*** Please note: Due to Technical difficulties from the captioner, the first few minutes of the meeting are omitted. The transcript begins after roll call, housekeeping items from the chair, Ralph Trainer, and the beginning of Kevin Hancock’s presentation. The captioning was done remotely, this means many of the speakers are not identified in the transcript. We apologize.***

>> MALE SPEAKER: You're recommending a broader communication process I think the Department in general, is certainly open to that. There is a lot of energy right now within the Department not just with the long term living services I think that's a communication process, will be something that we definitely. Thank you.

[laughter]

>> FEMALE SPEAKER (Brenda Dare): Go back to the first comment, a lot of the folks we deal with in the community and working in that area have issue with collecting too much stuff so assistance in clearing out the clutter, and I don't know if you could help in that way, to do that. But I know, that's been a serious issue and a barrier for that.

>> FEMALE SPEAKER: Would you repeat some of the questions because some of them, are so very far away.

>> MALE SPEAKER: Brenda suggested that we not only

go forward with the pest eradication but clutter eradication in this part of the process maybe a related service at least a service with the support transition back into the community, did I get that right?

>> FEMALE STUDENT: Yeah.

>> MALE SPEAKER: Fred has made the point that clutter brings bugs.

>> FEMALE SPEAKER: Also, [clutter] stop the eradication from happening and we hire a contractor to work on the pest eradication, they cannot do it, because there's no clear path.

>> MALE SPEAKER: Yeah. These are all good points.

As Fred mentioned earlier, this is an accepted service, that we, do have to think about what, you know, we have to be responsible and practical in this. We have to be responsible for that service. Yeah.

That's the thinking.

Great.

Any other questions?

Okay.

I did want to mention one thing about services discussed in the program requirements.

Just to be clear, there will be, we'll be tweaking the language that is related to assisted living. We want to make sure the assisted living is being specific at this point, as a service setting.

There's some questions as to whether or not the link would be a new service at this point it's really, just being considered a issue at this point. We're evaluating

the setting in terms of the, the human and community based final rules, the final rules setting is required to be. More to come on that. But just wanted to make sure that was introduced, that ssisted living, services are not going to be listed as a new service, at this time.

Okay.

So continuity of care is another question where we had other questions.

This is clearly the document, it has a permanent link to the continuityity of care relating to the service coordination. Service coordination is part of the 180 days, it will be service coordination, that is as continuity of care, the existing service coordination providers will be part of that, 180 day continuity of the care. That will be with the service coordinators that manage the services in the house.

And, we also had some questions related to how, the continuity of care period relates to new enrollees. For individuals who are converting into community health choices receiving services and are fee for service long term service support system they will be eligible for the 180 day period. The continuity care for new enrollees after, after community health gods live, that will new enrollee, is determined eligible for services after, as it goes live, January 1, 2017 they will be eligible for the 60 day continuity of care, physical health health choices and -- the ongoing

>> MALE SPEAKER: Kevin --

>> MALE SPEAKER: Going to the service coordination,

at the end of the 180 days do you have any idea, how the recommendation will continue to conduct the service coordination.

>> MALE SPEAKER: Practice?

>> KEVIN: They will standards they will be following.

As part of the RF, request for proposal process we're asking the managed care plans to show to us how they're planning to provide the services at this point, we'll have more specifics once the final is finalized we want to have them to come back and tell us how they're planning to do the service coordination that is going to be part of how we'll be evaluating it

>> MALE SPEAKER: Yes.

>> FEMALE SPEAKER: Two separate questions first 180 day period of continuity care will be part of the roll out, secondly, when it comes to the service coordination, there is some concerns we're talking about the written comments as well, as the service coordination being closely linked to the MCOs, it's already been through this once before, we had to separate, the service coordination from the enrollment, the service coordination from the service provision. And, it seems like the service coordination to that, in the MCOs, that is eliminating that conflict, in other words if I ask, my service coordinator right now, to submit a, request for an increase in service hours, they're required to do that.

If my service coordinator is not part of the MCO administrative costs are they going to be required to have

that request for the costs I ask for or can they deny the request to even ask it.

We would like to see it kept as separate as possible.

>> KEVIN: I appreciate your point very much Brenda.

There's a -- I don't want to go too much into what the, 1915 and 1915C waivers allow us to do, that goes to the way the service coordination can be designed that's different with what we have to do the 1915C waiver like what we have in, in the independence, for the independent care waiver. We have had some more flexibility in the way that we can have the services be managed.

That being said, the conflict in concern considerations in the fee for service, the denial services is completely, a separate issue and, I think that, we have an opportunity in managed care to create some assurances and over sight to make sure that the people are receiving the services that they need to receive and we're open to any type of suggestions how we can maximize or minimize that oversight with the plan to make sure that doesn't happen.

>> MALE SPEAKER: I think every -- I think that brings up the grievance and appeal process that we've talked about.

To make sure that these things happen timely because it's going to put the request, assuming she needs it ASAP, not, 2, 3 months down the road. So I encourage that. I had that question as well

>> MALE SPEAKER: We need a time line on that.

>> FEMALE SPEAKER: I'm sorry, but we're -- some of the questions, cannot be heard.

Would the speaker please repeat them?

>> MALE SPEAKER: All right, what kind of training can we --

[audio on phone in and out]

She is going to have the authority, to you know what I mean? As if they choose anything elimination, like the MATP for that matter, thinking of MATP, is that going to fall, if there's a transition, if they have the transportation.

[inaudible]

To be able to swing over and get the transportation immediately is not possible under the current ways we have that. So I'll, should medical transportation also be like, follow the person or transportation follow the person? That kind of thing?

>> KEVIN: So your first question I'm not going to -- we have a presentation on the credential requirements and service coordinator training, transportation is, not medical and, nonemergency transportation is a challenge but we will, the program itself will be using in the transportation program for people who are duly eligible and, may not be need of the multi-services and supports.

And -- not medical transportation maybe something that may not necessarily be able -- something we'll be

eligible for people and duly not in need for long term services and supports it's something that will be provided for people who have, need long term services and supports.

>> MALE SPEAKER: Someone gets the transition they have to go to the store, you know, buy something without having the transportation out there, they're not going to be able to do it.

>> KEVIN: That is part of the program, yeah.

We have it described in the program requirements. Once again this is is an opportunity for the plans for the managed care organizations to present how this he would provide it.

>> MALE SPEAKER: She has to have at least a 3 day of back fills. The transition, they have to wait 3 days for that you know.

We got -- what I'm saying is, we need to come up with away to put in there, that at least, initially on the transition of the -- we need to get the transportation, no matter what it is.

>> KEVIN: Just the nonemergency medical transportation is once again that will be something we'll be evaluating that, the nonmedical transportation that you're talking about, will be, at least, as good as what is available now but hopefully it's available now.

The concern has been raised there's no question about that.

>> MALE SPEAKER: Question I guess, as far as, why would we want to, it seems like a responsibility to with the intention of saying yay or nay, to ask for services, it's their responsible to simply submit it.

Not to say, well you know I don't think you should do it you know, just do what we ask you to do.

We're paying you to do.

What we've, probably being able to say yes or no, that makes no sense.

>> KEVIN: So the question was, why would the managed care organizations have the power to be able to approve or deny the services did I get that right?

>> MALE SPEAKER: Right.

>> FEMALE SPEAKER: Service coordinators.

>> KEVIN: Managed care organizations and, the community health choices to answer that question, generally, the way that, services, currently in the current fee for service system there's a service plan, that, develops, that is all service coordinators and, also, involves participants to make a determination for what services are needed for participants and what is are the specific long term services are needed. In the community health choices program there will also be a service planning process that will definitely involve, and directly involve the participants in the participants, caregivers and, also, service coordinators and also other individuals, to help develop the best program or services for the participants to meet their needs. The requirement of the program. And, it's an existing requirement for the fee

for service programs, and the expectation is, managed care environment we'll have a service planning process that he will be equal to if not much better than the one we have right now in the fee for service program.

So, the participants will have the opportunity to be able to be engaged and there seems to be a real cost between the service planning process, the participants involved in it and the participants, explanation what they need we'll have a consumer appeals process, hopefully that will be the last resort, the development of this, we're calling the person centered services plan will be a real collaborative process, reflect the need of the participants and, they can have that for their particular requirements.

>> FEMALE SPEAKER: My question is, is it really you're talking about the community.

>> MALE SPEAKER: Continuity of care.

>> FEMALE SPEAKER: Continuity of care, what I want to know is, what is supposed to be done to ensure the transition versus like other transitions we've had, what is going to be done to ensure that, utilization between any level of government, and any.

