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

Date: 11/03/2021

Event: Managed Long-Term Services and Supports Meeting

StreamBox

>> Testing.
>> Testing. .
>> SELLERS DORSEY: Thanks Jamie. .
>> SELLERS DORSEY: Okay, great. So Jamie, Luba can hear us I think that we cannot hear her . We do not have a Linda on the phone .
>> JAMIE BUCHENAUER: I can see Luba, she is waving .
>> SELLERS DORSEY: Do you want to go ahead and get started ? We can see if Linda jumps on . If that is how you would like to proceed ? Luba is shaking her head yes .
>> JAMIE BUCHENAUER: Looks like she wants to get started. I'm okay with that, we can get to the OLTL update . I guess begin to the housekeeping and come back to Linda and Luba doing the opening whenever they are able to get sound or whenever Linda jumps on, does that make sense? Introductions and the housekeeping committee rules. We will table that until they have sound . Okay, great. Good morning everybody, happy November 3 . If I went outside this morning I know fall is really here unfortunately for those of you like the hot weather . For those of you like the cold weather , it is here. I had to get my winter coat out of hibernation and put them on this morning . With that, just a couple be tonight items for the office of long-term living in as you saw on the agenda , Patty Clark will give an update on the CHS waiver and we will get general OLTL update today. In our update and I will honestly split my update with Randy Noland . If you go to OLTL on our agenda, he will give an overview of our reduction review project after I give you a couple of dates about Covid and complaints and grievances so more information on that . Just to give you a couple of background points about the reduction review project , obviously all of the CHC MCO's were doing the number , over 80,000 assessments on individuals receiving home and community-based services . This committee and other effective stakeholder committees raise some concerns with the assessment process and the reductions that summer spends were receiving as a result of all those assessments. You may recall that Randy talk about the reduction review project that we were doing in the office of long-term living. Just an FYI, he is concluded the initial review and he has some information on the reduction review project to share with the committee this morning. I will go quickly to my update so we can get to Randy's updates. First, on the ARPA updates , I was hoping I have more information to share with the committee this morning. This slide is - - enhanced 10% we were receiving due to the American rescue plan act . You may recall that the the Department of human services had to submit a plan to CMS on how we were going to spend 10% enhanced - - coming to the department and to the state . They could be used to supplement home and community-based services . They cannot be used to supplant state funding. So for the office of long-term living portion , we suggest the following on the slide and this is a really quick overview. Enhanced payment rates, and funds to improve home and community basis. I was

really hoping by November 3 that we would have our approval from CMS and we can start to talk this morning about how we were moving forward on all of these points . Unfortunately, we have not received the CMS approval so we are still planning behind-the-scenes but unfolding in terms of talking more about our plans as CMS does not approve them. Just wanted to give everyone an update on that . We are hoping that CMS will issue their approval every day now and more information on all these points will be provided provided to stakeholders and others. The next update and wanted to share with the committee is on Covid 19 and vaccination. We have been sharing a couple of other stakeholder committees the percipient community health choice vaccination rates . The CHC has been tracking them and we have been combining all of the numbers at the OLTL level. I will set the consumer subcommittee which was held last week , the overall Medicaid number of individuals vaccinated was shared meaning the overall percentage of Medicaid individuals vaccinated was shared. I think if you joined those meetings , the overall number was around 39% of the population was currently vaccinated so obviously in our CHC program it is higher which is good news. The bad news is it is not as high as we like to be. We continue to work with messaging to get the vaccination rates even higher. You may have seen in the meantime, there was a booster announcement from the CDC that really said it does not matter what vaccination you received, the Pfizer, Moderna or Johnson and Johnson . They did recommend a booster for certain populations . They provide obviously the individuals who were 65 and older , 18 or older live in long-term care settings , 18 and older have underlying medical conditions and 18 or older who live in high-risk settings should get a booster . Obviously we are working with our CHC MCO's as many are almost all of the population would now be eligible for a booster. Regardless of what vaccination they received the work continues on that and all MCO's will need to monitor and message about boosters for the populations. The other thing we are watching closely in the office of long-term living in terms of provider organizations and stakeholder organizations was the Philadelphia vaccine mandate. We know at the end of I want to say two weeks ago , vaccine mandate wanted to affect for the Philadelphia , city of Philadelphia for healthcare providers living and working in the Philadelphia area or the city of Philadelphia, I am sorry. We did receive some late breaking news that this Philadelphia city government did exempt for a short period of time family caregivers from that Philadelphia vaccine mandate. This had family caregivers would need to be vaccinated before the end of the year . A little breathing room to family caregivers but obviously the Philadelphia mandate is something all MCO's are watching closely in the Philadelphia area . They are monitoring their call centers and anything else to make sure the individuals in the city of Philadelphia are receiving their services and there is no impact for direct care workers in the Philadelphia area and people are going without care. Just another thing that we are monitoring in the office of long-term living. So the next slide , we have shared this at the consumer subcommittee, the numbers that are fully and partially vaccinated by CHC MCO . Just a note, - - has reported their fully and partially vaccinated numbers together which is why they are under the fully vaccinated column. They have a total of 43.8% of the population that is either fully or partially vaccinated. The other two plans have broken those numbers out so you can see the difference in terms of the numbers that are fully vaccinated in Pennsylvania health and wellness and UPMC. We continue to ask MCO's report those numbers to us. They do get numbers, I believe monthly from the Department of Health vaccine database as well as the Philadelphia , the city of Philadelphia vaccine database in order to refresh the numbers. I know we have had conversations with the plans and some of the stakeholders about why these numbers are so low when what is being reported by I want to say the state or by nursing facilities or certain

populations are much higher . We continue to determine why the numbers and why are Medicaid or Medicare numbers are so low. I do not know if there is difficulty matching participants , meeting during a name, date of birth or whatever identify numbers they are using to match participants, they are not matching. We are missing parts of our population . I know we have had those conversations and the difficulty we may be having in matching the information in some of the databases with obviously our plan information. The next thing I wanted to share with the committee and we have shared it with the consumer subcommittee last week was updated complaints and grievance information . I believe that we shared the 2021 complaints and grievance information with the MLTSS last month. We do have quarter two of 2021 to showcase today . Just some information, these charts may look a little different . I just want to note that the number of complaints per quarter one and quarter to you can see on the slide. That 1090 number of state why complaints is not going to match up to the top five complaint reasons. Also on the slide, there is a note that you count the number of complaints at 1019. The number of complaint reasons is not counted until they are resolved and a participant is notified . The number that actually comes in and the number that are resolved and notified , those are different numbers. They will not add up. I just want everyone to know so there are no questions about why the top five complaint reasons will not match the 1090 number. That is applicable for all the slide we will show you today. The total number by CHC MCO in the top five complaint reasons that was resolved in quarter two of 2021 . Going to the next slide . We were asked about the year-to-date complaints that were decided in favor of the participant. Sharing those numbers with you over also you can see this is year-to-date obviously this will incorporate quarter one and quarter two data . Moving on to the information because the group is interested last month we shared quarter one 2021 grievances information the top five grievance reasons is not going to match the total number of grievances . Obviously the number of grievances was a little over 5000 but the grievance reasons resolved and this could be grievances that were received in quarter one of 2021 and 2:45 or four of 2020 . He could be in the top five grievance reasons. You can see the grievance reasons fell out with the highest number being due to personal assistance services. The next slide could be quarter two of 2021 grievances . The overall number of grievances fell for quarter two of 2021 but obviously the top five grievance reasons needs to remain high as we are still resolving grievances from quarter four 2020 and quarter one of 2021. Person often services remained the top reasons for the grievances . The next slide will be the year-to-date grievances and the percentage of grievance decisions in favor the participants across plans and total it up statewide . You can see the different numbers by plan there. That is it in terms of my information that I have to provide to the committee this morning . I can take questions now or we can move on to Randy's portion of the presentation and I will be on stay questions after that.

>> Maybe we can take them now Jamie .

>> JAMIE BUCHENAUER: Okay sure .

>> SELLERS DORSEY: Do any committee members have a question ? No? I have three from the audience. I am hearing a little bit of an echo so reminder for committee members if you can mute yourselves. The first is from - - which is really a comment that the vaccine mandate has been extended until November 22 . The next question is from - - asking where can I find information about the vaccine exemption for family caregivers. I do not know if you have a link that we can send out .

