA: So the public comment period is the engagement, the standard engagement with regards to anything that happened prior to that, I am not the lead on not. I don't know if I have the best answer to that, I can certainly look to (NAME?), oh. She left. Her timing is impeccable. You know, that is the public comment period. That is for all stakeholders, all employees but whenever there is a public comment period, I encourage folks to submit comments at that time. I can't speak to that is what I was saying.
>> There was a comment period, but it was not well advertised - there was no intention of sharing that document directly with any of your subcommittees, there was no intention of involving that at the end before the document itself is shipped off to CMS but are we all going to be surprised if it doesn't exactly work well in providing services for our consumers and families? Just asking the question on a rhetorical basis but I think that is kind of a lesson we all needed to learn and felt we did over time.
>> JULIET MARSALA: I appreciate your comments, Lloyd. Next year as it is kind of in development, one of the recommendations to the MAAC committee chair may be too look at that process.
>> Thank you.
>> JULIET MARSALA: Were welcome.
>> MICHAEL GRIER: Any other questions? Randy?
>> I want to give an update on the transportation summit we have been talking about. I did set the date, I did not reach out to all the people that want to speak at it. If you want to get the invite, send me your email and I will get you the invite. The day for it is December 11 from 1:00 p.m. to 4:00 p.m.. I'll get the invites out, my plan is to have the MCO's in there, the brokers, aging, (word?), and whoever else. We will do that summit on December 11, we will send this out as a reminder, we will talk about it at all of these sub MAAC meetings coming up but I want to promote this. December 11.
>> MICHAEL GRIER: Is that a virtual event?
>> It will be virtual.
>> MICHAEL GRIER: All virtual. Okay.
>> JULIET MARSALA: Are there any questions to the chat related to the OLTL update?
>> A comment.
>> MICHAEL GRIER: Very good. Thank you, Julia. Go ahead, Pam.
>> Thanks, Mike. One of the questions -- in the negotiations, is there going to be language around increased funds for direct care workers, and that they actually go directly to the care workers? Just want to make sure that that is in there and on the record that we are always asking for more, higher rates for our care workers. Is any of the negotiations with MCO's going to be around that? Do you understand what I'm asking, Julia?
>> JULIET MARSALA: I do, I am just waiting for you to turn your microphone off. We are having an issues with microphones and the speaker. With regards to care worker rates, the care organizations are required to pay no less for PAS then is on the minimum pay schedule but has not undergone its evaluation at this time, so that is still the standard language and the standard requirements of managed care organizations but they are required to ensure they have the network, they have adequate providers to provide the services. I agree with the need to recognize direct care workers, recognize the need for higher wages across the entire system of the Commonwealth. That is something we need to raise up and educate the legislature on with direct care workers but I know a lot of individuals in this group have done a lot of work through

those efforts. In addition, within what we do have for the next year is a focus on direct care workers. That includes requiring dedicated personnel to focus on direct care worker hiring recruitment and strengthening of the workforce.
>> (indiscernible).
>> Is there anybody in there for language -I know MCO's have the ability to use money that they make from it to put back in. Is there any language that is in there or could be put in there, any percentage of what they make up a contract that they might put into-what is the language?
>> JULIET MARSALA: We are looking at the shared savings program. Shared savings. Yeah.
>> You are looking at that, thank you.
>> MICHAEL GRIER: Any other questions for Juliet? Thank you. We will move on to the next item on our agenda, it is Money follows the person, MFP program background and disbursements. Sheila Hoover, are you with us?
>> SHEILA HOOVER: I am. Can everyone hear me?
>> MICHAEL GRIER: We can hear you. We can hear you better now. Go ahead.
>> SHEILA HOOVER: Okay, hello everyone. Oh, there is actually feedback. I am hearing that.
>> MICHAEL GRIER: Give us a second. All of our technical experts are taking a look at it right now. How about now?
>> SHEILA HOOVER: Let's see. I think that's okay, yeah. That's good.
>> MICHAEL GRIER: Our expert went ahead and take care of that. Thank you, Juliet.
>> SHEILA HOOVER: Thank you everybody for having me. I appreciate the opportunity to give you some information about Money follows the person, from here on out I will be referring to it as MFP. For some of you this information might feel familiar, I expect for most of you this might be your first time knowing anything about the MFP program. So again, my name is Sheila Hoover. I have been the director for MFP since 2012, I think. We can go to the next slide. Just a little bit of background. The centers for Medicare and Medicaid services, CMS, is a federal agency that administers the MFP program. Some people might call this a grant, it is not a traditional grand. It is more of a reimbursement program for activities, services, and initiatives to help individuals in long-term care settings transition back to the community. Money does not go directly to individuals, I just wanted to make that clear. Originally, MFP was only supposed to be a four year demonstration. I think it started in 2007, but due to heaven actually, it came as part of the 2005 deficit reduction act. There were many extensions by Congress, short-term extensions, so here we are many years later, still fortunately participating in the MFP program and I can tell you currently, there is legislation, proposed legislation that there is no antedate for MFP so we will hope to continue, but that is yet to be determined. Pennsylvania has participated, as I said, since 2008 and we have used Money follows the person program to help more than 6000 individuals transition into the community. I will get into the specifics of what that means, since money does not go directly to individuals it might seem a bit confusing. Really, it is just to kind of balance the system. Put more money into services that people are receiving in the community, rather than institutional settings. Hence the term Money follows the person. MFP has provided an estimated $173 million to cover a percentage of home and community-based services. Next slide, please. I think I was missing that. The next, I think it was like 44 (indiscernible) for administrative activities as well. Somebody might ask, what does that mean if somebody is enrolled in MFP? Well, an individual, Pennsylvania qualifies an individual as a MFP individual if they have resided in a long-term care facility, this is nursing facilities, state or private, RTF, state hospitals, state centers. All of those facilities are included for they have had to reside there for at least 60 days, then transition to the community via a qualified waiver or