[inaudible]

Or communities to bill the service coordinator or MCO and employees and employers, in a timely fashion, instead of having one service coordinator, consumer saying we got the information year and a half ago, and like the whole, section of this, we just got the information from OLTL, about a major policy change last week, no one knows

what to do with it, but the policy is enacted. Because that would mean that will put me in a real bind as an employer.

It always seems like that, you know, no one knows what to do.

You call everywhere, call the cable companies send emails to this department, aging and human services, getting no answers back to the head of your service coordinator agencies, to the service coordinator and everybody calling telling me I don't know what to tell you what to do because we don't know how to interpret the policy. How can that be fixed?

>> KEVIN: So let me see if I can restate your question.

How will, if we go forward with community health choices, how do we improve --

>> AUDIENCE MEMBER: Communication process between, Federal, state and from everybody on down so everybody is clear and no information on policy changes are presented at the same time to the employers to everybody, I can share them to the employees and you can share them, in conjunction with whatever, guidelines there may be.

One thing I can say, so the different levels of government or actors involved in the long-term care system, how do we improve the communication across the board with everybody, that includes the government, policy makers, providers and participants.

So, one thing I can say, I'm going to go on record as saying that we, this is an example of a way to improve

communication.

But I will go on record as saying, even in community health choices it will not be 100% perfect.

Because it's complex and, and -- that's one of the, challenges we always have when it comes to these, any type of health care system is complex.

And we'll probably not be able to get it 100% perfect.

Love to say we would, but I'm going to be honest we probably won't.

>> AUDIENCE MEMBER: There has to be a way, to manage better than it is.

>> KEVIN: I agree.

[laughter]

Just to be also honest the advantages of managed care and it's been proven in other states also been proven with our health choices program.

When you have, when you create, in the fee for service environment you have this relationship it's 1 to many relationship.

It's between, state governments and the providers.

So there is a lot of challenges in the way that you process communication with the one to many.

When you're talking about communication between, the -- managed care plans in the State, if is a one to few relationship. So there's, better opportunities to be able to manage that communication, much more directly and make it a lot more consistent, it's also from the time limit perspective I actually agree with you, it's often the case

that people, may receive information they may not have the same access to interpretation in one region compared to another region that's something that can be standardized in the managed care environment it's a one to few communication relationship which is better.

>> AUDIENCE MEMBER: Has to be. There are so many different policies out there, that service coordinating entities, depending upon the entities, they all interpret the rules differently.

There has to be some kind of standard, right now these rules are going to be interpreted because people's lives are getting screwed up.

Because there's so many service coordinating entities that tell people, they can go places where they need to go.

Like, work.

For example, like work.

That should not that should not be the case. Because if you can't drive, you need to be able to get where you need to be.

We have others -- coordinators that will tell you as long as you're in your vehicle with your attendant, you're fine.

So that makes no sense.

>> KEVIN: Even in the current environment, Tanya just to characterize your example is a great example even in the current environment, provider service coordination have an opportunity to be asking for clarification on the

information we're sending out.

It could always be better, there's no question about the fact that it could always be better. But always in the interest of, provider to ask for clarification, for any type of policy, if they're concerned how they're interpreting it or if they hear more importantly if they hear that the other entity, another comparable entity is not interpreting it the same way.

That's on us to make sure that we provide that clarification if possible.

>> AUDIENCE MEMBER: One more thing in terms of what I'm trying to say is ask to see the thing, as far as service coordinators and stuff they're saying we don't know how it's being interpreted but a policy that is already enacted is like, we as consumers have been born to run this in a certain way, they don't wait until the beginning of the new fiscal year to make that changes, that doesn't give us any time, as employers to tweak around to make sure that our employees are protected. I understand the Federal mandates I get that part. I'm just saying there's has to be ways in that, to make that, that, you know, we know what we need to do and how they know how to do that.

Protect the safety of the system and everyone involved.

>> KEVIN: I agree with you, I mean --

>> AUDIENCE MEMBER: If you don't, it's not going to work.

>> KEVIN: We can always do better there's no

question about it, always ask if you have any questions for something like that, the overtime issue is received, we received a mandate and we could be waiting in some cases for clarification from our Federal partners how it should be interpreted. But, if you have questions, need help with the interpretation, that's what we're for.

>> AUDIENCE MEMBER: Because it's not from my health I figured out what I'm going to do about it.

Like, I'm just pointing this out.

The people is that normally, employee people over 3 hours a week, is they work before that is fine, as long as you're not going over your maximum are hours a week or anything. So it is all of the sudden changing that time and a half, involving the hours, it would be rather be a system that, helps to make sure that individuals, are protected they don't run out, of service coordination, by the end of the year, so it's not only does it hurt the consumer, it will eventually hurt the employees they're already not sure what they're supposed to do.

>> MALE SPEAKER: Tanya, those are excellent points that would be brought up in a subcommittee we can be involved in, to make sure the Department hears all of your, recommendations and problems going forward.

>> AUDIENCE MEMBER: Thank you.

The problem is it's already enacted. It's alreadyt done.

I, personally, have no problem with what is receiving that.

But if you enact something, in the middle of the fiscal year, instead of the beginning of it, how, a person, in their work schedule and everything is set up, if it's not handled correctly.

That is being on the consumer source, at that point?

>> MALE SPEAKER: I would say for your questions again let's bring them up this a subcommittee I don't think Kevin can possibly answer to a point that would be satisfactory. For a point of order, let's move onto the other things he has to address.

>> AUDIENCE MEMBER: Okay thank you.

>> KEVIN: Just another point, this is the area of -- pointed area of contention for the long term act as well. Any other questions on the continuity of care before I move on.

Okay. Great. Is an area of need, I received some positive comments and suggestions related to the disability competency.

So there is the MCS as part of managed care the MCOs managed care organizations are required to ensure the providers have the educational and cultural understanding of disability competencies and, what we've received in our comments are suggestions how to approach it and using existing educational acts like the Centers for Independent Living, the area agencies on aging, but other agency was

currently involved in direct service support and, in communication with the disability community to make sure that, that -- the provider network, understands some of the cultural issues and challenges with the disability community, and make sure that the perfect system is educating us to understand that there truly are, unique aspects of the disability community that have to be taken into consideration, it's just not a, like, right.

>> MALE SPEAKER: That's one of my concerns if we turn this over to -- they're not even going to understand what the independent philosophy is all about, prosecuted. These are strictly a medical type thing when you sit here and say hey listen, I need, like, for instance, durable medical equipment, like I myself, I require two chairs. I have to have a power chair at home, okay. So I can carry my plate and carry, pots and pans around, sitting in my lap -- so I can be able to move around. I also drive myself to have to work I have to have a manual chair also. That's part of the independent living philosophy, you have to be able to do everything you can, on your own. We have to have more medical equipment.

Do you get what I'm getting at here?

>> KEVIN: Certainly. Managed care organizations are going to know we're going to expect them to present to us, how they understand what you just, understand that independent living philosophy to provide these services.

We're going to have to have, members of the community with disabilities but do understand, on their commitments, what kind of guarantee do we have if they're

going to actually listen to that and know what they said.

>> MALE SPEAKER: I have a question.

Hi.

>> KEVIN: For the person on the phone I'll answer the question, just to respond it's going to be a contract requirement.

It's enforceable by the Department. We have that. Yes.

So for the person on the phone, who has a question if you don't mind identifying yourself

>> MALE SPEAKER: Richard ducton.

>> KEVIN: Thank you sir.

>> MALE SPEAKER: My question is, how can you simplify it to get a five year wait for a wheelchair and, eligible for a chair, in my opinion, I have to go to different parts of the state to get evaluated for the chair and go to my doctor, you know, half an hour from me, I have to see, another registered nurse to come out to my home, we can simplify that by just having all 3 just come out to my home.

Instead of, having me, go to different parts of the state and different doctors to get a new wheelchair.

It could be done all in one day -- if you understand what I'm saying.

>> KEVIN: Sure I mean, that's again a condition of the current service system and, I think that's a great suggestion for how we can improve that, something we can

you know, take back to the community health choices right now.

>> MALE SPEAKER: Right now my MCO has cut me off they don't pay for my wheelchair to get covered. I pay out-of-pocket for everything for my chair.

I'm in the process of getting a chair but it's been taking, the process is so long, that I've done this back in the summer -- June. I'm still trying to get a chair now.

Still have to go through different processes with different nurses to come out to my home.

A doctor.

Really, the process has to be simplified and it's very difficult to be running back and forth to do these things.

>> KEVIN: I can't comment on your particular situation if you want help on your particular situation if you want to send us an email.