>> JAMIE BUCHENAUER: I got the information from the PA home care Association. I was happy to see what they sent out in terms of an extension , is really an extension. The next

question is poverty transportation issue with vaccination?
>> JAMIE BUCHENAUER: I have heard many reasons for I want to say hesitancy in terms of vaccination . For participants in the community health choices program I would hope that transportation is not a reason that people are not getting vaccinated . They require CHC MCO's to provide transportation and we required them to help participants schedule vaccine appointments where prescript want to be vaccinated. I am hoping it is not transportation . We are hearing anecdotally is due to a number of different factors. I do not think I have good data that reinforces any of those reasons but lots of reasons throwing out there that people do not want to be vaccinated . The primary one anecdotally here is mistrusting the vaccination and mistrust with those I want to say primarily the government that is really encouraging individuals to get vaccinated.
>> SELLERS DORSEY: Thank you, that is all the questions I have .
>> JAMIE BUCHENAUER: One more thing before I send it to Randy. I know I asked German to make an announcement at the end of the OLTL transportation and I want to see if German is on and can give an update . We can either do the housekeeping talking points or - - I can do that. I want to give him a minute or two to do so .
>> SELLERS DORSEY: You should be an muted .
>> SPEAKER: Do you want me to going to housekeeping ?
>> SELLERS DORSEY: Linda is not on, I know Luba was trying to get assistance . Maybe you should go ahead and do the housekeeping and attendance .
>> SPEAKER: This my first time doing this, excuse me if I stumble. Please keep your language professional. This meeting is being conducted as a webinar with remote streaming all committee members and visitors will be in listen only mode during the webinar. We ask that you use the mute button when not speaking . This will minimize background noise and improve sound quality . We have participants to submit questions or comments into the chat box on the right side of your computer screen . To enter a question or comment , type in the chat box in question and hit send. Please hold questions and comments as your questions or comments may be - - questions and comments concise, clear and to the point. Transcript documents are posted on the - - meeting minutes. They within a few days of receiving the transcript. It's documenting the discussion remotely so it's very important people to state their name or include your name in the chat box and speak slowly and clearly otherwise presidents may not be able to capture the conversation . This meeting has also been audiorecorded. The meeting is scheduled until 1:00 p.m. to comply with adjustable agreements at that time. If you have questions or comments that were not heard, please send your questions or comments to the resource account at RA – PW@PA.gov we reference the accounts listed on the agenda . Public come to be taken the end of each presentation during the presentation . 2021 MLTSS are available on the Department of human services website. They can do a search for long-term services and supports subcommittees to find the page. Just give me a minute to pull up the attendance list. We do not have Linda correct?
>> SELLERS DORSEY: Correct , she is having difficulty .
>> SPEAKER: And we have Luba?
>> SELLERS DORSEY: Yes .
>> SPEAKER: Allie, are you here?
>> Good morning, I am here , good morning everyone .
>> I know Cindy has an absence today . Neil Brady?
>> I did not see Neil .

>> David Johnson?
>> Good morning, this is David .
>> Denise Curry too .
>> I do not see these .
>> Gail - -?
>> Good morning .
>> German?
>> I do not see German .
>> Heshie?
>> Heshie this year, good morning .
>> Juanita gray?
>> SELLERS DORSEY: I do not see Juanita .
>> SPEAKER: I know Lloyd is expected to be absent. Matt Seeley?
>> SPEAKER: I do not see Matt or Mark .
>> My career ?
>> Present .
>> Monica Vaccaro .
>> I am here .
>> Good morning, I am here .
>> And the time he was absent, how about Williams spots?
>> SPEAKER: I do not see William. We also have - - Catherine on .
>> SPEAKER: I think that covers everyone. As Jamie mentioned, I wanted to remind people that we are still looking for nominations for the MLTSS subcommittee if anyone like to be a member for 2022 and going forward , we are setting nominations through our CHC resource account . The account addresses are a – PW CHC @PA.gov. Again, that is on the agenda . If you have any interest or know someone who may be interested on the subcommittee , please send us your email stating your interest as soon as possible and what we will do is send you our nomination form and send information about yourself we will ask for a resume or statement on why you like a servicemember I noticed that not everyone has professional qualifications so if you do not have a resume , is something we can consider . We are asking for this information by November 15 . I want to reiterate the subcommittee to reflect the diversity in Pennsylvania and the diversity among our stakeholders that we serve with OLTL. We kindly ask that you - - advancing racial equity through our work and organization . We would also appreciate nominations for members who are community participants or caregivers. That is all I have Jamie unless anyone has any questions .
>> JAMIE BUCHENAUER: Thanks, I was pausing for any questions from the committee members .
>> SELLERS DORSEY: I received a few from the audience wanted to know if you can send out a form .
>> Nomination form?
>> SELLERS DORSEY: Yes . Okay, thank you. Jermaine, we also got a chat message that - - is attending .
>> SPEAKER: Okay, thank you.
>> JAMIE BUCHENAUER: If there are no other questions, I think we can move to Randy's presentation .
>> RANDY NOLEN: Hello folks, this is Randy Nolan director of - -. I wanted to give an overview

of the reduction review project . As Jamie said earlier in her comments , this project was undertaken due to a lot of concerns . We see because of the number of reductions that will be overseen by the three MCO and process , I'll talk a little bit about why we did the reduction projects in the things that we found and what we will do in the future . If we can go to the next slide . The purpose of the reduction review project itself was to monitor and evaluate the appropriateness of service reductions by the MCO's . The project was undertaken because the number of assessments that were completed by the MCO's over a period of time . As you know, there was a freeze on for a few months that the MCO's are not doing assessments on individuals unless they were brand-new to the program and once we lifted that moratorium on assessments then at three MCO's that probably close to a years worth of assessment and a three or four month period to get them done . There appeared to be a lot of reductions that were occurring but in reality it was just the fact that we had a lot more assessments being done in a shorter timeframe . That is one of the things that we want to look at. Another issue is that we had some advocates both for this meeting and a number of other meetings for some concerns over reduction that were occurring . It's also a normal activity of monitoring the program . It's a normal piece of what the monitoring unit does as far as monitoring the three MCO's. That is the reason why we do the project . What we did to set up the project to look at it, we met internally both with the monitoring unit and the quality unit specifically the director of his staff to determine how we would do the project . We utilize our random sample that show a reduction in services. The sample was pulled off of our operations 21 reports. That is a report that the MCO's do on a monthly basis that lists changes to the person centered service plan for the previous month. We utilize that and the quality unit did a random sample selection program that gave us the list of rhythm individuals to do reviews on. What we did them once we generated the list, we requested materials from the MCO's . Things like denial letters themselves from past services. The guy denial letter from that case, the assessment, service coordinator notes and any other assessments or additional information . He basically asked the MCO to update all this information to us for review the assessment pieces, the time and testing assessment , the mental status assessment , fall risk assessments . Any assessments done during the assessment process and the service coordinator notes of the actual visit. That is the information that we requested from the MCO's . They did send that into us for what we require for the review to be done. Next slide. So we ended up with a representative sample close of 65 participants per MCO we were initially shooting for 60 but we had additional cases that we pulled also. This is not for people that are into this, is not a statistically valid sample . For it to be a statistically valid sample - - this is a snapshot which allowed us to look at the process and make some decisions and discussion points out of the review . As far as the internal team within the review - - was involved in it, that involve monitoring teams and nurses from quality unit that the medical director. We also utilize a number from our Bureau for field operations that did some of the review for us . The focus of the project for the appropriateness of reductions, we look at the languages and the notices to make sure there was an understanding and look at the medical necessity . Those were the things that we are focused on by the group . We came up with a number of common findings from each of the MCO's and the findings that came through the reviews and documentation that we love that . Here are some of the things that we saw. ADL versus IDL so I want to supplement those two points there and talk about things that we did to address the most important related issue . We realize a lot of times the plans and service coordinators are looking at participants and saying with this family member you have the support system and I think the expectation was that these informal supports we are living in

would derive informal services . Which is not necessarily true . So people of strong informal support systems with a lot of their ADL. What we wanted to do was we wanted to make it clear to the MCO's that what we are looking for with the informal supports is that the informal support themselves were available . Meaning that if somebody needed care or assistance that they were available at that time on the weekend - -. The other point is that they are willing to provide it meaning that the SC has to talk to the informal support to determine the service not just - - can help me . The goal is that they also discussed it with the informal support to make sure they are willing to provide informal services. The third piece if that is the capability . Are they actually able to do this informal service? Are they able to pay the principal and understand the medication to give the medication? Are they able to go to the store for individual or change the left out . But we did it on to live, we did a large training for the MCO's and the service coordinator. We are close to 600 people on and the MCO's to get back make sure all of the service coordinators were trained for support part of the training centered on that , part of the training center on the fact that you have the document which informal support to documentation both on the person centered service plan and the service coordinator notes that they followed up with the stats and that they truly understood the difference between ADL . We did a large training on that in July with the hope that it addressed some of the issues that we found . The cases that we utilize work from January 2021 , so it was before the training that we did . In our follow-up with the MCO's the hope of the training took place for other SEs and it was remarkably improved and decision-making remarkably improved from that training . I will talk a little bit more about that at the end here the other common thing that we found is - - the impact of the disease process of the medical condition on the person's care need. If somebody has a chronic disease, it could be MS, it could be dystrophy, it could be Huntington's. In the disease process you know is going to be created over time, that understand that. They have to understand the presence going out for services, there to understand the process interacts with the person's needs . That was something that we looked at. We had a few cases where your concern the reduction could impact the participants. For the most part the documentation was complete and comprehensive for will be requested from them. The assessment was done correctly in the service coordinator knows that we are good . Then in a few cases, we found the service coordinator recommended a higher number of hours number actually approved. That was also part of the discussion and training that we had was that the MCO's UM units also reviewed the service coordinator notes and talk to the service coordinator to have them involved in the process . That was something the MCO took back with the UM process. Some of the general things that we saw is informal caregivers are not documented in the narrative notes are on the person centered plan . Sometimes the documentation may be conflicting and my son - - does this. I have a neighbor taking care of this and we) the notes and find out they talk to the informal supports , they are not doing that are available to do it . There are always comforting information that we need to be sure that they are - - informal support . We found that there are certain things on the and RI like option dependency , and by mental barriers, stuff like that. We will be taking a look at the MRI and other assessment tools to make sure we address those issues . Gather common thing we find it there's lot of caregiver influence as far as going to the process . Next slide. The conclusion in recognition that came out of the project . The table at the bottom shows you we did 65 cases per MCO . On the initial review we concur with the decision-making , 58 cases and 51 with UPMC. We do follow-up calls - - we walked to the cases and will request a follow-up on cases from - - PSW and 14 from UPMC. We sat down and did a case review and spent an hour and a half and two hours on the phone walking through each cases to experience things we