CHC, or our LIFE program. Individuals do not know they are in MFP. This is very different for other states. Each state administers MFP in their own way. For some states, Money follows the person is there only transition program, because Pennsylvania had the nursing home transition program, MFP runs alongside the. The MFP individuals are a subset of the whole amount of the individuals that we transition from all of these long-term care facilities. So nothing changes in MFP for the waiver enrollments is the same, the services the same. Provider payments, the same. They are not affected. Next slide, please. There is different types of reimbursements funding options. Sometimes CMS will offer a special supplemental grant, for instance there was a building capacity supplemental funding option that Pennsylvania apply for a few years ago, and we received $5 million for building capacity effort. Again, that was different than our typical Money follows the person request. The first of I want to talk about, it is called demonstration. Basically it is a savings to the state. Pennsylvania already receives a match for the services when they are in the community. So MFP offers an enhanced match, I think it is 78 percent now would be the total match. That is basically state dollars. It is a savings to the state, then we invested back into waiver sought services, initiatives, things like that. Some states do it very different, they will actually earmark that funding and actually create those actual funds into a separate account, they might use up to what they call a rebalancing initiative. You might hear other states such as New Jersey used MFP balancing funds. Pennsylvania does not administer the program in that way. Our other reimbursement funding option is called supplemental. To date, we do not use this. We hoping to start to use supplemental funding. CMS has just made some major changes to this type of reimbursement, it can allow for 100 percent of rental assistance for up to six months for individuals that are in transition in the community, utility expenses, rent application fees, start up costs. Also, food stocking for up to 30 days. Other activities such as pre-transition activities, home modifications, as you can see here. Vehicle adaptations, etc. for there is a caveat here. This is only for an individual who are actually coded as MFP, enrolled as MFP for these services can already exist in waivers on the state plan, or any of our managed care services. If there is something that activities and state dollars are paying for and we know who the MFP and individuals are, we can get reimbursement for these activities. It seems easy on the surface, there is a lot of working parts to us being able to take whole advantage of these supplemental funding option. Please know that this is in the works, there are always conversations going on about how best to utilize this option. Next slide, please. What many of you might be more familiar with is our administered of activities but this is if anybody receives the MFP press releases, we do discuss the amount of the award. I would call it a budgeted authority. I think it is more realistic to put it in those terms, again this is not a traditional grand. Pennsylvania, as well as other states, have to have proposals to CMS in what way we want to utilize funds for activities, transition efforts, and divergent efforts. There is a certain criteria that we have to hold to, so we actually have to do the work. With to get the proposals approved, and Pennsylvania has to pay the money first. The states pay the money first, once we do the work we are reimbursed through MFP. That is kind of how it works. As I said, there is certain criteria. It has to be related to transition efforts, can't be included in waivers or the state plan, cannot be used for direct care services. In all the proposals have to be provided by the Department of human services and approved by CMS paid some of the examples are personnel, system transformation projects, outreach marketing, conferences, trainings, ID enhancements but there is a loss but if we go to the next slide, I can actually show some examples. For example, they should housing and resource exchange program. The Pennsylvania Department of aging has a wonderful shared housing program but I think it is

operating now in 13 counties. They have done so much work for this project, and it is a success, and other states are wanting to copy this model as well. We had a recovery oriented therapy, I think we used it at one a real hospital last year now, where staff received extensive training on the assist CT-R work, which was patients facing complex behavioral needs. To finalize the care service plans they need for their community discharge. As Juliet was speaking about earlier, the nursing home transition trainings. Funding for these trainings was requested, I think two years ago. So this had a delayed start. But MFP will be paying for these trainings 100 percent. We also have through the office of developmental programs with collaboration also with our office of mental health and substance abuse, our capacity building Institute for individuals that have a dual diagnosis. Next slide, please. Then here are others as well. One, the end, the statewide landlord risk mitigation fund. This is finally getting of the --underway. MFP cannot give money for the (indiscernible), what it is doing is helping support the administrative activities around utilizing the landlord risk mitigation fund. This is a very new, interesting concept where it is trying to incentivize property owners to rent to individuals with disabilities or behavioral mental health issues, and to do that we will say if anything happens to the property, you can request to have reimbursement. Again, it's an initiative now coming underway. MFP also helps support regional housing coordinators with Pennsylvania finance housing agency, OLTL has been working with them for many, many years. But because the regional housing coordinators, they deal with such a large population, so not all of them are individuals coming out of long-term care facilities. MFP does fund 50 percent of those salaries, benefits, things like that. Reporting, things like that. Next slide? Oh my gosh, look. We are at the end. I talked a lot, so I will open it up to questions, and if I don't answer your question today, please feel free to contact me at the email you see there. Thank you.

>> MICHAEL GRIER: Thank you, Sheila. Any questions from the committee members, audience members on Money follows the person? Is there anything in the chat, Paula?

>> PAULA: Nothing in the chat.

>> MICHAEL GRIER: Thank you.

>> SHEILA HOOVER: I must have answered everybody's questions in the presentation. Trigger everyone for having me.

>> MICHAEL GRIER: hold on.

>> Joanna Atkins. Years ago we use to track MFP versus regular NHP and who got out under what category, I guess could I'm curious now, I just asked my team back home, like how many people, if any, we have assisted getting out of nursing homes that are tagged as Money follows the person individuals. Who does that now? We don't see that on the front side. Who decides this is a traditional NHC consumer versus a money follows the person person, if that happens at all now? I heard that MFP money is used for housing, those kind of things. But is any of it used for transition, and who tracks that?