>> MALE SPEAKER: I don't need any hope I don't have any problem doing it, but the problem is I was just saying maybe it could be simplified, if you have everyone that all the information or all the process is to come out to your home instead of going to different places to do certain things, you can have it all done at your home.

>> KEVIN: I think that's a great suggestion as I said. We have representatives from managed care organizations in the room here I think they will, they will already have built in incentive and structures in place to

look for this type of situation, efficiencies I think in the managed care department we'll have to, this is as better of an opportunity to implement the efficiency.

>> MALE SPEAKER: I have a question.

>> MALE SPEAKER: Managed care I'm seeing that, the service coordinators are going to be very key component to making sure, they get what they need. You can answer this as well. How -- do managed care specialists how to do it themselves or the service coordination.

How are they going to issue a training for the service coordinators I see that as more key than anything else.

>> KEVIN: I agree with you, I think that I strongly agree with you, service coordination as a role is going to be key for the community health choices especially for people in need of long testimony services and supports.

Again I'm not going to be able to talk about the, the -- the plan or the current thinking, um, but, I think you're correct.

>> MALE SPEAKER: Can I make a suggestion that the uniquely to the aging community also be addressed.

And the sensitivities and, what the elderly require in the scheme of care also be addressed, not just the disabilities community the needs increase.

>> KEVIN: Thank you bill, do you want to give us an example is this.

>> MALE SPEAKER: Well, for example, the elderly, usually will have a spouse sometimes the spouse is old,

when someone is discharged from a nursing home the unique needs of the spouse has to be taken into consideration let alone in a nursing home situation, spin down when someone is in a nursing home.

They loose all their money. They can't go back home, because they have no money. Which is unique being independent with our going back to work. There's a lot of overlap and a lot of similarities, it's different considerations to that community. That's just one example you know, more family considerations I think.

More financial considerations.

And, it's a shock when the elderly, let's just they fall down break their hip in the nursing home.

They are familiar with how the system works all of the sudden they're on their own. They are in need, but they overlap, elderly community is much more than the disability community, you may have the AAAs for guidance, they even will be able to present, is it worthwhile to say here's the similarities, here's the differences between two communities.

>> KEVIN: Response to your point you're making a great point a lot of different ways there's a level of cultural disability competency that's to be specific these populations as well as our elders you're making a great point in community health choices those people in the program are over the age of 60, it may be unique to that population, but not unique in the community health choices, good suggestions your points are important and we do have

to recognize, that competency, when it comes to cultural competency and disability competency is not just -- to not even, just to people who are in need of long time services and supports the dual eligible population and their own unique needs and service requirements in the program.

Thank you.

>> MALE SPEAKER: Zach has a question then.

>> KEVIN: Do we have a question on the phone?

Okay.

>> AUDIENCE MEMBER: The gentleman just spoke, as far as for example, when you get out of the nursing home, a lot of times, the nursing home, is the wheelchair you get what you come home, with they don't give the wheelchair home.

That is a need for someone to get the services they don't want to let the chair go.

How do we adjust that with managed care, coordinating with the supports coordination to get more something even with the moneys they getting you know, if it's not much, but a lot of what they're allowed they go back to getting what they can.

How do we bring that up and when they leave they need to come out with this, ready to go.

And, one of those things that is very important as well like the wheelchair.

>> KEVIN: Let me see if I can rephrase your question, nursing home transition, people are leaving the

facilities moving back into the community make sure they have the support they need to be able to stay in the community and, live, an independent life as much as possible. Is that not right.

We have the nursing home transition requirementness our draft, draft agreement. It's going to be a major component for health choices.

To be able to return to the community, secretary is quoted by 95%, of the people who would rather stay or, return to the community, if they're receiving facility based care, part of the facility transition -- finance protection being able to manage, the budget of your money will be hard, for a contextual requirement for people so, absolutely they will be part of the nursing facility transition process and for transition back into the community.

Community integration is how we're describing it now, no question about how it will be an important point of how the managed care will have to oversee as they oversee the nursing home transition process, great point.

>> AUDIENCE MEMBER: Hello, hello.

>> KEVIN: Thank you Ralph and Kevin and Pam we're trying to get, in a cohort of individuals to raise the concerns that the elderly community has but as a reminder we talk about the 95%, we talk about the transition to home.

There's a cohort of individuals for whom, that is no

longer possible.

They are, they are now, in a position where they need, long term 24/7 care and, supports. And while it's not you know a steep downhill slide, they are in custodial care and a lot of the things you know, that we are trying to achieve managed long term services and supports giving other options before someone walks through the front door of a nursing facility are not able to manage. We're trying to make sure we get those folks to that venue to this venue and other venues to raise the concerns, because they can't be here with us. People who need chronic skilled care, cannot come out like this, their needs are set in place we need to find a way working with the Departments to meet them Bill I want to thank you for raise that, we're likely than not to have a family member or a care worker from a facility, who is coming to the neighborhood to raise those concerns those individuals can't leave the nursing facility, in that 24/7 care to come speak for themselves.

That's just you know, thank you. It helps to keep that top of mind, the long term system of care are certainly, give people, a -- in transition people back into the community, when possible not only are those, those needs much different for a person living with a disability, versus, elder living in the system or a hip fracture, there's things we need to recognize as we move through this, so thank you.

>> KEVIN: Thank you for commenting I'm looking forward to having you bring the cohort of individuals to

provide the insight.

>> MALE SPEAKER: We're working on it.

>> AUDIENCE MEMBER: I have a question.

I have a question, let's say a person is in a nursing home that cannot communicate supposed to be getting physical therapy, once or twice a day. You have a therapist that goes in their room, let's just say, move their arm once or twice and then they walk out of the room and call that therapy.

And the State is paying a lot of money for this and that person cannot communicate and say well, you know, all I got was, you know, two minutes of therapy.

How can that be looked into, to make sure that, that money is not being spent, improperly.

The person is going in there and doing what they're supposed to do.

>> KEVIN: Thank you for the comment, like any other provider nursing if a facilities are required to provide the services, the services they're being paid for, in the Medicaid program. Hard to answer the question generally we have mechanisms in place to make sure people are receiving the services they're supposed to be receiving.

If that's a specific case let us know about it, please, get that information, if you want to get to me personally, I'll make sure that we follow-up on it.

>> MALE SPEAKER: It's called fraud.

>> MALE SPEAKER: I like to make a point of order

for the folks on the phone, please identify yourself however we would like the committee members to speak, and then, during the public comment section, people on the phone, who are not commit members you have an opportunity to ask questions, please identify yourself, more importantly when you do it, ask your question. Thank you.

>> KEVIN: Okay.

>> MALE SPEAKER: Richard Ductson answering that question.

>> KEVIN: Thank you. So those are things we heard a lot of interesting comments and, just to be clear, for the program requirements for the draft recommendations we heard, 2100 comments, 2100 comments we, have about 600 left to go through.

So we've made a lot of progress, we've made a lot of changes to the documents based on those comments. As I mentioned for the December, documents the documents that were released on December 14th that comment period closes on January 8th, I think we've received at this point, 20ish comments.

Which means absolutely nothing because we get all of the comments on the last day.

In general we were overwhelmingly grateful with the level of engagement with the people had, to make sure this program is meeting everybody's needs and requesting the what is is the true, true requirements for long term services and supports in Pennsylvania.

A lot of engagement in this on across the board this

level of participation and in a program that's this complex and as important is really appreciated.

I can't make that strong enough. Just to continue, we, have been having, what we are calling MCO meet and greets what this means is, setting up meetings we had meetings where we're setting up meetings where provide ares and participants have entities that are providing managed care services in Pennsylvania, either in the typical, heal choices program or providing services, nationally, long term services and supports or both.

And -- we've had previous meetings where home and community service providers are able to meet with managed service coordination agencies area agencies on aging to discuss what the changes are going to mean in this new environment. How to make the transition smooth as possible to set up a structure that will begin the network to be required for the program.

The meetings will continue we'll have more of these meetings in January.

And, we're going to continue them as long as possible, we do have a cut off period though, for being able to facilitate these types of discussions once we are releasing the request for proposal, we'll have to go into the blackout period, where these will be able to have this type of communications we want to have, up front as possible and to, encourage as much participation as possible, to build networks and to answer people's questions and not being able to read people's minds this is going to be a policy change change.

And, it's going to be a lot before it's fully, when it's fully deployed.

All the meet and greets to this point have been in Harrisburg.

>> MALE SPEAKER: I know. Yeah.

[laughter]

[inaudible comment]

>> AUDIENCE MEMBER: When are you going to?

[inaudible comment]

>> KEVIN: We'll try. Okay.

Typically for this part of the process, really, it's logistical thing being able to do this.