saw the shortcomings that we saw . Each of the MCO's went back and evaluated those cases. There were some they had already done another assessment on and hours are retested for a rate increase. We did a follow-up with them with documentation and all the cases. Some of the conclusion they came out - - need to be improved . Those are the areas that we talked about with documentation on informal supports are making sure people understand the difference between IDL and some services can be provided for covering . We also talked about making sure the medical condition especially the chronic medical conditions are taken into account and the MCO's are looking at those services. Another inclusion is the ongoing training and education are very important in the process. That is why we did the training to continue the training with the service coordinators to ensure that we are looking at informal supports are ensuring that it's appropriate . Part of the ongoing training we did meet with a couple of the MCO's for the denial services. So it's clear and concise as possible so they understand . We work with the MCO's to update some of the language in their to make it clear that the procedure is based on a request for increased hours or a decision for a reduction in services based on current service hours. The basement fully understood why they the same reduction from what they requested to the current service hours . We are looking to make the notices a little more concrete and readable for individuals to understand it . We did like we discussed things across the review process . And then allow sharing of information for improvements for the MCO's. Some of the stuff that we talked about. We are at the point of this process , the records being reviewed were from January 2021 . We have done some training , the MCO have been some training . Not only on the informal support but also on the notices and how to make them clear for Christmas understand . Overall, I felt the review process and allows us to do additional training and require additional training for the MCO for the service coordinators on the assessment process . They allowed us to really take a look at that. The question is where do we go in the future with this? This will be a part of an ongoing monitoring review the monitoring teams do . We are in the process right now doing a little you so we pull cases in the 2021 report . This requires information from the MCO's and we will review all the documentation again. Again, we will give you some of the same - - informal support, are the service levels able to match what informal supports are going to do. We look at improved - - we start the process. The monitoring teams are doing that, one MCO at a time. In December we will the second MCO and the third MCO in January . This will become a regular monitoring team review process depending on issues . If we get to the point where there's a big part of the person centered planning is an appropriately , we might do spot monitoring. We do have concerns and continue knowledge that some of the advocates and participants have concerns with reductions in services. We are taking a look at that, there are a number of other projects we are taking a look at and regard to reductions over time for individuals. It will be a part of the ongoing monitoring team's responsibility to do this. I think the next life is a collection slide.

>> SELLERS DORSEY: I know Monica indicated that she had a question Randy .

>> SPEAKER: Hi Randy, I Monica I represent the - - community. We have questions about the representation of the sample. I realize that it was random, but with the number of participants who have received services, my guess is that most of the people included in the sample were people were primarily receiving PAS. I was wondering if you know if there was any representation from peoples whose plans included not PAS but residential habilitation, cognitive rehab therapy .

>> I do not know what the 65 sample mixer were, what the diagnosis was for individuals . That is certainly a subset of the population that we can take a look at and do additional reviews .

>> That would be helpful because it is a smaller number and the likelihood of being Randy selected is small, but the impact of reductions can be significant .
>> RANDY NOLEN: Certainly I will talk the monitoring unit and we can try to focus in on that of somebody with a diagnosis of traumatic brain injury and do those reviews. We can take a look at that part of the population .
>> SPEAKER: That would be great, thank you .
>> SELLERS DORSEY: Do any other committee members have questions?
>> SPEAKER: I have a question .
>> SELLERS DORSEY: Assured Matt .
>> SPEAKER: This is probably a dumb question , I'm sorry I did not have the link so feel free to tell me , but this monitoring committee evaluating all these things, is there any possibility that a member of this group could sit in on some of that?
>> RANDY NOLEN: Could you repeat that?
>> The monitoring group , is there possibility that a number of the subcommittee members of the subcommittee could sit in on some of that ?
>> RANDY NOLEN: There is a possibility of a member from the subcommittee sit in on that on the problem we have is that there is a lot of PHI information with these cases. We really cannot have somebody from outside the department looking at these cases .
>> I think if you have a release or form signed in regards to PHI information that you would be able to find a way to put somewhere else in the committee thinking too simplistically but there should be a way to do that .
>> We did hear you just a minute ago Randy .
>> Glad to be on .
>> I think there's a lot of statistics to look at . Reviews are being done by nurses and medical directors . We can have internal discussions about this, but I think there's a lot of logistic issues we would run into putting outside individuals into the process .
>> SPEAKER: This is Allie , I had a question as well that's okay .
>> SELLERS DORSEY: Yes and then we probably need to move on Randy to help with the schedule .
>> SPEAKER: Thanks. First of all, I really appreciate the review and the data shared and the department's efforts today to concerns on this call seriously and look into it. Thank you on that behalf. It was helpful to see that many of the things that we heard about on these calls , particularly a reliance on informal support came out in that process as well. I'm kind of curious and they appreciate the ongoing commitment to do the ongoing thought review . Some of the MCO's - - additional review . Thinking more globally about the past year , it's a random sampling for the entire universe , they mentioned at the beginning for not a perfect sample , if there is a more broad process for folks not in the random sampling , that is my question .
>> RANDY NOLEN: Certainly I wish we had the resources for a more extensive review . Hopefully by doing this in an ongoing pattern , we are able to see some things that occur out there. Also, some of the information we presented back to the MCO's go back and take a look at their internal processes to see if there might've been issues with other cases. I know that was something they were looking at also.
>> SELLERS DORSEY: Luba, do you want to switch it over to Patty Clark now?
>> RANDY NOLEN: Thank you folks .
>> LUBA SOMITS: Thank you. Now we will have Patty Clark, OLTL director doing a CAC labor update .

>> PATTY CLARK: Good morning everyone. Hello, this is Patty Clark. As Luba said, I am the director of the division of policy, development and analysis at OLTL. I will talk to you about our upcoming waiver amendment that we've been working on . I'm part of the team from the policy Bureau their works and waiver amendments , also involves our Bureau director Jennifer Hale and Robin - - is a staff member on our team as well. Sellers Dorsey also helps us as we work to these amendments. Next slide please. Our 1915 C waiver for community based services , our folks receive them in a home or community rather than in a nursing facility . We did submit our amendment on September 30 to CMS , centers for Medicare and Medicaid services. They have 90 days to approve it . The reason for our amendment, we wanted to revise some of the service definitions , the service limitations and/or some other provider qualifications . Also to transition oversight of financial management services to become an administrative function of the MCO's and we have revise some of the waiver performance measures. We decided to split the amendment into two separate amendments. Amendment number one which includes the service definition changes and performance measure changes will be effective January 1, 2022 . This is the one that we already submitted to CMS . Then amendment number two will include the FMS changes and will be effective April 1, 2022 we will submit this to CMS after they approve amendment number one. Next slide. We did issue a public notice from the Pennsylvania bulletin August 21 . Our public comment period ran from August 21 to December 19 . We received a total of 60 comments on a proposed amendment to thank you so much everyone provided comments as a part of a public input process, we really appreciate the comments we have received . After reviewing all the comments , we decided to make changes , additional changes to five of the service definitions which includes - -, a participant directed community supports , personal assistance services and specialized medical equipment and supplies. There were no changes to the proposed language for vehicle modifications as a result of public comments. We also made no changes to the performance measure language that we were proposing to change. We did set aside the public comments related to financial management services and are just about finished reviewing those comments . They will be incorporated and considered for amendment number two that we will be submitting. As we review public comments , we do look at them both as each individual, the comes in but we look at them in the context of all of the comments received . For example, if we receive multiple comments about personal assistance service changes , we look at the meet individually and sometimes folks submit proposed changes that are in conflict with each other . We kind of have to sort through and consider all of the comments as a whole before we decide on the final changes we make to the waiver . Next slide. I will go to the service definition changes that we have made as a result of public comments . The next few slides , I want to get information on what we have been seeing on the presentation. We have this broken out into what was initially proposed as a change and I will be talking about the ultimate change made as a result of public comment . You also see throughout this language that says strike out meaning we are proposing to remove certain language . You will also see information in red or bold information that was added. Starting with - - services, we had initially proposed in a public notice to strike the language that talks about providers that are certified as enhanced for all participants attending the center . We are staying away from including any late language in the waiver now that we are managed care, - - MCO and provider. As a result of public comments, there were some concerns that enhance providers will not get credit for anyone attending the center as a enhanced participant. What we decided to do was we are not going to include any language about weight but we added additional language you will see in the right hand side of the slide