>> SHEILA HOOVER: That is a great question. Again, as far as the individual who is coded as MFP, they do not know that they are a MFP individual. It is really just for us to see that they have met that criteria, then we can be reimbursed for a certain percentage of their MFP while they are in the community for up to one year. Another part of that, as far as attracting who they are, we have had many issues throughout the years but it was fairly easy when first started and we had a nursing home transition team. They could document these individuals who met the criteria, at one point I think they had to be in a facility for 90 days. Then when the independent enrollment brokers came aboard, some of you can probably remember this, became a little more complicated. A lot of individuals were getting lost in transition, so to speak. So it was really

hard to track them. Also at that time, CMS required, it is not a requirement anymore, but individuals used to know that they were a money follows the person in Rowley because we had to give them a survey, or they had to sign a survey stating that they knew they would be asked three times throughout the year how they were being treated in the community, you know, what has changed, what was good, what was bad. And there were problems inherently with doing that. One, because the office of development of programs had their own surveys for that ID publishing, people with intellectual and elemental disability. And it was very different for the aging publishing people with physical disabilities. Nevertheless when the individuals just had to sign a statement saying yes, I know I will be questioned or contacted three times of the year to do this survey, they never had to actually do the survey. They could always deny yet. After a while, actually, we partnered with Temple University to do those surveys, but after a while, Mathematica who was taking the information for the surveys and putting them into reports, they stopped doing that. Their contract I think ended with CMS. States were either left on their own to want to do the surveys, or they didn't have to do them, or they could just utilize the existing surveys that may be, say like OLTL was using for people that were actually on labor. A lot of other things changed when we went to managed care. There's been a lot of changes, a lot of the caseworkers and County assistance offices should be still seeing now the 1768 form, on the form that identifies if somebody is MFP and that is how they are coded. They are coded in ESIS. Please let me if I am using an acronym that no one is familiar with, but that is how we see that they are actually a OMHSAS individual and have met the criteria, we manually have two pick them out and put them under a MFP column so we know we can request reimbursement for their services in the community. So now the independent brokers will be assessing these individuals in the long-term care facilities and they will also be working with the managed care, the trial of an organization's business going to become indication between them. Hopefully we will be capturing a lot more individuals, I have had this question many times, yes. If we say we are transitioning 4000 people in a year from long-term care facilities, probably 90 percent of them should also be MFP, and we should be getting reimbursement for them. But because of some of the issues that we have had, whether it is the IT systems or who was actually going to be taking on that role of assessing someone and checking that box, we haven't been able to capture as many individuals as we can and of course that affects how much money we can actually receive. Tricky for your question, if I didn't answer it, I can follow up through email.
>> MICHAEL GRIER: We will go to Shauna then Jeff.
>> Just a quick follow-up, I probably will be emailing you, Sheila could I have a lot of questions running through my head. Do we have any idea over the last year how many people have qualified as a MFP transition? If so, do we have any idea? You mentioned an increased rate of reimbursement back to PA for those folks that are MFP identified. Do we have any idea how much that is and where that money goes?
>> SHEILA HOOVER: Well, that is delayed because we had a breakdown in our data system, and through COVID there were many issues. We are retroactively claiming individuals as a MFP up and there is a 3 to 4 month delay. We would expect a couple hundred a month I think we are seeing by the time I actually go back and look at the data, but yes it should be a lot more than that. Again, the money, as I said it is a reimbursement, but it is more of a savings to the state. The state is already paying, you know, for their services. We pay a match. But as far as the administrator activities, that is 100 percent. Again, Pennsylvania puts the money up. We do those activities, we show that they are done, then we are reimbursed. Like I said for those initiatives that I mentioned earlier. We do hope to see a lot more. The better we get at coding

individuals and identifying them before they leave the facility, that is the only way we are really going to be able to take advantage of the supplemental funding option where they can receive 100 percent for, like some of the housing, food, things like that. It's a little complicated, try to make it brief and I don't want to lose a lot of important information and the brevity of my response, so I apologize.
>> MICHAEL GRIER: No, that's fine Sheila. Thank you for that. Jeff, Patty, then Pam.
>> JEFF: This is Jeff, question. What percentage ballpark wise of individuals in MFP still need accessible housing, and how have we've been doing in, say, 2020 during when COVID 19 started on addressing those needs?
>> SHEILA HOOVER: So Jeff, again, the MFP population is just a subset of all of the individuals who transition video waiver or CHC. We wouldn't separate out the actual MFP individuals, in response to what you are saying about better housing. I would be able to answer that, I'm sorry. That would just be a general question for any of the individuals, and if you want to break them down into population, physical disability, age income or individuals with intellectual and elemental disabilities, that would be a question for those agencies.
>> MICHAEL GRIER: Patty?
>> Is there an application process? Many of us around the room are involved in NHT but can we nominate 70 to be on the list?
>> SHEILA HOOVER: I'm sorry, you need to be able to transition or to be MFP?
>> Like for food or housing supports, or many of the real obstacles that occur and delay the transition out of a nursing facility.
>> SHEILA HOOVER: That would be somebody from OLTL or the nursing home transition program would be able to best answer that. I mean, I know people can apply for supports, or they are working with their case manager if somebody else wants to take that.
>> So with regards to how MFP funds among providers that will procure that as the need is identified through the program. For example, PCIL, the training is an initiative through MFP that is out for bid.
>> If an organization is involved in a nursing home transition and has identified consumers who are in need of these type of funds in addition to the monies available from the MCO's, is there any way to bring that forward or to procure those resources?
>> I know I have lots of folks from the CIS, but my remarks in regards to nursing home transitions that are outside of the CHC waiver program, the definition of who can do nursing home transitions is already set. I do not believe it is going to expand, I'm not quite sure if I am understanding your question.
>> I'm sorry, I'm not talking about who provides the nursing home transition as much as how those organizations who are currently contracted to do nursing home transitions for MCO's can actually tap into additional funds beyond those available through the MCO channels, if at all, with MFP funds.
>> I think I understand now. As Sheila mentioned, it is more of a reimbursement to OLTL versus direct stream, kind of going out to add additional funds to those providers at the CHC MCO's. Individual are connected directly with the CHC MCO's.
>> MICHAEL GRIER: Pam?
>> I noticed one of the slides had said that the money can be used in transition and diversion. How is Pennsylvania using the MFP money for diversion: if it isn't, how do we get that going, how do we get that built into this? So we can start diversion, people would rather not go into nursing homes so let's stop them at the front door.