We have the infrastructure we're able to do it here, but you're making a great point but we'll try.

Yeah.

Just the last, my last part, before I turn it talk about service coordination is to talk about the process where we're at right now. I have already talked about the document release I've already talked about the documents.

The next step, is January 8th is the comments period close date for the this December document, published on December 14th.

Just a second on those documents they are part of the structure of the agreement, stressing we'll not receive as many comments on these sections because they're really

the legal ease part of the contracts the managed care organizations will comment with questions we might have some point of clarification on the reporting part that we need to be published but we're not, expecting as many questions, I have been wrong before, looking forward to seeing, what we get.

And then, after that, we'll review the complements we'll compile them and publish them, we're planning to publish these documents at the end of January.

The publication for that is going to be at the end of January.

Yes.

>> AUDIENCE MEMBER: Thanks for your presentation I have a question in the second release, section 7 in the document -- that refers to the claims processing time lines whatnot.

It's differenced throughout the document it's not included, how do we comment on that section if it's not available.

>> KEVIN: It wasn't finalized that's why it's not included. That's a very good point I'm going to respond to that more generally now.

Thank you for asking the question. There were some sections like, pricing rate setting, none of that has been finalized to this point.

That claims part is not finalized yet. Technical changes that were associated with the section and, it's most likely that it's not an area where we're going to be

able to question comments beforehand.

It am be effecting the providers, it will be an opportunity when we go into contract negotiations they will have a opportunity to ask questions on what will be the final agreement, if there are questions raised changes that are raised it will affect the provider community we'll make sure they're part of that.

>> MALE SPEAKER: Two more questions, Brenda had one and you had one.

>> AUDIENCE MEMBER: This is more difficult, is there a possibility, you may get an extension on the January 8th comments, given the holiday period was during this period.?

>> KEVIN: The reason we published is over the holidays it gave people the opportunity to read them.

[laughter]

>> AUDIENCE MEMBER: Yeah that's what I was doing. Yeah.

>> AUDIENCE MEMBER: Yeah. Okay. All right.

>> KEVIN: We're closing, we're closing on the eighth.

Feel free to continue with your comment, we won't get to them by the 13th the close date is the eighth, but feel free to continue to send them in. Okay.

Especially if it's just a continuing point, you

know, these other mechanisms will be listed this the comments as well.

Okay.

>> AUDIENCE MEMBER: The last meeting before the release -- yeah.

So -- some discussion today, it will be important for me, which is a lot of the discussion of the reports is at different times, is that the participant directed HCBS program is unique.

It's the parts discussed about the roll out of the rates.

Lots of other aspects of this, it's the one part of the system where there really isn't a MCO relationship with a provider that is, employer of direct care workers different structures involved.

21,000 and a similar number of consumer directed individuals I just want to -- obviously growing of importance of we're going to assume that, actualizing the whole concept of independent living and consume are control, so far.

I encourage the office to remember that lots of things have to be taken into account differently in that part of the system if it's going to work in the transition has really has a unique aspect to it, the communication and the support, the training not just for the consumer employer but for the people who are employed by a consumer you know really requires careful thinking and -- you know, requires the MCOs to understand the differences in that,

the different parts of the things.

>> KEVIN: Thank you that's a great comment.

And I think it's a really good point.

I will have to say that, that we've had an opportunity to speak with managed care organizations that provide long term services managed care across the country they have, participant directed models and not without challenges have they have been able to manage them.

No question about the plans that are part of the procurement process will have an opportunity to present their understanding of the unique aspect, I totally agree with you the unique aspects of the participant directed services and long term services and sports I totally agree. Pennsylvania has a very long history of the participant driven services we want to maintain that degree.

As moving into managed care we don't want to lose how important that is, as far as the program.

So thank you.

>> AUDIENCE MEMBER: Thank you for your presentation are you able to hang around.

Okay.

We'll have Ginny Rodgers.

Okay.

Okay.

We don't have a name tag for you.

>> FEMALE SPEAKER: Good morning I'm Ginny Rogers the office of long term living I've been asked to do a

presentation on service coordination in and Improvement.

One of the things I've heard today, there have been a lot of comments I think made me think deeply about the program and the work we do to participate the OLTL participants I also want to acknowledge that we currently, we do have a lot of excellent service coordinators out there, a lot of excellent service coordination, entity providers.

And while we do have excellent providers, we also have some gaps and so, we're going to go through the presentation we'll talk a little bit more about that.

So for the background, basically I think, this is something we all know, BHC is committed to serving more people in the community. This is something as we see the programs grow every year, we continue to be able to support the people in the community.

So, obviously one of the primary initiatives, related to OLTL was community health choices.

So service coordination, basically serves with that mechanism to ensure people can be successful living in the community.

The next slide talks about the roles of the service coordinator.

Basically, one of the primary roles of the service coordinator is to work with that participant to assess their needs.

This is vital because if you don't have a really good understanding of what that person's needs are it means you're not going to be able to appropriately address them,

in the individual service or person, directed service planning process.

So, again, there were comments today about this process and I want to acknowledge it is a vital process in order to ensure that you as a participant in these programs, recognize and are able to receive the services that you are needing through the service community. The service coordinator also has to ensure the providers are providing services, as ordered that is a primary fun.

Moving onto the next slide.

Something that I, whole heartedly believe, service coordination is a fundmental activity that can impact the success or failure of the OLTL participant to live in the community. If it's done poorly it can jeopardize a participant's life.

The next slide, there have been changes made to the OLTL programs in 2012 we promulgated new regulations chapter 52 regulations, OLTL coordination entities are required to be conflict free agencies that have been providing direct services and service coordinations have separated, in addition, there's been an expansion of service coordination providers.

Provider entities. So we've issued the provider regulations for the first time, in the government program, detail provider program requirements and responsibilities.

That information is laid out in those regulations about the responsibilities of the service coordinator and coordination entities.

Additional activities related to the service

coordination, OLTL provides extensive training to service coordinators 11 and 12 and 13, there were 20 face-to-face trainings conducted in the field across the State. There were online training modules providing the expectations that agencies would use these for new staff as well. We're providing extensive technical aist is answer to the coordinators. As they changes occurred, we undertook the training with the expectation -- are you seeing this okay? Okay. Stepped up technical assistance to service coordination, as the cases became known, we completely organized the unit between my bureau we can actively work with service coordinators on conflict issues that arose in order to help people be able to help the community.

>> MALE SPEAKER: Could you ask a question -- that way, if Ginny is comfortable letting someone ask a question, can you hold it off until then. Okay.

>> MALE STUDENT: I just, when it comes to service coordination, dealing with OLTL I guess the question I had, when you guys had issued, like, giving back to the support initiatives for getting back to the consumer, supports coordinator about issues -- yay or nah from OLTL for a service I may need. There's no additional out reach to help me with that.

It takes forever.

Changes that you made and the indication you're giving, had that been aways to streamline it or is there a way that you guys you know, it could be a specific time

line for that. That is the worst waiting for a -- one person to say yes or no.

>> FEMALE SPEAKER: Thank you for your question it is very difficult to wait, we don't want people to wait we have made major improvements over the last year, year and a half, so that sort of plans submitted there is a time frame, in terms of review of those plans, obviously there's a lot of people, resources -- sorry, we have been able to maintain majority of the service plans under 10 days in terms of the review.

Most of them are actually review, this under 3 days. So, yes. There are time frames and limits we try very hard to stay on top of those.

When there is a specific issue or concern about something that someone is waiting on too long, we do invite you or have the service coordinator call to talk to the supervisor as well. So we can get that done more quickly.

Okay.

Okay. Number 7.

Okay.

These are changes additional changes and activities, we have provided for the service coordinators and providers.

Just to focus on mitigating health and safety risk how to reverse abuse and neglect. Couple of other big changes, was the implementation of the management system.

Intended for providers to capture indents that occurred with the participant. It's part of the

assurances CMS, we're addressing health and safety issues. We are required to collect data on that.

And in addition, a couple of years ago, the Department of human services, implemented these protective services programs additionally with adult protective services and the continuing, continuetion of the older adults protective services program, it is a systems to provide the protection for abuse, neglected, exploited older adults. That evidence are changes that have happened in the last few years.

There's these activities OLTL identified gaps and deficiencies in the service coordination. We recognize on the one hand, that, there are some, the expanded changes to the services programs, addition of new providers and the continuous need for training. It's true these programs grow every year. Again, I'm going it say within OLTL partners service agencies we have excellent service coordination agencies that work with OLTL, participants well.