there this is for adults they providers that are certified as enhanced , all participants attending the center are considered to be receiving enhanced services. Next slide. For home adaptations. This change was not initially proposed by us but was in response to public comments . The purpose of this change is to clarify that a bathroom can be added as a home adaptation regardless of whether it increases the square footage of the home when the cost of adding the bathroom is less than retrofitting an additional existing bathroom. What you will see in the presentation in bold font and you can see was being added to the service definition, we are saying that building a new room that adds the total square footage of the home is excluded except as noted below . Then what follows is the language that was already in the service definition . I will direct your attention to the very last part talks about adaptations that add to the total square footage are excluded except when necessary for the addition of a necessary bathroom and the cost of adding the bathroom is less than retrofitting. It helps to clarify a little bit. It's not really changing any benefits but it is a clarification that was added . Next slide. For specialized medical equipment and supplies, we are proposed to add some language about personal protective equipment or PPE to say items such as gloves, gowns and masks can be obtained under specialized medical equipment and supplies . As a result of public comment , there were concerns that are not being brought enough with what was allowed in terms of who would be using the PPE. As a result of public comments, we treat this language a little bit to say that PPE such as gloves, gowns and masks for participant and informal support as long as the PPE delivers care to the participant with medical equipment and supplies. The new language expands the use of PPE to informal support and unpaid caregivers. Next slide. The placement directed - - personal assistance services . We additionally propose adding some language to see the individual support workers in the same residence at the spent cannot be compensated for providing supervision to the participant . What you see is what they're proposing to add . As a result of public comments there was concern that adding this change would - - public health emergency . We decided not to make this change at this time. Next slide. Also with personal assistance services, another change that was not initially proposed by OLTL and the purpose of the change that we decided to make was to emphasize that supervision are types of hands-on assistance . We are adding language to say that , can you back up a minute and go to the previous line . What is being changed is the service definition will say PAS provides hands-on assistance to participants including supervision as described below . What follows on the slide is everything that was already in the service definition which basically said that activities with daily living - - form a task and provide supervision who cannot be safely left alone is all part of personal assistance services. Next slide. Also for personal assistance services, we initially proposed adding for overnight pass a list of activities that are included in personal assistance . As a result of public comment , we proposing to add a phrase that said the list of items included is not limited to these items . We may be tweaking this language a little bit because we did receive a question from CMS so we might be modifying it a little bit but essentially the intent will be the same in the final language. Next slide. Finally, we had one change that was not initially proposed but it was as a result of public comment for participant directed community support and personal assistance services but looking at the comment, we decided instead of making the change in the waiver that we would make the change in the CHC agreement because it was more appropriate for it to be there . The purpose is to emphasize the responsibility of the MCO's with persons under planning informal support. This ties in nicely with the information that Randy is presented about the findings with the review of the service plan and reductions. What we are going to do is to add to the 2022 agreement in exhibit C related to person centered planning .

We will add some language to emphasize that the MCO's must discuss and document any service plan each informal support availability, willingness and ability to provide the needed services and the person's acceptance . Next slide. So in terms of seeing all of the public comments and how we handle them, once CMS approves this first labor amendment, the approved waiver document will be posted to the DHS website and you will be able to review all the public comments and OLTL's response to them. We have a few minutes to see if there are any questions on any of this .
>> SELLERS DORSEY: To any committee members have some quick questions? No? Okay. I do have, it's more of a comment , she said thank you for this personal assistance services primarily provide hands-on assistance to dispense that are necessary for the service plans to integrate more fully into the community and ensure the health, welfare and safety of the precipitant. Just wanted to pass that along. Luba, a few housekeeping things. Matt see liaison with us now. He was on another assignment but then in addition , I have a nomination document from Jermaine . Since we can only post five handouts, I will delete the agenda and post the nomination form in the handouts section of the meeting tool . If you want to turn it over to Mike Wilkinson will introduce the piston advisory committees.
>> LUBA SOMITS: Thank you Patty. Mike, it is all yours.
>> SPEAKER: Good morning, does everyone hear me okay?
>> LUBA SOMITS: Yes.
>> SPEAKER: Okay great. Good morning everyone, my name is Mike Wilkerson and I am the director for the division of monitoring and compliance. I am here today to lay some foundational groundwork for the MCO presentations that will come up next. Just to set the stage so the three MCO's are not telling the same thing will hopefully save us some time to get some more questions at the end. Next slide please. I just wanted to quickly say that our present advisory committees which are the subject of the MCO presentations that will follow are actually outlined in the CHC agreement . It outlines the expectations of each of the committees including the composition and purpose. It instructs the MCO's on the types of topics and discussions they should be utilizing one consulting members. Just for citation reasons, if anyone has a copy of the 2021 CHC agreement, it's in section 5 program requirements under subsection O 18 pages 74 to 75. The next three slides are the actual language , I meant to mention that we are setting a good stage here. The CHC MCO must establish and maintain for each zone that operates. In must include participants, network providers and direct care representatives to advise on the experiences and needs of the participants. The CHC MCO must include participants that are representative of the population being served as well as caregivers . Provider representation must include physical health, behavioral health , dental health and - -. The CHC concealment by the annually membership - -. In addition to the individual diversity , the CHC - - must schedule pack meetings and no less than quarterly with in person meetings and will reimburse travel expenses for participants, caregivers, their family members . The CHC MCO will provide necessary accommodations to allow for in person access , communication and meetings must be accessible to residents with LEP. I want to take a quick pause that the during the pandemic, we have waived the impersonal requirement that have required the MCO to make every effort to provide a virtual meeting and get the links and various means of access points to the pack members will be able to participate . Again, trying to be respectful of the pandemic and make sure we are functioning with our advisory committees. Next slide. The CHC MCO must provide the - - time, date and location of all meetings. They must also work with the department to about advise members with effective means to consult with each other and when appropriate

coordinate efforts for the benefit of the entire CHC population and population with trauma needs. The CHC MCO must report any updates over proposed changes to the number and nature of complaints and any quality improvement strategies or implementations and invite pack members to raise questions and concerns about the topics affecting their quality of life and their experience with a CHC MCO. They must provide minutes to the department and post them to the CHC MCO website. Again, I want to make sure that we lay the groundwork so you can get the same thing from all three MCO's. Now that I've done that, I want to take a quick pause for any questions before we turn it over to the first MCO.
>> This is Matt Seeley. I have a question as much of the request. Daily disputed actual people involved, but can you request that the MCO's talk about any accommodations that have been provided?
>> All the MCO's have representation at this point so you asked that they make it a point to address that as the cover the specific area .
>> SELLERS DORSEY: Any questions for Mike before we start? No? Okay, we will start with Kim from UPMC, Kim are you there?
>> SPEAKER: I am here, thank you very much and thank you Mike for the primer. My name is Kim Maddox, I am the senior manager of community relations for UPMC CHC. I appreciate the opportunity to share with you how UPMC has developed and continues to conduct our meetings. Next slide please. Just an overview of our pack by zone as indicated in the agreement , we have recruited and conducted meetings quarterly in all five zones , obviously starting with the Southwest and Southeast PAC where two of the first that were created and we have been recruiting and I completed our recruiting in our central zone PAC with a total right now of 55 participants , 24 providers, eight caregivers and three stakeholders . We intentionally recruit to include diversity, age, ethnicity, gender and disability . I members represent both urban and rural populations. Next slide please. A little bit before we going to be actual prior to pandemic and during pandemic meeting format, I want to again speak briefly about format as well. We are meeting quarterly . We have been able to meet that requirement with the pandemic and we will talk a little bit about how that is changed. The format of the meeting is important. We are very intentional around not just the topics that we choose but the way in which we deliver those topics in education information. We want the meetings to be highly interactive so we can get the feedback and as much feedback from participants , stakeholders and providers as possible. As we develop our topics , we are looking for breaks within topics to ask questions, use different tools to do that . Sometimes it's an open mic Q&A , we have also experimented with other tools like mental leader which allows committee leaders to respond using that tool and those responses are anonymous . That is one where we have also engaged to get feedback but typically we are asking sets of questions throughout the presentation and asking up dispense because it is a virtual meeting right now to either raise hand or come off microphone at their journeys by phone . It's the way the meetings were initially designed in the Southwest and Southeast, with that in person meetings happening pre-pandemic. The meetings were held in community locations so the team scoured out locations that were easy to get to and had all the access that we needed to conduct meetings safely and comfortably for advertisements and other community members. We do offer transportation to our participants. That is either arranged prior to the meeting or we discussed with them mileage reimbursement if they were providing their own transportation to the meetings. They typically run two hours, sometimes longer but at the end person meeting we included lunch . The topic specific breakout session and we also included representation from behavioral health, service coordination and