>> SHEILA HOOVER: Great question. Thanks, Pam. The shared housing aspect might be a good example of that. So if you look to not return to long-term care facilities, there is services, I know in the office of development of programs we have initiative to work with the under 21 population for when they come out, does provide different services, again, to keep them going back in. Building capacity, the building capacity Institute actually just training more positions and staff on how to work with individuals that have a dual diagnosis. You know, just getting the education information out there on these little hubs, these little virtual -I want to say vignettes or trainings on certain websites. It's really about making sure if the individuals have the services that they need when they are coming out or to keep them from going back in. That is kind of how MFP is supporting those initiatives and the activities, when you come at it from that angle. It is a comprehensive approach. Does that answer your question?
>> Yes. I would also like to see if there is some kind of a fund, like the housing and things you are talking about, how people get out of nursing homes. People were in a situation where there is something they need to prevent them from going in, something short-term. Is there a process for that? The programs you talk about sound great, but if there was some funding to overcome the barriers that are sending people in in the first place. They are behind on rent or something, or their direct care worker walked out and they are going through the process but they need some support to stop them from going into a facility. That is what I would recommend.
>> SHEILA HOOVER: Right. As far as the supplemental funding option, I know there is discussion about the tenant-based rental assistance program within NHT, if we are doing something that is already being paid with state funds, MFP funds can come in and pay 100 percent of that. The issue is, the criteria, it has to be just for somebody, like MFP individuals only. We are still trying to get it to the point that all the people that are transitioning come if they met this criteria, we should be putting all of them so it is easier for us to follow and to track them to be able to give that to them. They are already getting it, we would just be reimbursed on kind of, like a behind-the-scenes on our side paid we would know that that individual utilize these services, then we can get that reimbursement from CMS, again it would be cost savings to the state. That is really what it is. So doesn't go, you know, like directly to individuals. Even when we do the IT enhancements, like what do you mean IT enhancements? But for data analytics and to be able to see trends to be able to really drill down on, like, are we seeing certain service providers may be not giving the services that they should? Whether there are issues, and are we seeing patterns? How many people are receiving services? How many people are re-institutionalized? Why are they being re-institutionalized? Some people think they may not wanted to go to IT enhancement or data, but it is really important because it tells a story and we need that to validate, you know, and identify the issues that exist, and validate some of our proposed resolutions for those issues. Stuff like that is important, too. We look at the big picture.
>> MICHAEL GRIER: Thank you, Sheila. Go ahead, Pam.
>> I was just going to say, I agree with what Patty was saying before. For diversion, if we knew some of the ways ahead of time that you are supporting it, how do we go ahead and get that information? How do we get the supports upfront? Patty asking for (indiscernible) to apply for that stuff my thing for diversion it is the same thing.
>> SHEILA HOOVER: It does come from the bottom up. So the deputy secretaries of OLTL, the VP, there is so much going on and they are very well aware of, you know, what may be some initiatives or activities that can be proposed, but they also had to think about do they actually have the resources to do it? Do they have the time to do it? And for MFP, a lot of states actually want to get out of MFP because of the uncertainty of it. Every couple years, are we going to

have it for another year? Will we have it for two more years? There is so much uncertainty that a lot of states are very hesitant of starting any of their initiatives or putting all of their money into this one basket or these certain endeavors, because one, they may not have a way to sustain it after MFP ends. There may not be a plan to that, and it takes a while for project to get going and get off their feet. And also, it takes even longer to see if they are even successful and how to measure that. I wish I had one good answer for you, but I would just suggest that why we have meetings like this is to keep talking to the individuals and proposed certain changes. They are willing to listen.
>> MICHAEL GRIER: Great, thank you Sheila. Do we have questions in the chat?
>> 'sQuestion is from Janice minor. How do people get identified for MFP funding?
>> SHEILA HOOVER: As I said, so it's not that funding does not go directly to people. I have to keep stating that. What happens is now, there is a new process for the independent (indiscernible) that are working with individuals who will be transitioning and working with, you know, willing they are coming out. They are different of the form 1678, that is the change form. If there are any changes to somebody's services, it is the form that identifies if they will be going into a protected waiver or CHC or the life program put on that form, there is also a section where somebody is marked as MFP. The individual will also work with the managed care organizations to ensure that yes, this person has met this criteria, they check that box. And we have that person's information, so when it comes time to get that reimbursement we have their identification number, we see the services that they have, then we are reimbursed. We did that enhanced match. That is how it works on that end. Does that answer your question? How they are identified?
>> MICHAEL GRIER: Go ahead.
>> My name is Brenda Anthony.
>> MICHAEL GRIER: Can you turn the microphone on?
>> Thank you. My name is Ruth Anthony from Northeast PA, and I am a consumer of attendant care services but I just want to throw this out, as far as taking money to get people out of nursing homes, you take all you can get. There are a lot more people waiting in there to get out, I can guarantee you that. But the question I have for you is, it may seem really simple given the depth of some of the discussions here today, but my question is when consumers are told by the agency that no, this is the way it is, you have to do it this way. Who is that they call, or who is that they go to to find out the truth of what they should be getting versus what they are getting? I'm just curious. The managed care organizations are big, and they control our lives. Back when this was implemented or initiated, we were worried. I mean, (indiscernible) to save money. And the only place in this equation to save money is on the backs of us consumers. So I have had consumers say to me, well, who can I call about this? This isn't right. I personally have a big mouth and I will find out, but that is not so true for some of my friends, and they just accept what they get. (indiscernible). So we're trying to hold on to what we got. That's true. They want to be out in the community. We want to go to work. All of that. In the independent living services help provide that. I am just asking of this group, when a person is up against the managed care organization trying to live independently in the community, who is it they can call? To get an issue either clearly identified and truthful.
>> SHEILA HOOVER: I don't think I can speak in behalf of everyone.
>> (indiscernible).
>> It's unbelievable. People say oh no, no. I can't do that. What do you mean you can't? How many are with the to do this, you know. We are out here trying to do that, but we are up against