And we are expect to be able to build on this competencies. We have systems in place now, where we're uncovering weaknesses in our delivery system. Many of those weaknesses can be avoided sometimes with backup plans and case management by service coordinators we have identified a few of these areas here for your information I'll just talk about them briefly we can talk about them at the end of the presentation if you would like. A lot of awareness, participants are released from hospitals and facilities there's no clear plan for follow-up proper

paperwork is not submitted. Sometimes incidents in the person, in the first place, there's been, cases where the failed coordinator effectively with the hospital or social worker to ensure they discharged and at least one case, return the individual to an abusive or neglectful situation in from the hospitalization.

Two, appropriate follow-up on significant health issues one example the center need to be contacted within six months because the information is lacking in the incident management system service notes, and no further actual action was taken, how would that advance OLTL's involvement in another example participant had been hospitalized in 3 times in the six month period with two allegations of neglect.

Third area is failure to proactively address situations before they escalate. There's a lack of understanding of health and safety fundamentally preventative measures and risk mitigation strategies this has led to rea occurrences and escalatetion of hospitalizations, ER visits and abuse neglect exploitation incidents.

There are just a couple more areas here, um, deficiencies in the participant directed model, service agreement I think, we were talking about the information that you have provided here, there's, based upon a frequent lack of adequate back up plan, often times in the participant directed model we have workers working 60 hours or more, regularly.

Insufficient it a doesn't address caregiver burn

outs before they occur. We know people are working long hours often time with caregiver burn out.

Sometimes it will lead to incidents of burnt because of burn out.

The next one, we document the current situations that evolve for participants for the action taken by the service coordinator, to address.

I have to tell you, saying that is, obviously very experienced situation.

Service coordinators do not provide activity, describing the incidents the follow-up in the final incident, overview of the abbreviation. It's very unclear and very confusing detail in the incident note.

Maybe that participants go to the emergency room or admitted to the hospital, but there's no provider adequate explanation.

OLTL consistently provides technical assistance in managing complicated situations.

Unfortunately, sometimes, service coordinators are not coordinating home visits updating screens with contact information.

To ensure that the information, is currently available and, you know, we're providing a great deal of technical assistance and we will continue to do that I see Brenda has a question.

>> FEMALE SPEAKER: I wonder if particularly in the participant directed route, if you ever consider allowing consumers to provide feedback tool you know, like the

service coordinators use it.

>> FEMALE SPEAKER: We will welcome, having participants use both contact OLTL and provide feedback that is, actually a big area, that we're hoping to change, as we go along we would like to get out there and actually meet with the participants in their homes and do some level of, monitoring our self as well, in some ways.

So, um, I certainly recommend, that people have feedback we would like to hear it.

>> AUDIENCE MEMBER: With details how to contact the?

[inaudible comment]

It might be helpful

>> FEMALE SPEAKER: Great idea. We'll talk more about that I think, we do have a, for example, that sometimes is anonymous it could be confusing to participants who they should contact.

>> AUDIENCE MEMBER: Exactly.

>> MALE SPEAKER: I have a question.

Consumer calls OLTL hot line.

Does that trigger a response from you guys? Too is this

>> FEMALE SPEAKER: Yes.

>> FEMALE SPEAKER: The answer is yes, the person contacts the participant help line, usually a period of contact, is not done by the -- it's not a specific client.

[inaudible comment]

We're in contact with the participants, yeah.

>> MALE SPEAKER: I wasn't sure at what point in this meeting once you raise the question, you refer in your comments to emergency room, health care issues et cetera.

And part of my confusion, in the past month or two was the issue of coordination of all these services, not Medicare, Medicaid and any OLTSS with a large category or group, that needs to be coordinated, the process, my own personal education getting information, I learned that, we, each person under this program, MCOMSS will have the ability to maintain original Medicare has been moved into the programs, I'm having having significant knowledge and experience with the health care system, in learning parts of the system, at a loss to know how, what happens, under original Medicare, in this whole process and ensure the communications. They can pick and choose who they want to see, and where they want to go, whenever they want to go. And take the coverage with them. How can an MCO make an proposal to make sure all these things are going to be pulled together. How can we even talk about this, with the managed care process, a big piece may never be known.

The service coordinators or others who are part of this.

So I realize that is pretty broad but I do not understand, how maintain the Medicare and become an effective part of this process.

>> KEVIN: I'll take this comment sorry, if I can.

I think you're presenting a number of challenges, that relates to any type of coordinated program. We have limited authority, when you're talking about traditional managed care, which we call for fee for service Medicare we have limited authority in that, in how the service is administered. They have their own economy in the way they can access the service, traditional means.

We have though, we have, mechanisms that will help, inform the managed care organizations that are going to be responsible for managing the Medicaid side of the program, mechanisms, like, what we call cross over claims or, being associated with the services, that the managed care plans are going to know about, it will help them have transparency in what type of Medicare services they can are receiving the competition is to be able to understand, the types of services, they're receiving and build a plan or a system, that helps that level of coordination, at least start out trying to help, but at least being able to maybe something they can be built in more proactive models, unless we hear from one of the plans to talk about it from a high level, I'll stay with vision, you know, take it to work if they're willing to work with it willing to talk about not the system per se, but -- you know,

>> AUDIENCE MEMBER: The more information we have available for the program, fee for service or providing traditional Medicare to something that is always incorporated in that our case managers are going to look for incorporating as much information as possible.

Certainly, it's easier to get the program into the Medicare system as well. We're trying to coordinate the efforts with a primary insurer, whether it's Medicare or you know, other ones.

We're looking to gather that information as well, and case managers are trying to gather that information, as much as they can gather. Better off the consumers will be.

This is something we definitely want to incorporate.

>> KEVIN: We were talking earlier about that, the section of the agreement we're trying to still trying to work out the mechanisms for that.

Yeah. That information, absolutely right, the information is a way to access the information.

This is going to be a little bit easier, the coordination piece will be easier than an individual, with Medicare managed care program.

And a Medicaid managed care program, where the, the relationship between the Medicare and Medicaid program, because of the mechanism will already be in place we also have a little bit more thought as a state government entity in being able to require Medicare managed care plans to do. We have a agreement, this agreement, mandate certain types of information sharing as well as Medicare and Medicaid for Medicaid programs it doesn't cover the traditional fee for service Medicare. That's just to be honest, we're seeing that as a challenge, we're looking forward to being able to work with the plans to be able to maximize, and making sure as much information sharing as possible making sure that

the plan, I see it the plans, the Medicare providers are involved in the process, have as much opportunity to be able to provide the ideas how to coordinate the services as much as possible.

>> AUDIENCE MEMBER: A lot of different things, is beneficial for, the beneficiaries to plan the participants.

On the other hand, we can see little about Medicare choice rules of requirements.

Rule of process, in rule of being applied to counselors educating and emphasizing integration may or may be available. The choice is every individual's choice.

We have more information, that is today, hopefully there's more and more, alignment around the data cross that. That said, things are aligned it's going to be a little more seamless for the plan we talked about how, you know in the future state, we're participation in the program, we have a member who is just a member and a dual set member. That person will still likely be seeing providers in our dual set network. Still be, just interacting with the care system, we interact with.

Most health plans have been in class network with the Medicare side, those relationships don't go away. We will have a different relationship we may or may be able to know, there may be some HIPAA related issues emerging from that, that said, even if the person is on original Medicare, a member, we'll still have a relationship in all likelihood with their primary care physician. It will not be a complete void it will certainly give us an ideal

situation.

>> AUDIENCE MEMBER: I'm glad to hear we recognize this is a problem.

And that is sharing the information about that.

Yes.

[laughter]

It's a critical issue.

[Laughter]

I would suggest there's experiences evolving now throughout the Commonwealth with regard to accountable care organizations. Which are intending to provide more opportunities for continuity of care and integration of Medicare and, the hospitals that may service their patients. But then it also, it becomes a rural problem, with regard to services available how they are being able to access it.

I'll be watching and, very closely, I consider this the major concern, because if in fact, Medicare is going to work, I expressed myself a couple of meetings ago, managed care fan there has to be an information system, that links all this, so that the service coordinator is fully aware of these elements thank you for your comments.

>> KEVIN: Thank you for your comment e.

>> AUDIENCE MEMBER: I like what he is saying, it goes back to the service coordination, the service coordinator and what they're trained to do, to do with the

Medicare.

That goes side-by-side a big piece of the information, is is not there.

How would the service coordinator, resolve that.

>> FEMALE SPEAKER: I'll continue.

I think, maybe answer some of your questions.

So there's extracts from the reports that we received.

We're receiving this report, our staff contacted the service coordinator through the individual who basically is working with the service coordinator to mitigate the situation ensuring the participants health and safety these are reports in outside reporters that are coming into our system. About people who are currently receiving services in OLTL programs.