member services that provide updates. The format of the meeting typically starts with an icebreaker , a round of introductions so the committee can let everyone know who is on the line especially going into the virtual setting . We have some sort of icebreaker typically was just the committee at ease and able to communicate and test out their equipment so we make sure we can hear from everyone and we move into our topic which typically followed by service coronation updates and updates member services and also from eligibility team . Beholding these meetings quarterly in each zone prior to the pandemic . In the current environment since the first quarter of 2020 when we started our meeting calendar, these meetings have been moved virtual with Microsoft teams dial an option . I was say 50% of our participants are joining us through the virtual setting, others are joining through dial in. We spent a lot of time prior to the meeting , leading up to the meeting date with the team working individually with dispense who have expressed some issues around joining and using technology so we did some practice runs an offer warm up sessions so everyone can join the meeting comfortably and be heard during the meeting. Also, in the beginning of the meeting we offer tech support . We have someone who is monitoring the chat box and also have beneficial notetaker from the team who is present during the meeting taking all the minutes and notes. Since the pandemic, we have still been able to meet our quarterly obligations for the meetings in each zone. All the meetings have been held virtually over this last year with our last round of meetings scheduled to happen at the end of November and beginning of December. We will be wrapping up our PAC series on December 14. Next slide please. Discussion topics. This is an area that the team with input from the committee put a lot of thought into what topics we are going to address in each meeting. Since we are not permitted across the state , our process is to identify the topics and set the agenda that is consistent in all five zones. There's a lot of good reason for that and one that is most important is that when we are talking about something that we know is important information to share or when we will get feedback, we are interested in hearing that feedback from her dispense across the state around the same topic in the same set of questions. We are able to really deliver back to leadership and back to service coordination teams and others , feedback is the voice of many in the committee. That has been our process since the state like of limitation since we have five separate committees. Feedback topics are the same as I mentioned. Current health related topics are considered on the agenda , committee member suggestions. This is something we value and want to make sure that input , feedback, questions and concerns coming up from the committee , specifically from the participants are added to the list of potential topics . We also collaborate with product and quality teams internally and we are aligning the action items coming from the community surveys. Just a quick overview of some of what we have talked about in the topics we have addressed in a 2021 meetings and I mentioned we have completed three PAC meetings in the five zones and preparing for our final series of PAC meetings, we address dental health and a lot of detail. That was something lifted from some of the Surveys as an area of opportunity . In that particular session , we had a dental hygienist and a dental provider talk about overall dental health but what was most important to us in the discussion was hearing from participants challenges that they have faced or issues they have questions and concerns around . We had some really great outcomes from that's topic and also address employment in the 2021 series and we are fortunate enough to have Ed Butler address PAC and give us updates and that was a great discussion as well. We talked about community-based resources in the most recent PAC and that discussion was sharing the internal tool that we have a community resource guide which we talk about a few meetings ago. But really gain from her dispense around their need of community resources, how they find

them and work with their service coordinator on identifying resources they need outside of the service plan and what is the best way to deliver those? We ask a lot of questions and how participants are finding resources on their own and any challenges or barriers to have there. That conversation also included community integration to be active in the community and other ways of enrichment in the community that would help support her dispense find the activities and resources. We routinely talk about social isolation . Overall social determinants of health is pretty prevalent in the topics that we select. We discussed the issue of loneliness as the theme and in our earlier PAC meeting to talk about behavior health which will be a closing topic this year as we round out our meetings for 2021. We are already working on a 2022 calendar and topics. We don't want to identify all the topics right now because you want to keep some spots open for any topics that emerge and feedback we get from her dispense . On the docket, we do know that we are spending time talking about dementia awareness and education and continuing our discussion on community integration. Next slide please. One of the important issues that come up or areas want to make sure we are closing the gap on our issues that, primarily from participants during the meeting. This will have more meaning when we look at the slide but we have recently landed on this format. Consistently from the beginning we have always taken feedback , concerns, recommendations from our participants and other committee members back to our leadership and the appropriate staff within CHC to answer questions and problem solve and most often connecting participants with the resource that they need addressed in the meeting. Some of the topics that we can answer live in a meeting and sometimes we have to take things off-line. This is really a tracking tool that we use in if you move to the next slide, I will show you an example of how we use it. This is occurring during the meeting. As I mentioned, we have the staff with key designations throughout the meeting taking minutes, someone is managing technical support . We also have some listening for specific issues that come up during the meeting. We want to make sure that those are followed up on promptly so we are alongside the notes also collecting this feedback. This is one example that will read it out loud , the focus topic in this packet employment , the feedback, participant , my goal was to go back to work into something of myself. I've been trying to get to work and that is what I've been having problems with. I would like to report from accident and keep my mind busy . Our action on behalf of this particular pack is the community engagement particular - - employment team and the resolution around that with the customer benefit counseling was referred to the employment team on 921 in the most recent update is on 10/821 for benefit counseling. Typically you will see ongoing feedback or areas with the follow-up with. We show that internally as well.
>> SELLERS DORSEY: Would you be able to finish up your slides and about four minutes?
>> Sure, I will go quickly . I'm sorry about that, I am very passionate about our PAC , sorry I'm taking more time. I have some quick update on what we have done with this information. We get questions around who is my service coordinator or other provider ? We are working to train the staff and create leave behind for the service coordinators names a regional conflict numbers along with the ability for them to write their names on a refrigerator magnet. We also hear payment of direct care worker issues in the area providing additional staff training over the summer on PPL and that continues the ongoing rate of pay for direct care workers . Again, we are looking at rates for direct care workers and value-based payments that will support better pay , challenges with technology , they may agree to get new vendors and provide smart phone technology and monitor closely the broadband at the federal level . Transportation we hear a lot about admissions information the accreditation provider and also should updated our service

coordinators and housing is always at the top of the list in terms of feedback. Next slide please . Quickly on recruiting , this is ongoing. We are always actively looking for participant stakeholders and caregivers that can bring meeting to this conversation and a passion about the work that we do . A lot of participants come from referrals from providers and service coordinators help us as well . We also engaged other parts of the health plan . The community engagement team which we are anxious to get back out into a full range will also engaged participants. We also have our invitation to the PAC available on our website. The number spent community members , a lot of the same recruiting strategies are there. Folks we are engaging with in the community and referrals that we get from others. Next slide please . A membership process includes first identifying financial committee members. We have an application process that we ask your potential members to submit . We do a phone interview and once we made a selection of those participants and other committee members , we extend that a formal invitation along with our charter which outlines in great detail the expectations of the committee . Vacancies, ongoing recruiting and killing a few spots in the Northeast but otherwise we are in pretty good shape going into 2022. This pulls it all together and what we want to hear is feedback. We want to know the things that we are talking about, the concerns that are participants are making have an impact and I believe are doing that . A quick example is a member of northeast pack , this is where we had our dental pack. After our first meeting in 2021 , a representative request the dentist and within a few weeks I packed number was able to be seen and no longer had pain. The dentist office was accessible making the recipient feel welcome and the visit went smoothly. All of our packs have such a wonderful unique personality but this group has expressed how beneficial that the relationships are with each other. They form friendships with committee members over the 10 year and have shared experiences with community resources. Some of the participants in that pack of also decided that they want to start a walking group once covid related conditions have improved. I think we are at our final slide yes . I do want to mention if I could, one quick antidote to add . This is one way that we get the feedback from her dispense and understand your experiences and challenges. We have not been able to do another arm of our engagement of work which is what we call participant forms. Similar in a town hall setting, we would hopefully start to do forms again in the spring of 2022 and that is an open invitation to participants in various zones throughout the state. We will hold those meetings throughout the state with an open invitation . Our benchmark is to have 50 participants in attendance along with caregivers if they choose. This is an open discussion about CHC and another opportunity to get feedback. Our intention is to have an internal resource fair in that same setting. This will add to the voices of those on the committee as we are able to open up these forms across the state in spring 2022. Sorry if I went over .
>> SELLERS DORSEY: And you answer it because Max questions about the accommodations in a minute?
>> SPEAKER: Sure. If you are referring to the type of accommodations and where we are hosting the meetings, we have made numerous accommodations in support of her dispense for joining the PAC virtually . Outside of that, there's something more specific you would like to ask , all of our meetings have been virtual in the last year .
>> SPEAKER: I understand that. Are you having to get interpreters?
>> SPEAKER: We have not had to get interpreters. We had a few members who have assistance alongside of them in their homes that are supporting that.
>> If they did not have the individual with them at the time of the meeting, which provide an interpreter?