big, big groups. HMOs are big. A lot of money. We are little in their pool. And I want to know, who is the consumer supposed to go to?
>> Sheila, I can respond to this. It's Juliet. First, it is great to see you again. It has been many, many years. Happy you are here today. Or participants in the MLTSS programs with regards to who they should call, there are multiple options for participants. The first one, you know, all the CHC MCO's have member handbooks. That information is required to be contained within the individuals member handbooks. They are all on the MCO's websites as well. If it is with regarding a service issue, they have the complaints process directly with the managed care organization that they can follow through, or with the office of long-term living directly. This hasn't changed for many, many years. Participants can always reach out to the office of long-term living helpline which is 1-800-757-5042. That has been the participant helpline number for as long as I can remember. There are those options and pathways. The complaint process, the helpline, these individuals are in long-term care facilities but you also have the ombudsman, for the deferment of aging the ombudsman number is posted at every facility, that is required. There is also the complaint process within the Department of Health. In addition to if they are also a CHC member coming to us in going to the CHC MCO.
>> MICHAEL GRIER: Turn your microphone on.
>> JULIET MARSALA: Linda, you have to turn your microphone on.
>> You and I both know, the ombudsman efforts. I never ended up going that way, they kind of work for the institution. They weren't real helpful. And they don't always believe that people can live independently like we do. It's another opinion, and they control a lot of that. What happens. Sorry if I interrupted you, but there are different places to go if there are problems, we don't really have places to go that help our problems. The other ones, those will that you recommended I will pass on in terms of the number. But I would hope that it gets better, because consumers, they can't live like this. They can't live with hours just being slashed, with no notice. Things like that. I know now as somebody who uses services (indiscernible). I understand better why consumers are feeling the way they felt about things. And it is very important to have that relationship with the person, and maximize their independence out of it. You know what I mean?
>> JULIET MARSALA: I completely concur with you, Linda. The goal is to maximize individual independence and access to the community. At the community health choices program has 32 services that are covered benefits, and typically only one or two are used to maximize individual independence would I would love to see all of the services utilized to expand independence in the community. And also services that are not within the waiver program that are individuals -- available to individuals to help them thrive in their community. We are absolutely on the same page with regards to those goals, I think you would agree that a lot of progress has been made over the years considering we went from 25 percent in the community to over 75 percent of services in the community, which I think is great strides. We still have a lot of work to do, the system isn't perfect, we can certainly endeavor to strive to continue to make it better. But I really appreciate your comments and we will continue to talk, (indiscernible) so much for being here. So great to see you.
>> MICHAEL GRIER: Thank you, Linda. Go ahead.
>> This is for Sheila, I think I got a basic handle of the program. However, again, reimbursement. Is it like a pie? We have a certain amount you can take down, or if others don't take advantage of it, you can take more is there a finite amount you can be reimbursed for?
>> SHEILA HOOVER: That is a really good question, thanks for that. There is only so much, so

many millions of dollars, I guess, we really only ask for what we need. Yes, not every proposal we put forward will be accepted, either. There is information online through CMS that you can see how much money each state has requested and basically has been awarded since their participation in MFP. I think, like, Rhode Island like smaller states than us I think what one smaller state has almost $300 million in reimbursement. Yeah, it is quite a bit. Like when we are receiving proposals, again, I want to make sure - we had to really try to work within our means, again sometimes it is not even an issue of the funding. We just really don't have the resources, staff, or time can sometimes we need to staff that aren't state employees, we have to hire out contractors from contract agencies because they have a specialty and we only need them for a short amount of time, and those are very, very expensive. I don't know if that answers your question.
>> You are saying, though that we could be utilizing more special money if we had more DHS staff?
>> SHEILA HOOVER: Yes, sometimes it is a matter of effort sometimes it is trying to find a vendor to do some of the work. For instance with the nursing home transition training. It takes a long time to try to find the agencies or companies that are equipped to do the training. And with our office of developmental programs, and a lot of their initiatives were very delayed because they're trying to see who was best to contract with. I think for some of their initiatives, they contracted with the University of New Hampshire for like the Pennsylvania START program, or their ECHO program so that is very time-consuming. You want to make sure you do it right. So Yep and when I say staff, it really means we have these great ideas and want to get stuff done. Sometimes the proposals have to align with the governor's agenda, too. Their mission. A lot of moving parts.
>> Thank you.
>> MICHAEL GRIER: Thank you, she loved very much. We are going to move on and a question that I have is for the MCO's in the diversity, equity, and inclusion peace. I have done a terrible job at trying to manage our time today, you are supposed to be on at 11:30 a.m.. It is now 12:07 PM. If we need to have an opportunity for additional public comment, would it be possible for you to go through your presentation, or should we delay it for a month and have it in December at the December meeting? I would like to hear from each one of the MCO's.
>> This is Mike Smith from Trenton, I know our presentation is pretty packed full of information and it may take some time to get through it. I don't know what the other NCOs, if they think they can get through there is pretty quickly, even though we only have a few slides with a really tremendous amount of information to cover. If we want to push it to next month, that would be okay with me but I will let the other two respond.
>> MICHAEL GRIER: That is what Juliet and I were speaking about.
>> Hi, (indiscernible). While we have a few slides we do have to transition between three speakers so that might take some time as well.
>> MICHAEL GRIER: Thank you. PA health and wellness? (NAME?), Like the other two MCO's we are willing to push to December appeared we have a lot of information, not a lot of slides, but again robust information but I think more time would benefit everyone.
>> MICHAEL GRIER: I appreciate everyone's feedback. We will move on to the additional public comment portion of our agenda. Do we have anything in the chat?
>> We do have two comments, first comment comes from Latoya Maddox regarding MFP. It would be good for Allstate MFP directors and staff to advocate and share data at the government level to make MFP permanent across the country, this way it is coming from both