Go to slide 12.

Okay. The next step OLTL, is committed to providing additional training to service coordinators through face-to-face and online training.

We have developed a participant survey, that will help service coordinators identify, potential signs of abuse in neglect proactively, that tool is going to be brought out, we hope soon.

OLTL is also, picking stipulates to address the deficiencies and weaknesses we've identified, in the next 3 years, obviously will rolling out the community health choices at the same time, we have to continue to administer waivers under the current program, our plan is undertake a

new round face-to-face opportunity for the service coordinators to focus on the case management skills to improve the skill, all service coordinators will be providing tools to improve the outcomes by identifying potential abuse and neglect.

Okay.

>> MALE SPEAKER: Quick question is there any way you could have someone answering --

[inaudible]

We have the consumers over all, I mean, we do say some trainings in regard to abuse.

I feel it's not quite enough.

>> FEMALE SPEAKER: I think adult protective services through department of human services, probably have training programs we'll take that back and, recommend that, you know, additional training will be welcomed. Thank you.

We believe that the reputation, in regard directly related to better documentation, and, participant health and safety and improved participant outcomes. We can train tools for service coordinators, is that really strong correlation between quality and educational standards.

So we're balancing higher standards for service coordinators, we believe that again that's directly related to the quality services.

And, basically the deficiencies are revealed that we've been talking about here in the presentation, how they have been addressed in training a lot of it has been

addressed in training provided by OLTL we'll continue to provide training. However, fee for level, deficiency reflects the skill level we believe is not going to remediate that. In an effort to increase the depth of understanding of the role, better case management skills and knowledge to work effectively with other service systems and resources, increasing the minimum requirements for service coordinators and supervisors, so that is it in a nutshell.

I can share, it's possible you may have additional questions. Any other slide?

>> MALE SPEAKER: I have a separate question.

Maybe, I'm missing the point but it seems to me, to be a service coordinator, social worker or, related CIL to be a supervisor you can only be a social worker, or a nurse.

It seems to be me a lot of people service coordinators will never have an opportunity to become a supervisor you have limit today two degrees. The way I read this.

>> FEMALE SPEAKER: I'll take a look at that thank you. Okay.

>> MALE SPEAKER: I appreciate all the Department has done to pro-technical service training to improve, the quality of service.

Our concern is more to do with the a disability related training they need, to be able to understand the

people, who depend on that for a disability for aging, all kinds of impairments we believe strongly that certainly, disability focused training is necessary to start with in order for the service coordinators to be able to do that, needs assessments to be able to effectively write the individual service plans. And to monitor those plans over time.

So, um, those trainings are available, they're out there, um, national or international organizations give those trainings and in the documents we've looked at, a lot of the department asking the MCO how to provide training but, it should be the partner telling the MCOs what trainings are required, in order to be effective in their work. We would ask the Department to consider those kinds of suggestions which we made, we'll make again you know, we didn't give the specifics, the ideas for certifications that might be required, so that, essentially it's a service coordinator may, you know be able to be assigned and be effective for people with a physical disability, with dementia and other day-to-day issues.

>> MALE SPEAKER: We welcome, all of the suggestions and feedback. The other suggestion, with a specific thing that you know, we're saying as a standard we have our own we're going to be able to go, to the management team, nationalized.

[inaudible speaker]

Managed care and, long term sports and services in other states we have the first of many, and ensure all the other MCOs will be able to participate and making sure

everybody is ready to be involved with that. We want to hear the suggestions if there's guidelines suggestions things from various stakeholders we just want to hear those questions, as much as possible to make sure it's covered in the journey.

>> MALE SPEAKER: Thank you that's a very helpful presentation.

>> MALE SPEAKER: Back to the earlier continuity presentation. We have been very open towards the partnership models we think about how our MCO will exist, we're really concerned about the absolute requirements. He special hi with the types of concerns that are events everyone can see emerging in the system today. Our concern is if there's a provider that does have a track record, these types of basically doubling over the service coordination to make sure we're, you know, doing right by our customers and physically doing right.

Additionally we'll also have that coming with the providers that man incrediblely small volumes we don't need to have the same infrastructure, in working with that. To be able to train and work through that six month period of small providers that may have track records that are not successful as others and related I she, I should close with the staffing requirements, we're thinking of this as an integrated caregiver we'll have social workers we'll have nurses.

But, we're not show that, credential or a degree, should be the only qualifier.

So, there's a work force out there, that has, that type of experience that is worth more than graduating with a masters in social work. If we're not allowing that, we're participating in this new program I think we're cutting ourselves short. Having that requirement with continuity and these degrees is a limiting our ability to be successful.

>> FEMALE SPEAKER: I appreciate that feedback. Thank you.

>> FEMALE SPEAKER: I have a question and a comment. My question is can you give us any data, about the utilization of your online training module?

>> FEMALE SPEAKER: Not currently, no we can get that.

>> AUDIENCE MEMBER: My comment, piggy back on what Ray said and that I have that work as a service coordinator my educational background is not in the required field I can guarantee you that just training doesn't fix the issue. I think, that doesn't fix the issue.

My comments I did cover the idea of allowing for experience to substitute for education or in addition to it, which in terms of the coordinators have a good track record and provider track record to bring the staff up to that additional standard he's rather than just, just qualifying them I think that, it is just too much of a loss of knowledge and loss of relationships to have an absolute

standard.

>> FEMALE SPEAKER: Thank you.

>> MALE SPEAKER: Question from Neal and Zach.

>> MALE SPEAKER: What, my two questions that may lead to a comment.

What is the practical location of these requirements in terms of discussing what qualifying or disqualifying current service coordination from participation in the program?

>> FEMALE SPEAKER: I don't think we have gotten to that level yet we have had feedback from providers about numbers I don't think we know on a whole level, what that potentially could mean to the field of current service coordinators.

>> AUDIENCE MEMBER: That seems like a pretty significant problem. I mean, you know, implementing a standard without knowing what the did he construction of the current group is, it is a very significant gap.

Similar question where is the evidence, pure evidence that you know, that it concludes that the additional attainment, are leading to the outcomes or higher level of quality, that will work

>> FEMALE SPEAKER: I don't necessarily, I don't have that level of detail right now.

But one of the things we're seeking is to just raise the bar in terms of quality.

We think there's a definite quality coordination or definition between quality and these educational skills.

Documentations for example, we think that, these things will go potentially hand in hand.

>> AUDIENCE MEMBER: Okay. There's a possibility in conversation on our end as registered nurses around the details that. There's now qualifying evidence that seems to link higher proportion of the BSN, versus the work force with better outcomes, recommendation we move to a much higher standard. Even that is, you know, evidence based and, you know, there's a whole lot of discussion about how to get there, also, recognition that there's a whole work force of registered nurses have not reached that attainment but work experience. That's a different context but it's just feeling like implementing an educational attainment based minimum qualification for this without knowing what the impact is without potentially and ultimately disqualifying service coordinators that have a strong track record as individuals.

Historical relationship with consumers that, who don't.

everybody agrees we need to have a plan, I think the thing you laid out is quality program are pretty horrifying.

So everybody supports the goal.

>> FEMALE SPEAKER: We actually --

>> MALE SPEAKER: For service coordination.

>> FEMALE SPEAKER: We're very appreciative of the feedback and the comments to these proposals.

So, um, your comments are very helpful.

>> MALE SPEAKER: Zach?

>> MALE SPEAKER: Just, kind of throwing me off a little bit. I'm trying to figure out, well, the criteria is a lot of people, under that, evidence a bachelor's in business, but, you know, still because of the information and advocacy work on the ground level you know to get the information bringing it back it cuts a lot of people out.

That's a need for that we can work on it. We have to trust them, but not trust, but refer to I would prefer to use that person versus that person you know, meets cite tier I can't, that is met, we have the information, they didn't know how to get it.

You know, if they're involved in it, they have the service coordination, as far as, coordination, with like organization or, you know, to be taught with those things, had some sort of, you know, you know, training, some sort of specific training or they take those things together. There's some actually going there, who don't have that education like that.

I would like to be apart of that conversation. You know. But I would like to help with that.

>> KEVIN: Thanks for the comment. Just as a recommendation of the committee to have a work force to discussion that comment?

>> MALE SPEAKER: I would say based upon that comment, yes.

>> FEMALE SPEAKER: Do we have any consensus, does anyone think that's not a critical issue to address, want to drill down on it?

>> AUDIENCE MEMBER: I would like to.

[inaudible speaker]

>> KEVIN: It has to be convenient to be part of this.