>> That is a great question. I have not encountered that situation yet Matt but if we require someone who needs that then yes it would provide interpreter , sure .
>> SELLERS DORSEY: A request for you and also for Luba, could you post the link to the PAC area on your website ? There is one already in the dash . With that, we will switch over to Melissa .
>> SPEAKER: Good afternoon everyone thank you so much. I am the community outreach program manager for the AmeriHealth Caritas treatment plan and I will be presenting on the basement advisory committee . As others mentioned , the purpose is very similar as the others and in that the present advisory committee tries to be an effective means to communicate with resources . It's a forum where participants dash population at large. They can advise a plan as we consider opportunities participant education and coordinate with one another to benefit the CAC population at large once again. The PAC Brisbane has access to one another by way of email but can also use this as a communication method to keep everyone engaged. For example, last week we shared information involving the upcoming information meeting. We also share resources relevant like public transportation in the southeast region . We will remain in contact with the PAC Brisbane in between meetings. Prior to the pandemic, the quarterly PAC meetings were held in person. Organizations offer convenient locations to host the meetings in person. They were also accessible via Zoom and telephone. Some of the local host have included - - community center in southeastern Pennsylvania and in southwestern Pennsylvania , we have partnered with - - house , the Jewish community center and community living and support services in southwestern PA. During the pandemic, meetings have been posted virtually with the option for participants to join the meeting via Zoom or telephone . Per the request to discuss accommodations earlier on , in addition to Zoom and telephonic accessibility , we also accommodate those with a need for interpreter services and we have had that need in the past. We don't currently have anyone on any of our PAC committees with the need currently but obviously we have no problem accommodating that with interpreter services. We also accommodate with close captioning on all of our meetings . PAC meetings agendas I built to address - - current activities or issues that we believe may be of interest to the PAC . Presenters of various topics include - - experts and some of those have included a roadmap of benefits which is an overview of products and services and the process behind person centered planning , service coordination topics , quality initiatives and current care gaps , employment services we were also able to partner to educate members on employment services and opportunities , complete trends .
>> We are planning a rally, basically the facility committee on Tuesday at 11:00 the ninth . It would be great if she could speak but even stopping by and waving would be great .
>> SELLERS DORSEY: Matt, could you go on mute ? I am going to mute you Matt, sorry.
>> - - Contact center, Odyssey transportation is a topic of discussion . We have had the discussion around medical and nonmedical transportation . Covid 19 vaccine opportunities and some examples of topics under consideration include - - transition and appropriate services , program evaluation and face-to-face assessment . This discussion generally raised really do inform our work. The group discussions generally raise clarifying questions, additional information and insight , concerns , request for additional information and follow-up and in the meeting as possible to record them in our meeting minutes long with any follow-up actions identified and revisit the topic and our next regular scheduled pack meeting on it's related to a more personal matter. In that case since her time with the PAC is limited and we want to make sure everyone's personal information is started, our team works to personally connect with each

of the participants web-based questions about the specific and personal experiences so we can address the and help to guide the precipitants through whatever the process may entail regarding a particular topic. Next slide. The discussions began inform our work and as a continuation of the previous slide, this life here shows how - - informs our participant newsletters and website teams and the feedback provided in our meeting is also presented and discussed at our committee meetings internally and the urgent issues are acted upon us promptly as we can manage them and action items are presented to our plan administrator. Next slide. Pack membership for - - is voluntary and based on eligibility. We recruit PAC members through service coordination . Our team works to identify members by - - what a better way to connect the participants to express the desire for the service coordinator to get them there . Providers are a great resource for member recruitment. We work with the provider network management teams for health providers. We - - is maybe dispense as possible and additionally we utilize the committee's test conferences and community events but also community partners who may be looking for an avenue to share important community - - beneficial for participants. We currently have openings for plan participants which include - - in the southeastern portion of the state and across all other zones in the service area. Be sure to reach out to us as our open seats available for direct care workers in network providers and physical health providers. On the slide you will find our private information and contact information for community representatives . Our final meeting dates are scheduled to take place throughout the month of September . I'm looking forward to hearing from you. Thank you so much for the opportunity to present today. I'm happy to answer any questions anyone may have.
>> SELLERS DORSEY: Let me check with - -, but she answer your request?
>> SPEAKER: Yes she did in the beginning, thank you.
>> SPEAKER: They also posted our website for access to the PAC meeting minutes and other information .
>> SELLERS DORSEY: Thanks. Can any of the committee members have questions? No? Okay. Thank you . Then we will transition to - -4 health and wellness. There you go .
>> SPEAKER: Can you hear me now? Good afternoon. I'm the manager of - - outreach at PA health and wellness. We want to share with you guys information regarding the structure of our meeting . Next slide please. As everyone stated, P pandemic we were in person and user local centers for independent living or any other external community partners and we also offer pre-pandemic as well for telephone or meetings if they were not able to attend in person. During the pandemic, of course please telephonic options and we were also able to distribute our reading materials by email or we mailed out to the participant prior to the meeting. They are able to access our previous meeting minutes at our website located here in our slide presentation . Next slide please. Here you can see the status of all of her meetings for the year. In addition, you are also to see the number of membership we have in each particular region , behavioral provider, physical health providers and if we have any community persons that sit on those meetings. I know someone had a question about what accommodations that we make. We have a participant in the Southwest that we have to do braille and is hearing impaired and we make those accommodations for that person while they are on the call with us. Next slide. The topics that we have covered, we have a focus on customer experience, transportation , assistive technology and right and responsibility . In the future, we plan on hosting listening sessions taking a deeper dive as well as providing updates on topics and agenda items and materials. Next slide. We have standing topics that we cover . Over the past year we of course provided Covid updates , discussed operations , provided health education to participants as well as

address issues with complaints and grievances discuss with any issues they may be having with customer service and how we can improve that. Also in the discussion of our Survey. And making sure everybody is aware of what we are reporting our response and how we can improve on the surveys as well. There's also on the board committee participant suggestions. I am very proud to report that our participants are very vocal they feel very comfortable letting us know their needs and anything that we need to improve on. Although we do have tender topics as with the other MCO's we will - - come in and talk about their employment. Next slide please. As previously stated , our meetings are has been driven and many of our participants are very vocal. We have representation from each one of her departments on our call. As issues are coming up, our participants are able to direct their concerns and feedback directly to those department leaders and they are able to take that information to work on any escalation that needs to be addressed. Example of course of issues that have come up in the past, provider issues, transportation issues , provider network issues, any home adaptation issues or any issue they have in the call center that have been addressed . Next slide please. Membership is zoned specific. We of course including network providers from behavioral health, physical health . 60% of our community members are participants. As always, even though we are meeting our compliance standards membership, we are always welcome additional members and are always actively recruiting for new members so if anyone is interested , please reach out to us . Before we go to questions, I will to share a story about how our PAC members have impacted each other . Over the last year as you guys know, there was a lot of mental health issues and things that are participants are dealing with. On our one PAC meeting, the second or third one of the year, to overspend to live in two different - - make a connection and become support for each other. I think that is very important to share with you guys because not only does the PAC help address issues that are internal or maybe going on with the plan , but they also help impact each other so they know they are not alone and have some out there that is listening to them . It was a touching moment because we let them have the conversation with each other and make that connection. I think sometimes that is the most important in making sure we are making an impact . If you have any questions, feel free to ask .
>> SELLERS DORSEY: Matt, did you have any follow-up related to the accommodations? Or did she answer it?
>> SPEAKER: I do not, she did, thank you .
>> SELLERS DORSEY: Shirt. Did any other committee members have questions? No? Hearing nine. I have two questions from the audience for all three MCO's. Since we have you unneeded right now I can ask you both questions and if you can answer them . The first question is how many behavioral health representatives are on your PAC?
>> SPEAKER: For behavior health we have one for each zone .
>> SELLERS DORSEY: Have you found the more people participate when they can access the meetings virtually?
>> SPEAKER: Not really because mainly a lot of the people like to come inside to meet with us . I think that's more of a socialization thing and you can't really get that from being in a virtual environment. Once we go back to an in person environment , then we will get more people involved.
>> SELLERS DORSEY: Thank you. If we can go back to Kim , if you can advise how many behavioral health represented is that we have?
>> SPEAKER: We have one for each of our committees . My experience has primarily been virtually. Some of the team that was present with the earlier PAC meetings before the pandemic