consumers and providers alike. Sharing the data would show (indiscernible) and MFP if necessary. Next comment is from Juanita Gray treated thank you Linda for your input, although consumers are given handbooks, hotlines, and the persons the consumer speak with through the process does not work for the consumer. I believe Linda is trying to say that the consumers gain loss in the huge transition of MCO takeover in the program, consumers are not getting the full value of the program. The next question comes from (NAME?), this is for Sheila. How are roles made for MFP?
>> SHEILA HOOVER: Again, there is a new process where it is not necessarily a referral. It is the independent enrollment broker or the managed care organizations, just checking to see that the individual who will be transitioning and enrolling into one of the qualifying waivers for CHC has met the criteria. It has come a long way since MFP first started but if they meet that criteria, then we can be reimbursed for a certain percentage of their services up to one year while they are in the community.
>> Thank you, Sheila. This question is from Kathryn (NAME?). Related to MFP. Is there a way to post transition identity to allow advocates to show MFP success? So we can advocate for keeping the program and/or expanding it over the coming years?
>> SHEILA HOOVER: Again, the MFP population is a subset of all of the transitions that are transitioning from long-term care facilities into the community. That's why we are really trying to make sure we enroll as many of those individuals as possible, because a lot more our meeting the criteria than we are actually getting reimbursement for. But to your question, yes Pete all of the information, the data from the states do go to Congress. So advocacy agencies and the states do present their information, and sometimes we participate in surveys, we participate in interviews to see what the barriers are, see how we can transition more individuals. And they also get that information, they see what the states are doing with the MFP funding to really incentivize states to get more involved and try to transition individuals in getting them services that they need and deserve while they are in the community and build a capacity, things like that. Actually, I can tell you Pennsylvania is one of the leading states with the MFP program for there are a lot of states that are trying to either model what we are already doing, or they contact me or the other program offices to see what they can do to better their MFP program as well. Again, every MFP program is different in every state.
>> MICHAEL GRIER: Thank you. Shauna?
>> Just another question around MFP. I am trying to understand, maybe I heard this incorrectly. But I thought I heard that after someone transitions and they are deemed a MFP transition, there is an enhanced rate of reimbursement that comes back to Pennsylvania for a period of a year. Is that correct?
>> SHEILA HOOVER: Yep, you said it perfectly. Yes.
>> Okay. So what happens to that money? Does it go to the MCO's to assist with their value-based payment structure? What happens with the enhanced rate of reimbursement? It is it used for diversion?
>> SHEILA HOOVER: It just goes right into waiver slots. It is just saving the state more money. We do not actually see the funds. Some states to create what is called a rebalancing fund. I get a lot of questions on this, so I want to clarify it here. Pennsylvania does not do it that way could we do not say hey, we saved $5000 by having these individuals on MFP. We are then going to actually take $5000 and have this separate account, and we are going to have an initiative from this account. Some states do that. I think New Jersey is one of them, they do that with housing. Well, we do not do it that way. There's a lot of complications to that, we have learned from other

states. Some of their unfortunate, they started that way then they decided not to do that. They just consider it savings to the states and it gets reinvested back into waivers and services. It is really just saving the state money. Except for the administrative funding option, where that is 100 percent. We do do initiatives or the nursing home program or the transition housing program, where MFP will reimburse us 100 percent for those activities. It is not without reporting on what we are doing, measuring the success, showing how it is helping individuals, and that is all very complicated. It is not just here, have this money and have fun. There's a lot of reporting involved, and a lot of accountability, which there should be.
>> So it does increase the number of people that could get on the waivers?
>> SHEILA HOOVER: Correct, yes.
>> Thank you.
>> SHEILA HOOVER: You're welcome, thank you for the question.
>> MICHAEL GRIER: Other questions or comments in the additional public comment section of our agenda?
>> This comment comes from Rachael think. This is to address the misconception of the above been working for the facility for this is not the case be too the office of a bondsman is a state office, and the ombudsman are volunteers. If someone feels there is a conflict of interest, they should contact the state ombudsman office directly.
>> MICHAEL GRIER: Other questions, comments in this period?
>> Certainly in the importance of a topic, I wouldn't want to cut off a MCO or limit comments on those presentations. I think it is best to move into December so that it is not rushed, and that is respectful towards the topic.
>> MICHAEL GRIER: Other public comments? In the chat? Any from the committee members?
>> I actually wanted to clarify something earlier, I don't know if these will have is about the number of assistive technology requests that each MCO had. The number I wrote down seemed low, so I is was just wanting to clarify it. This was a follow-up from last meeting, sorry this is Amy Lewis speaking.
>> This is Juliet, I can read from the update, those numbers. Related to the utilization data for assistive technology that was asked prior meeting, AmeriHelth Caritas Keystone first responded that the beneficiaries of assistive technology are those enrolled with community health choices and are the ages of 21 and older. The age range of participants with approved assistive technology requests ranges from 28 to 68 years of age. The utilization of assistive technology for March 2023 to current has been low, a total of eight requests have been received. The service Corps Nader's continue to educate consumers on assistive technology benefits, utilization, and volume should increase. For Pennsylvania health and wellness, they responded that their requests primarily fall into three categories. Speech generating device from door alarms or automatic door openers, occasionally they have received requests for items related to smart home technology, allowing for voice activation of everyday items. To date for 2022, Pennsylvania health and wellness has authorized 14 assistive technology requests, please note that procedure codes apply to speech generating devices fall to Medicare as the primary first. The age range for requesting assistive technology devices support have ranged between individuals who are 38 to 85 years of age. UPMC responded that over the past 12 months, 65 participants have received assistive technology benefits through UPMC community health choices. Of the 65 participants, 43 were under the age of 65, and 24 were over the age of 65. Additionally, 14 participants under the age of 65. 12 over the age of 65, or in the process of receiving assistive technology.