We'll have to make a recommendation we have it in the next couple of weeks thank you.

Thank you.

>> MALE SPEAKER: Point of order we do have a limited time here so I have, a number of mics, I know you had a question.

There's two down here.

You know.

>> MALE SPEAKER: Critical point in this whole process is the job description.

Too often enough, we approach it from looking at highly educated people and trying to figure out this is about a process, what is the job going to have to be done? If that job description is clearly written, it can lead to what are the requirements that someone is being in that job that's not done we have the hire quickly because of the right thing to do.

Feeling that because we are hired that highly

educated person, that the job is done well.

So let's write the job description, that really is meaningful.

>> FEMALE SPEAKER: I have a question, where is the consumer? Why is it always the consumers responsibility to do the initiative to take care of themselves, little bit more in the community properly.

They don't aim up with that.

It is easy to turn it back on the service coordinator and say, you know, so and on -- you know, is doing this and that. The question I would have is why would that person be receiving services?

[inaudible]

There has to be a line of consumers in that advocating for themselves is.

Doesn't seem like sometimes there is.

>> FEMALE SPEAKER: I appreciate that comment.

You're right, there is some level of accountability for the person being served we also serve people who are unable to take care of themselves and have cognitive issues as well.

>> AUDIENCE MEMBER: I'm going to bring this up in that case.

I believe that maybe there should be, another bit of -- different model or a different type of system to develop this for these.

Because what happens is, if you have the

organization of the individuals together, informed entities to say here are your services. That's why we have so many gaps in this.

There has to be more levels of somehow in this.

To get the individual in that. What is the individual is needing. And the individual is, part of that, is still partnering with that.

Or whatever level they have to be in.

>> MALE SPEAKER: One more question here and then --

>> MALE STUDENT: I have a question.

If you look into the, recommendation that's are disability related, actually allowing for it, which is another discussion.

>> MALE SPEAKER: I have one comment this is Richard. I think it should be more about the dedication if someone with a high school diploma, they're very dedicated to their job they're doing it well.

I don't think that someone with a, bachelor or masters can match that.

Working with disability, working in the community.

>> FEMALE SPEAKER: Thank you for that, we're going to set up a sub-group to talk about the issue so thank you everyone.

>> MALE SPEAKER: Thank you.

Thank you. Next agenda item, Pam is going to talk

about the subcommittee work groups. That update. Thank you.

>> FEMALE SPEAKER: I've been asked to give an update on the subcommittee work group that this committee requested to be organized that we think are, is the most important issues that be important for you.

So, we have currently, four, it sounds like in a minute we'll have five different subcommittees but currently we have a training subcommittee, a level of care determination subcommittee and a evaluation subcommittee, and a participant eligibility notices subcommittee.

There will also be appeals work group that one has not convened yet there's still some work to be done on that, before we have more information on it.

And, we have additional work groups will be added in the future.

Let's talk about the training work gripe which I think drew some of the issues you brought up were going to be addressed.

In this subcommittee work group I see your name here also.

Due do budget constraints office of long term living has been able to offer internal and external trainings limitedly, we're happy to note that now the off of long term living has a training coordinator, who is responsible for overseeing the development of trainings for providers.

Service coordinators, office of long term living gaps and community health choices, managed care organizations.

To assist in the transition to MLTSS in Pennsylvania. And the internal office of long term living work group has been formed to accept training needs and put together trainings, but, now our managed long-term care workers are being informed to provide ideas for training review training curriculum to review draft materials whether they're delivered and, the training will be in the form of webinars with some limited face-to-face training the committee will help inform how that's going to come together.

So work group is going to be chaired by agreeing Ness, who is here, Graig if you want to stand up?

Hello thank with you.

The following people and, fellow committee members have expressed an interesting Graig Hess, Theo Braddy, Andrew Nagle I am seeing we don't look like we have as much perhaps agency representative on this committee I think we should, as we open the aging side of this consider I'll be working on that. I see a question from Neal?

>> MALE SPEAKER: Appropriate time, I'll put it up then.

>> FEMALE STUDENT: Okay. Yes. All right great. Anyone else, that is interested, um, there are sign up sheets.

>> AUDIENCE MEMBER: I have a sign up sheet as well.

>> FEMALE SPEAKER: Okay. Right. So it will be here after the meeting you can see Craig, add your name to the group I do also want to mention the chair of each group

will determine the size of the individual work groups.

So sooner rather than later would be a good idea.

any questions on the training work group? If not I can move to level of care determination.

>> MALE SPEAKER: I have a question.

Participants in the work group do they need to be members of the over all subcommittee?

>> FEMALE SPEAKER: Um, I don't think so. I think that it can be, I think I'm seeing other names potentially but I think it's depending upon how many people, on the subcommittee are interested and then the people that could be available depending upon the specific work groups Kevin do you have a different understands.

>> KEVIN: Recommendations will be submitted for the subcommittee.

Recommendations are going to flow from that the work groups they should be, made by some of the members.

so you're thinking that's a great idea. Just the recommendation of the thinking, would be a great start.

Thank you.

>> FEMALE SPEAKER: Thank you Kevin.

So level of care determination.

the Department believes that there's an opportunity and as we move forward with the implementation to create a more streamlined assessment process, that has greater level of objectivity and consistency.

Office of long term living would like the members of

this committee again area agencies on aging and other interested providers the work group will be charged with reviewing the new tool and assisting in developing a plan for training providing ideas for performance measures and assist in implementing the tool. This work group, will be chaired WillMarie Gonzeles, are you with us? Hello. The following people interested an expressed Brenda Dare, Terry Brennan Andrew Nagle have expressed an interest in the work group.

Sounds like you're going to be really busy

[laughter]

Okay.

And WillMarie will be available to meet with members of the meeting adjourns.

The next is evaluation committee and the, OLTL will be working with the University of Pittsburgh to develop an over all program evaluation.

The framework for the plan is nearly finalized we'll be sharing the plan with the committee.

The University of Pittsburgh has been asked to join us in the future presentation highlighting the components of that.

This work group will be chaired by Jen Burnett, and so far Richard Kobeleski has shared an interest to work in the group

>> FEMALE SPEAKER: I am on and off again. This is Jill, can you hear me?

>> FEMALE SPEAKER: Yeah we can.

>> FEMALE SPEAKER: Thank you.

>> FEMALE SPEAKER: I got cut off I could not get a reasonable answer to why.

>> FEMALE SPEAKER: Okay.

I understand you expressed interest.

Okay.

>> FEMALE SPEAKER: Okay. Who Jen is not here.

So who we should direct the interest to?

>> KEVIN: I'll take the names if you can remember Brenda.

Okay.

Brenda and Sue. Okay.

>> MALE SPEAKER: Zach appeal.

>> MALE SPEAKER: I'll decide within the next couple of days as far as what work group I'll just send you an email.

>> FEMALE SPEAKER: Okay. No problem.

>> MALE SPEAKER: Okay.

>> FEMALE SPEAKER: Okay.

Next work group, participant eligibility notices.

OLTL is working with the work group in the near future will workers will review the different communications, that will be provided, to the community health choices participants.

This work group, will have members from multiple

parts of the department of human services such as the office of income maintenance, we have also been asked to name someone from the committee on that, the work group will be chaired by Jane Rodgers. No one signed up for communication. It is such a key part of being able to reach our audience and have them understand what their real options are I encourage people to consider meeting with Jen after this meeting to find out more about this important work group. Does anyone have any questions with regards to the work groups?

The service coordination work group?

>> AUDIENCE MEMBER: Yeah, well, no at the beginning, when we were talking about the -- communications being go between, Federal state and everywhere for the first couple.

>> FEMALE SPEAKER: Recommendations for communications work group?

>> MALE SPEAKER: Yes. For the making sure the MC Os are aware of the process.?

>> FEMALE SPEAKER: Can I ask a question, to make sure we have a group that working in on coordination of services, um, I don't know if you --

>> FEMALE STUDENT: I don't know if it's coordination of services. I'm seeing everyone is maintained. So like, you know -- standard part of that.

Making sure everybody is aware of that. At the same time, is quickly as possible. It is, people have

questions on how they're implemented, but we be given time to get the questions answered and get the kinks work out before the policy actually goes into effect. Yeah. After the people, that need to know, and understand it, don't even have a chance to do that.

>> MALE SPEAKER: The way I was talking about that, the issue is not directly related to the community health choices may not be part of that.

But yeah.

>> FEMALE SPEAKER: Still should be.

>> FEMALE SPEAKER: It assesses everything for that.

>> FEMALE SPEAKER: It could be, better -- it should be, it is better for the longer portion of that, to have that.