share with me that the in person experience did have a lot of participation so we try to make sure that we duplicated that first. We learned some really great skills and techniques for engaging with participants and committee members at large in a virtual setting . We will see as we go back out to the community that we want to maintain that? But that has been our experience .
>> SELLERS DORSEY: Okay thank you. Now - - how about you for behavior health and virtual ?
>> SPEAKER: Sure. As far as behavior health recommendation we have the same as the other MCO's . We have a behavior health representative in each zone as well and as far as our experience is concerned, obviously a virtual setting is little more difficult than in person engagement . We look to as everyone also said getting back out to the community anyone else within the community outreach realm . That is where we do our best work. We are looking forward to getting back to the community . I'm confident that once we get back to the community , we will see an uptick in participation and engagement .
>> SELLERS DORSEY: I do not see any other PAC questions .
>> LUBA SOMITS: I do not see any others I think we can go on to additional public comments .
>> I have a number of questions and comments going back to the train and update that would be a question for - - from Pam . You have a comparison of service cuts for the number of people who make complaints or filed a grievance?
>> JAMIE BUCHENAUER: What she is asking for is the total number of people who are assessed and receive some type of service reduction on their plan and the total number of complaints and grievances during that period of time ?
>> I think what she is looking for Jamie is if I had a service or an assessment in my service plan had a reduction in it until I file a complaint in grievance to link the datasets together?
>> JAMIE BUCHENAUER: I know the information that we have been sharing with the committees are the total number of complaints and grievances during that time period as well as the number resolved in personal assistance service elections. I don't know if you have a data linking that are not .
>> RANDY NOLEN: We will go back and see if we do have it or can get it. I can make sure the right stuff to make sure we can have or can collect that data .
>> Sure, I can do that .
>> Thanks . The next question is related to complaints from - -. Do you have any information or issues with OLTL tracking mail related issues on receiving or responding about communication in on any information that participant and provider should be receiving? Thank you.
>> RANDY NOLEN: It has gotten more complicated over the last year and a half with covid setbacks and the - - United States postal system is putting into place with mail delivery. As always been a challenge to attract, MCO's can tell us when someone is dated they have the documentation . But to be able to track it from when it sent out and MCO to when I go to the Postal Service system , we do not have that kind of information north of Brisbane has an envelope to get there. When mail is delivered - - discard the mail , they opened the things that we cannot answer once the mail is delivered. It's very difficult to - -. I know the MCO's no distance call them for a reduction in services , I do not receive any information on that. As well as filing grievances whether it's in a timely manner . It's difficult to follow the process all the way through .
>> SELLERS DORSEY: Okay, thanks. The next item is from Pam and this goes back to the service reduction review landing . No consumer - - proponent of that personal assistance

services are not supposed to be a medical different program. I know if you have any additional comments .
>> RANDY NOLEN: I really don't. It assesses part of the review and what we're looking at is the appropriateness of the assessment in regard to the past hour the person received.
>> SELLERS DORSEY: The next question is on service reductions. If there is not a statistically valid sample of what is relevant , and since from Catherine .
>> Even though it is not physically valid to the 95% level, it's still holds a lot of significance. It was able to show us a number of issues that are needed to train on and the trends that we were able to look at informal support for that they were being appropriately evaluated and utilized . As far as trending out the issues that we have in the process , it's also available for the MCO's and the department to sit down and talk to them and want to cases with their medical directors and this is what I'm concerned with or are you considering this? It's very valuable training instrument and process for both the MCO's the department. It provided a lot of value in that aspect .
>> The next question is from Jodi, I notice is being sent inappropriate languages such as Spanish if needed?
>> The MCO's in the files they receive from the department , those files are pulled out which is populated by the County assessor's office , it is populated somebody that has a different language as far as English , it could be Russian . That populates the MCO system and the understanding they are sending out letters in the appropriate language if it shows up on their system . If they only understand Russian then that becomes an issue . If that's part of the tension of the MCO's that they work with the appropriate language but also work with the County assistance officer to try and get them to change to the systems of the appropriate language is on their . That is something that does come up once in a while so we have to go back and make sure it's appropriate in the system .
>> SELLERS DORSEY: Okay and then from Catherine, he mentioned being able and doing it because service is not provided , I would like to see the exact wording of the question related to informal support . Not all may explain what the phrase means and related to that , I will tie the two together to also explain the family's caregiver influence .
>> The language that we use for capable, available and willing informal supports from a policy perspective, that is the language included in the agreement and the waiver. It is consistent language that we use and it was the language we use in training to define those terms during their training we should be utilizing that consistently . The second part was talking about family and influence on the process . Some families do have influence on the process. Sometimes they will not other businessmen to speak. Sometimes family will say yes we can do this or know we cannot do this. Families do have a lot of input during the planning process . Those are some of the things we saw as far as family influence on white individual needs. Some family may say I do not want to be at informal support or there may be a possibility that a family member is a direct care worker . They certainly have input into the process .
>> SELLERS DORSEY: Thank you. In the reduction review process, did you look at how supervision was captured to make sure those needs were met .
>> Need for supervision is something assessed as a part of the assessment process . The MCO's did utilize a mental functional status assessment . They do have tools that look at wondering . The need for supervision is a part of the process especially many of somebody has to be highly functioning but it does have moderate cognitive impairments to be told you have to do this . That is a part of the assessment process . Do not let me go to the store by themselves for cognitive impairment . As a part of the evaluation process during the assessment.

>> SELLERS DORSEY: Okay thank you. From Aaron, so the MCO's documenting there in the informal support available when that is not the case and that is what you say in your finding?
>> We do find some cases that the SEs are not talking to the informal support. They may say - - my neighbor down the hallway or down the street help me out with X, Y, and Z, grocery shopping, laundry, whatever. One of the things that we emphasize during the process , it's a responsibility or imperative that the SEs talk to the informal supports also. It has been saying my daughter does this, my neighbor does this then they can be talking to the daughter and neighbor and say look , your mom told us that you do X, Y and Z. The need to confirm that yes the debtor does that all the daughter may say no , I do not differ my mom, I'm not available to do that for my mom or willing to do that . Once in a while they would pick things up and do it on a regular basis. That is what I meant in the difference that we were seeing between their listings informal and with the actual informal support will be available are capable of doing. The emphasis you put on that is you talk to the informal support and have them acknowledge that yes, they will do that. The care plan and letter should say we are providing this many hours of services for you . We are working towards the knowledge in the letter in the care plan in the document.
>> The next question is from Janice minor. You've seen many clients with the plans does not consider unscheduled need dispense for incontinence and supervision for safety.
>> We had had cases - - came out of the reviews . They should be capturing they have incontinence or infrequent incontinence and people may need assistance with changing and may need to be showered before the incontinence . We had discussions - - after the MCO's also. We have a in our underlying review .
>> Thank you. The next question is from Paula will be ongoing monitoring - - proper.
>> The ongoing monitoring we are looking at doing 30 cases . Whether this is to be valid with regard to the number of participants in the office 21 report , hundred 50 people and it , some months it may have more, some months they may have less. It's just based on the report that comes in .
>> The next one is a statement from - - the confidentiality agreement with work around how to have committee member participation . From the next question is from Lauren - - , any hospital related information for those who have reductions should be able to get these because anytime someone is hospitalized it triggers and need assessment so we would kneel if hospitalizations were related to reductions .
>> We will look at that with regards to where their assessments are annual assessments and whether hospitalization played a role . I do know from reviewing this out somewhere from hospitalizations but there was no pattern showing that there was an increase or reduction in services based on - -. It is certainly something we can look at if it is felt to be an issue or concern and certainly something we can look at moving forward what assessments look like after a trigger assessment . I think certainly, if you want to narrow the scope of the review specifically to trigger assessment after hospitalizations , then we can subtly discuss taking a look at that if it is an ongoing issue.
>> SELLERS DORSEY: Is there any breakdown in reduction of hours - - well represented in the sample?
>> I do not know the breakdown of agency versus case driven in the written sample the belief that . Again with regards to hospital events , we would only look to see at the specific subset group to look at how many were agency models versus - - models. We can see if we have a breakdown of agency versus consumer driven.