>> Okay, thank you. This is Amy again. I think I was a little confused, it sounds like there are different data points or what his request, what is authorization. Like pH W is reporting authorizations, UPMC is reporting just the number of people who have received assistive technology, it possibly could have been received in the year before. Then there are 14 requests there. It would be good to sort of have the data a little more aligned, that is what threw me off. And I appreciate that AmeriHelth Caritas is looking into the issue, I think eight is a very low number. I'm good that is being investigated, I would like to see those numbers up. I think we all would. Thanks.
>> MICHAEL GRIER: Thank you, Amy. Other questions, comments in this public comment period?
>> This question is from the chat, it is from Janice.
.His MLTSS subcommittee considering including the CHC waiver of clinical termination on a future meeting agenda?
>> Yeah, we absolutely can prepare that for a future agenda. Just all are aware and take the opportunity here, we also have new folks that are attending which I think is wonderful. I just want to review that as part of the (word?) program in the Commonwealth, we have the MAC. The Medicaid assistance advisory committee. We also have the consumer sub MAAC committee, that is another very important meeting that looks very important issues such as the clinical redetermination and all of the Medicaid programs. We also have the LTSS subcommittee and the LTSS subcommittee traditionally has been the OLTL committee for all things OLTL across the entire continuum. We have had a sort of MLTSS topics discussed at the LTSS subcommittee meeting, so we always encourage participation there. I wanted to highlight those three committees in particular, we also have the managed care service delivery system advisory committee is another subcommittee of our overall MAAC subcommittee structures. I wanted to highlight for the benefit of anyone and everyone, additional opportunities for public comment with regards to services that the Department of human services puts out under the Medicaid program. And I'm looking at my team to remind me of when the LTSS subcommittee meeting is so I can promote it here. Because I don't have it off the top of my head, but I believe the consumer subcommittee meeting is on the same day as our next MLTSS subcommittee meeting, which is on December 6. And our next LTSS meeting as I look those up is February 13. It is on February 13. I did want to raise those opportunities again for getting additional information on the CHS programs, and also to ensure folks were fully aware of additional public comment opportunities and engagement opportunities.
>> MICHAEL GRIER: Thank you, Juliet.
>> It's just Amy, I just looked it up. I think the LTSS does actually have a December meeting, December 12 for folks who wanted to attend.
>> JULIET MARSALA: Thank you, Amy. Yes, December 12.
>> Can I go ahead? Hi, Linda Anthony again. One of the consumers sitting in the audience with me brought up a good question, how do you obtain copies of the minutes? Is it posted publicly?
>> PAULA: After the meetings, we do provide the minutes, the agenda, the presentations, all the documentation is on the MLTSS meeting minutes ListServ. If you are not signed up for that and would like to sign up for that, if you can send me an email to the PWCHC mailbox I will send you instructions and help you get through that. Sure. I will talk to you after the meeting and get that to you, but also at the bottom of the agenda is the PWCHC mailbox.
>> MICHAEL GRIER: Thank you, Linda.
>> If an individual does not have email or electronic means to access the minutes, they can

certainly call the participant hotline and we will get it to them.
>> MICHAEL GRIER: Any other questions, comments during this public comment period? Greetings, go ahead.
>> Hello, this is Cynthia Gibbs-Platt, first of all thank you for addressing my question from last month's meeting could also I want to know before someone who is either in a nursing home or at home that cannot use Internet because maybe they are a quadriplegic and they don't have the necessary tools that they need to use to access ombudsman or online services, and if someone is in the nursing facility, how do they get the necessary (word?) that they need?
>> You said A TF?
>> Assistive technology.
>> Okay, okay. In nursing homes?
>> Will give an example. If I'm in a nursing home, I'm quadriplegic and I don't have use of my body parts. I want to make a phone call, I refund my room, but how much was use if I don't have something to only use the devices to ever if I want to go online and have the assistive technology to helped me. Am I allowed to have these items in the facility?
>> JULIET MARSALA: For individuals who are in our MLTSS program, if they have assistive technology needs or barriers to communication, the nursing facilities, that is actually something they should share with their service coordinator. Their service coordinator should be assisting them with identifying their resources and helping them to move towards their goals and also ensuring that if they would like to have access to an ombudsman, etc., or additional supports to help them that they are there to help them. That is the role of the service coordinator at a MCO, and there are advocates who identify resins that should use more supports should without hesitation contact the managed care organization in the service corner to help them intervene when needed could have a joint meeting with the nursing facility as needed, and help that individual reach their goal.
>> MICHAEL GRIER: Trigger microphone back on, please.
>> And if the service coordinator does not respond timely and no one else is listening, then how do they get the assistance? The advocate or maybe a family member is able to contact these people to get them the assistance they need and desire? I will give another example. If I am in a power chair and it is not working, you give me an old-fashioned handheld device that I cannot use, how can that be addressed?
>> JULIET MARSALA: Each situation is specific. Right? Again, kind of as we mentioned before, there is a complaint process with each of the managed care organization. There is the abutment advocate for the department of aging, there is the participant helpline. 1-800-757-5042 that are all available for participants to kind of utilize based on what their preference is. I can assure you that any complaints that OLTL receives regardless of source is reviewed. While a family member or an advocate may not be able two for HIPAA reasons get specific information from the managed care organization, those complaints are reviewed and evaluated.
>> Some going to go back to the beginning we were talking about the (word?) website. I'm aware on how to use it, but at the end of the day it is not very accessible to someone with vision loss or blindness. If you say going to the my COMPASS and look at the documents because you chose to have paperless documentation, it is not accessible. It is really not accessible. This is two parts. Then when they are asking you for documentation such as five years, like really? Let's say some timber 2018 or 2019 to present. I used to work for food stamps in New York, I know that a lot of times unless it is updated information and their income changed at some point, that is not even necessary but they are closing people or denying them because of