>> The next question for you is from Lauren . Is OLTL requiring the MCO speak directly with any informal support? If so, are they telling consumers ? What at the end of stating they do more for a consumer than a consumer stated? This could be - -.
>> They have to have agreement on what the informal supports were doing . Since the participant says my daughter does this and the daughter was there during the assessment they can confirm, deny or say I have to do some of this going to all of it. There has to be a connection between the example and supports in the care plan . If you don't have issues then informal supports are being relied on one there not even acknowledge or know they are being lied on for internal support. It's really a balancing act to make sure that informal support knows that they think you are doing X, Y and C . That is the reason why they told me during the training they discuss with the internal support also. Obviously there's a lot of concern , my son is here in the evening and can take care of whatever needs to be done in the evening . And you don't talk to the sun or give any evening hours. You may find out maybe mom is not getting paid because the sun is not comfortable with paving his mother or changing her or putting her in her bed, he is not comfortable with doing that. He is fine with making sure she's thinner and the bills are paid in the grocery shopping is done. He is not okay with hands-on care. This person may not be getting the services in the evening. That's why it's imperative that there is discussion going on with the internal support also to make sure they are again all three things .
>> SPEAKER: Cannot follow-up to that? Just confirm what you're talking about the Randy , whatever program - - losing the service. I can imagine - - complained the MCO's about an informal support in the meetings to talk about your sister, cousin, whoever it is in front of them .
>> RANDY NOLEN: You faded out the last part of your statement but I do understand that sometimes the family member may say we will do this or they may say no, we're not doing this because they are getting the services . Then in regards to family involvement and say they cannot do this because they want more services in place . It is difficult on both sides and you are right, sometimes - - we do understand there is an issue . It's only a discussion we have to have on the informal support. We don't know whether the heavy informal support they think they had. It's important to know that we have the appropriate services .
>> I agree with that. The discussion has to be have . You will get any reasonable information if the family rest talk about another family member .
>> I will have a control for that. There are different ways that they asked the question. I would hope you will feel comfortable when describing for the program and services . That is part of what the trainings are on trying to understand the dynamics happening in the family . They have a situation that have been to Cambridge there giving them different answers on the questions . There might be some issues about the family feel needs to be done . Every situation is a little bit different than the ones on the front line have to - - of much of the information as possible .
>> I just hope that is happening, thanks.
>> SELLERS DORSEY: There is a follow-up question , the problem is while the assessment and find the need for supervision, what is the mechanism by which - - is included in the plan . - - Does not include this such as the need for assistance such as toilet throughout the day .
>> RANDY NOLEN: That may be a better question for the MCO's dancer. Documentation - - is part of why we review a plan so you can see stuff like that . The type of documentation on the need for supervision increase supervision should be something documented .
>> SELLERS DORSEY: We should have representative that can speak to that. Maybe we'll start with - - if you can speak to that .
>> Can you hear me? Just like Randy said we are requiring better business coordinator has told

us - - if you can provide some clarity as to what details they want from us .
>> RANDY NOLEN: - - Captures the need for supervision and the need for increased time in addressing appropriately . There were status changes or cognitive related issues .
>> SPEAKER: The training of our service coordinators as developed was person centered to account for those that we just listed. We are not looking to trim in areas where there might need to be a little bit more time leveraged for the unexpected situations . Any documentation that the service coordinators are adding that we use take into consideration during the private approval process. I fully understand that day-to-day we cannot be descriptive all the time in every circumstance and trying to find the happy medium in a situation where the shift is over and have an ongoing need. Planning accounts for that and you rely on it specifically to have present in the planning meeting is discussed : there putting - - .
>> SELLERS DORSEY: And now, how about for PSW?
>> I'm not sure what I can add for Jan's description, it is always person centered and how much support they have . Service coordinators spend time and talk to the person and see what the needs are, be realistic, ask the right questions and hopefully we are training them to that. If we find there situations where it's not happening that way with Christmas, then we need to dig in individual by individual and C were something dropped . By and large I believe we are asking those questions.
>> SELLERS DORSEY: Mike, how about for UPMC? I'm showing your and muted I do not hear you . Looks like we have a technology issue . There you are Mike .
>> Sorry about that, we did have a technology issue . Our answer is largely the same as everyone else's. We evaluate as a part of the assessment process , we do look at the ADL and activities - - all the things that all three of our plans same and rely assessment tool . I think one of the things that we do at the end of that review with the participant, we make sure that we take one last, we have a section the assessment process that flags things like cognition and behavioral - -, functional status around mobility , incontinence and health conditions . It really flags them and shows what was in the assessment tool at the end of the document so they can say yes, they covered all those things and that is where the issue around incontinence which is bowel and bladder incontinence or having accidents would be covered as a part of our assessment process. Not only did they capture it and look at it on an individual basis throughout the assessment process , but they also get a flag at the end this is this is what we are seeing , the sections around those types of things that might be problematic. Take one more look and make sure you guys all.
>> SELLERS DORSEY: Thanks Mike. Pam sent a follow-up that it is not incontinence , it is that people need help getting to the bathroom throughout the day on scheduled times. That means everyone answer .
>> I can address that. There are a couple of places where the incontinence piece is really assessed but does not change the answer. If the effort for toileting and bathroom time and the type of thing . What are you doing to address it and throughout the day what is going on ? We are all doing the same.
>> You want to provide anything additional?
>> - - Agreed .
>> The next question related to this is from Dana - -. The languages to change to unpaid support , it's optional . The person may not - - formerly depended upon. The next item is from Aaron Jenkins. With the reduction of services being implemented due to the direct care worker living in the home with the client, how is this being addressed when the direct care worker now

has to remove themselves from the caregiver and find employment outside? Which results in the client losing that informal support , how it is being addressed to make sure the client is safe in the home and community ? Once the client has the reduction in the direct choir worker goes outside of the home , there no longer available to be that informal support. What is next? Especially for consumers who do not have much alternative outside of the support person . That is the end of the question.
>> RANDY NOLEN: Anytime there is a change in the person's situation where the hospitalization or a change in the situation or change in the informal supports, the assessment should be done by the MCO . They should say in your example, if there getting 60 hours a week passed services, family member was living with them or direct care worker and reduction services to 35,000 a week and the direct care worker family member decided I need more than 35 hours a week so I'll have to go out of the home and work so I can no longer be your paid healthcare worker and no longer be available for informal supports. That will trigger an assessment to be done in the MCO is responsible for assessing the situation - - 35 hours a week . You no longer have a caregiver and the internal support is not available to assist you . So the following assessment process. The assessment process may be finding agencies for services , it may be evaluating - - you do need initial hours. His back through the assessment process by the MCO's. I think each one of the MCO's can address or answer any questions in regards to trigger assessment and the situation .
>> The next items from Connie Ruffalo. Internal supports are often assumed to be available if they are made in the household. I speak from personal experience. Just because there are other people living in the home does not mean that people living in the home should be obligated for being a determining factor . The problem is a lot of the functions due to the decision the service correlator makes and the large for majority of the people has anyone in the house with a list of the disability or understand disability needs. The service coordinator in a number and the size of the amount of days that a person was in need of a shower without often asking if that is how often they want a shower. There is no longer consumer driven about a service . These are examples that go across the board .
>> The day after the first part of a common question was the reason behind we did the initial - - if there was a family member living in an informal support. You have to ask and discuss the informal support with the participant who may be living in the household. There are certain situations where there are the people living in the house so they do not do any informal support whatsoever . Some situations but the cleaning and laundry in addition to making the meal. There will be some - - that type of stuff. That's will be directed to the training has to be discussions with individuals that are part of the present . Whether it's family or someone else , they have to have a discussion and make the discussions that we talked about. As far as the second part of your comment , all planning should be person centered planning . Even though there are tools and other assessment tools to determine needs and services , it should still be person centered. You may have an individual that may - - five days a week or seven days a week. You may have an individual has about once every two weeks. That is person centered . The hours are appropriate - - individual. That person centered planning should be done to address those issues.
>> I will give you a little break, the next questions for Patty related to the waiver amendment and capturing . In regards the home adaptation amendment, how will MCO's quantify research ordering an existing - - addition expensive.
>> PATTY CLARK: I believe with evaluating home adaptations , they typically do look at cost

and get input from contractors and providers who may be doing the adaptation . I do not know the MCO's have any additional to add but the usual home adaptation process .
>> We will check in with CHW first .
>> I do not have anything to add .
>> Mike, how about for UPMC?
>> I do not have anything either .
>> Okay, and Jen?
>> Nothing to add .
>> SELLERS DORSEY: Okay . The next question this is from - - , when will we be able to know what specific substance use disorders services have been provided for participants in the last year Mac specific the number of assessments done , referrals made and type of care provided ? I'm not sure Randy, if you want to enter this one or Jill wants to answer it .
>> RANDY NOLEN: The question is they are looking for data on how many assessments were done from the beginning and what types of services were provided?
>> SELLERS DORSEY: I believe they are looking for , I do remember something from an earlier request . It was when the CHC MCO's did their assessments and they identified a need for behavioral health services , how many people today identify that before and how many referrals they make ? Also what types of services were provided .
>> I think you have to go back and look at that. I don't believe we have requested that level of detail from those referrals at this point . We are to go back and talk to the MCO's and talk to our sister office to see if there's something they also may have regarding that .
>> This is Mike. I just wanted to put a point of clarification out there and I think it's often hard to look at the information when the primary payer, we can make referrals but the primary payer is often Medicare . It is not sure is behavioral health services . A lot of people receive patriotic primary care physician. I understand the interest in understanding the utilization but it is not an easy answer .
>> Thanks Mike, can you want to add something .
>> I just wanted to supplement what might is outlined . We train our service coordinators and have the right community resources inclusive but we have to be mindful that we are looking at participants that consent to being connected to the resources . That presents a challenge on our side of things the best opportunity we have is to have a trained - - understand behavior health and other means . And one that is informed kind of people to the right resource at the same right time. Mike is absolutely right. If we are looking at attending and utilization data, that would not be to the program .
>> Okay. Lynn just added a comment , there has to be some way to get this data. I think chill committed to looking back at getting the assessment data in the 19 that is available . And that is all the additional public comment I have. I don't know if there are any additional questions from community members. Okay, hearing on nine .
>> We covered our agenda items and there are no other connections. Our meeting is now adjourned.

Chat