documentation that is not received or cannot be retrieved.
>> I appreciate your comments, we will take those back to the office of income maintenance. In particular, the accessibility with the website and the different functionalities that you are having issues with directly. We will absolutely ensure that the office of income maintenance is aware of that. With regard to five-year look back, that is a little above my pay grade but we will certainly continue to evaluate and look at that as well.
>> One last question. I just have one last question regarding the transportation. I know it was mentioned, how many Uber and Lyft drivers do you see that will carry someone that is in a mobilized device when their transportation leaves them? How does that work? How many Uber and Lyft persons or devices have accessibility for someone in a motorized scooter or above? In this area.
>> I do not have that answer for you. Grant is going to be working with the transportation summit, perhaps we can see what is available. As you know, Uber and Lyft are independent operators. That number may change, I don't know. That is not something that the office of long-term living tracks, but that is certainly something that the department of transportation, it would be very beneficial for them to hear directly from people and their needs. I know about 20 years ago, I led efforts to help advocate for successful taxis with many individual's in this room and elsewhere to get accessible taxis in Philadelphia, but I do not have that answer for you.
>> Thank you.
>> MICHAEL GRIER: Thank you. Shawna? Oh, I'm sorry.
>> Just a process point here. We, along with several other folks in the room had requested some time on an upcoming agenda a few months ago to address the reduction of PAS hours again, and keep that front and center across participants and direct care workers. I just thought maybe it was this month, we are maybe looking at next month now and recognizing this meeting as long, and pushing DEI which I think is important, we want to make sure that is on the agenda for next month.
>> I have two questions related to transportation (word?), I want to confirm that the transportation summit is a virtual and not in person.
>> Yes.
>> And two, a statement was made early on about if someone is needing reimbursed, for example if they get left because their appointment went long and they need reimbursed, I believe someone said that they have to let someone know when they make the reservation how they want to be reimbursed. And if that is the case, how do you know how to do that? I wouldn't think that people would know that. I wouldn't know that. If I was at a doctor's appointment, I don't know that it is going to run over. You might as well set that up way in advance, but how do you know how to do that?
>> The responses we provided may be more for the MAT program, I will make sure those are questions I put in the agenda for the meeting in December, that is searching the questions I will have them respond to in their presentation.
>> And that was Randy Nolen.
>> MICHAEL GRIER: Go ahead.
>> Michael, are you going to respond to the agenda question?
>> MICHAEL GRIER: As a matter of fact, I have talked to Paula already. We are doing a meeting to have the agenda development, so we will make sure.
>> For the managed care organizations here, perhaps you could explain what you're looking for in the presentation with regards to that topic.

>> I think other folks in the room can as well, I think there is a large number of people that would like to share some of their experience and get a better understanding of how the field process is actually working or not working.
>> That is very helpful, we can add that to the agenda.
>> MICHAEL GRIER: In the summary of that discussion, could you provide us with trends of what you are seeing in terms of person centered plan hours? We have a lot of anecdotal data, and it's nice to see that it is systemic like we think it is.
>> Thanks. Questions, additional public comment? Anything in the chat?
>> We do have a question in the chat from Carmella (NAME?), sorry if I mispronounce that. With regards to a T devices, home on vacation, vehicle modifications, has (indiscernible) considered processing another item when the functional use has exhausted? For example what a newer accessible vehicle be considered (indiscernible).
>> This is (NAME?) with AmeriHelth Caritas, the answer to the question is yes. If something is not working for the participant it can be replaced, so long as it is within the and if it limits of the CHC agreement.
>> MICHAEL GRIER: Thank you, Missy.
>> MIKE SMITH: This is Mike Smith from UPMC, I would say the same thing as Missy.
>> MICHAEL GRIER: PH W?
>> (NAME?) From PHW, same as well.
>> MICHAEL GRIER: Thanks, Jeff. Other questions from the chat?
>> We don't have any other questions. Sorry, one just came in. This question is from Lauren Eldon peered for the next meeting, patch reduction discussion, can we add each MCO to bring multiple example of the language they use on those occasions?
>> MICHAEL GRIER: Multiple examples of their notification, the reductions? I just want to make sure we are clear on what you are asking for, Lauren.
>> That is what it sounds like. Reduction notifications, the letter consumers get. They wanted more clarification on the language on those notifications.
>> MICHAEL GRIER: We will ask the MCO's to be able to provide that.
>> This is just from AmeriHealth Keystone, I'm confused. The language can be printed in whatever Lingwood requested.
>> I think the actual technical aspect, not be language it is printed in.
>> Lauren if you could confirm, I imagine you are asking for examples because notifications should be individualized but certainly they can give examples, but that have to be careful to ensure that their examples would not specifically identify any participants. I'm sure that it is possible.
>> There is a specific template in the is how to use for the template --for the notice, then there are parts they put individualized language and could we will have to look at those and make sure we are not sharing any PHI. This is Randy.
>> Lauren wanted to expand on her question. She wanted explanations in the letters, for example we have seen that your hours are not medically necessary. Anything that could be provided without any PHI.
>> MICHAEL GRIER: Thanks for that clarification, Lauren.
>> Just recognizing that a lot of folks will be recognizing the day of the dead today, I wanted to officially put that on record to wish everyone a happy celebration today and tomorrow.
>> MICHAEL GRIER: Is there any additional public comments in the public comment period? Committee members? Public? I will entertain motion for adjournment. Moved by Matt, second

by (NAME?). The next meeting will be December 6, same time, same place. Thank you, I appreciate it.