>> FEMALE SPEAKER: Could it be part of the training subcommittee.

>> FEMALE STUDENT: Yeah male as well. I think this is going to be a project highlighting a particular problem, problematic information is disseminating partly training and partly interpreting that.

It should be, that should be part of the training, subcommittee for this subcommittee, you might want to be see if we have a committee for that, to address thish issues of that.

>> FEMALE SPEAKER: Does that mean I can be a part of it or not.

>> MALE SPEAKER: I think.

[laughter]

>> MALE SPEAKER: Yeah I don't know, well, I'm not sure.

I don't know what the procedure is. I think our chair is in the audience as well I don't know, she would be better to comment on that I don't know.

Could at least take that back?

>> KEVIN: We will have to get together and discuss that. We'll definitely include that as part of the training for that.

>> MALE SPEAKER: Do you have a deadline for that, deadline for your subcommittee, that would, I've been trying to text back and forth with Bob to see, you know, to see what is on that. I'm sure there are others who are trying to figure out the schedules as well today, can they get to Kevin or Jen, over the next couple of days what do you think that would be good for the deadline?

>> FEMALE SPEAKER: We can get to Jen or a designee from the office of long term living over the next couple of days I would think by the end of the week we need to move on this and so, quickly as possible.

>> MALE SPEAKER: Of course.

>> MALE SPEAKER: Okay.

Well, two actually.

One is the service coordination requirement work group.

I would like to be on that.

We did establish we were going to do that right?

>> FEMALE SPEAKER: We did all all I would like to be on that the other one is, what, the work incentive group, what assurances do we have for that. Can anyone talk about that?

>> KEVIN: Let me make sure I'm repeating the question correctly what guarantees, the subcommittee makes a recommendation for --

>> AUDIENCE MEMBER: Example would be, department of --

[inaudible comment]

We have that, the contract is in, are you going to comply or would they consider it?

Can I question, can I use that as an example, coordination as an example we have the -- the credentials standards.

That's subcommittee that makes a recommendation that changes, happening through different standards.

Responsibility, to bring it back to this subcommittee for the recommendations would be developed, take them to our secretary, and, you know our second, you

know, in our sergeant, makes the determination that they're going to recommendations are going to be part of the contract will be part of the contracts.

If in the process the secretary has concerns, what I would do, as part of that, is to be, to the work group, and try to see if we can work them out and present all the recommendations, that is what the work group is recommending and addressing the secretary's concerns, does that make sense?

>> MALE SPEAKER: Yeah.

>> KEVIN: Okay.

>> FEMALE SPEAKER: If you're interested in signing up for the service coordination work group, your name should be submitted to also Jenny, can you --

>> FEMALE SPEAKER: I would be happy to collect them.

>> FEMALE SPEAKER: Okay.

Okay.

>> FEMALE SPEAKER: Can I use what you're passing around to add the emails --

>> FEMALE SPEAKER: Let's just do it again have Barb, Theo, who else?

Okay.

Zach?

>> MALE SPEAKER: Brenda.

>> FEMALE SPEAKER: Not for that one.

>> MALE SPEAKER: Brenda is for evaluations group.

>> FEMALE SPEAKER: Right now I have barb, Theo and Zach, anyone else?

Okay.

Okay.

>> KEVIN: Great. Okay.

>> MALE SPEAKER: Great.

>> MALE SPEAKER: Interested in evaluation, minimal level. Richard?

>> MALE SPEAKER: Hello I wanted to sign up for that.

>> FEMALE STUDENT: Which one?

>> MALE SPEAKER: Which one Richard?

>> MALE SPEAKER: The service coordination work group.

>> FEMALE SPEAKER: We make sure we don't miss anyone's name on these really important work groups we're going to -- the Office of Long Term Living has agreed to circulate an email people can respond to which work groups they're interested in.

>> KEVIN: Make sure we have --

>> FEMALE SPEAKER: We don't want to miss anyone, we want everybody to be included that wants to.

>> MALE SPEAKER: We're supposed to have a committee --

>> FEMALE SPEAKER: Yes, we talked about grievances, also will be a grievances in a scaled work group, it has

not convened yet we don't have more details on that yet.

More detailed work group, yes.

>> KEVIN: Response to your question, Fred, when we send out the email about the other work groups we'll make sure we mention that as well. We, we did receive comments and suggestions on the grievances in the requirements. I was surprised by the comments.

We, looking forward to, convening that work group, because we actually, didn't have that recommended changes.

So, it was, part of that concept, we made a comment earlier making sure the process is part of that as soon as possible.

Yeah.

That is something we need to recognize and evaluate how we can accommodate that.

>> MALE SPEAKER: Because if you're, sorry. If you're making a grievance, about the medical equipment you're sitting there and, there's already up to 180 days on this, you're sitting in your bed, you don't have a wheelchair anymore, you know, I mean, come on! Yes.

If you're working, you're not working, you're missing it, you're not in that. You're going to back, blah-blah-blah blah so yeah, we have to have these systems it's going to be way less than 180 days.

Yeah.

>> FEMALE SPEAKER: Okay.

>> MALE SPEAKER: Okay.

[laughter]

>> MALE SPEAKER: It's chilly in here, despite the topics.

>> FEMALE SPEAKER: Okay.

We need to report to that, to make sure, present your concerns the best I can, and persuade you to come up with a process we can address what you're talking about.

>> MALE SPEAKER: Okay.

>> MALE SPEAKER: Can't guarantee it but I'll do my best Zach we have to move along make it real quick.

>> MALE SPEAKER: Okay. On the work groups what about the incentives program, get that process started quickly to deal with the 180 days.

>> MALE SPEAKER: Thank you.

>> MALE SPEAKER: Okay.

Thank you very much Jenny, okay. Now we have, Mr. Ed Butler to present on employment related services.

>> MALE SPEAKER: Good afternoon everyone I see some very familiar faces.

For those who don't know me my name is Ed Butler I work with the Office of Long Term Living.

And I now have the privilege to be working on a brand new initiative around employment.

Which is, um, an issue because that's no stranger to me coming from a background from the office of vocational

rehabilitation and the governor's cabinet advisory committee for people with disabilities.

Within the office of long term living we're very much interested enhancing employment opportunities for participants in our programs.

And to that end, it's about a brand new initiative, it's about an issue that is gaining great momentum in the Department of human services to focus on employment.

And OLTL and other program offices, will be increasing the employment opportunities for program participants and, within the Office of Long Term Living, we have developed some long term and short term goals, to address all these bullets I've shared with you are to ensure that we are working very hard, to best serve the employment needs of Pennsylvania I can't answers, especially participants on the case logs. Within OLTL employment and employment related services, for participants is going to be utmost importance and very high priority. And to that end we're going to be working to improve interdepartmental and collaboration with other state agencies taking down barriers and siloes towards the goal of employment.

In addition to that we have focused on having a great emphasis being placed on engaging you and others stakeholders and service coordinators and your recommendation, and your input is of great value to as as with he begin to structure, this focus on employment.

We're going to be reviewing and revisiting service definitions as warranted.

To make it easier for individuals to access appropriate support that they need to secure and maintain competitive integrated employment.

In addition to that, when the process of vetting internally, a survey that will go out to service coordinators to actually help us gauge and measure where we are now and where our service coordinators are to look at the data as a building block to work with the competitive employment for people with disabilities we're look egg to engage as many stakeholders for their input, where they are, what they need from us how we can assist them, what ideas we have and what suggestions, they can give to us, so we can begin to build and structure this program.

Indeed, this is a culture change maybe for some FCs I don't like to typically stereotype and say that you know, it would be for all, but maybe some need some areas of improvement and maybe some are doing an excellent job we need to find out exactly where we are.

Because, we view these as Cs as being demand, having a role with resources not only for individuals with disabilities but also for their families to recognize that employment is viable in the competitive open labor market.

And to that end, we do plan on developing some trainings and webinars for FCs and other interested stakeholders, towards that goal to give them their tools they would need to bring some light into the program and also address some areas where they may identify where they may need some extra help, where they may be working so closely, they see more about it than what we actually see

within the office of long term living, so they can, they can provide us, with some insight. We're looking to develop training modules and webinars down the road.

And in addition, to increasing the utilization of employment services, we're interested in improving outcomes we have all looked at the data regarding the employment of people with disabilities.

And we know where that stands. So we need to look and how are we going to improve this for participants in our program.

And, internally, we're going to look at the data, internally, what is being collected and provided to us where people are being employed? Are they being employed full-time? Part-time? And we're also going to create a monitoring tool, to look at all of these areas so we can work oncontinuously work on improving this for people with disabilities. In addition to that, we've asked, CMS to provide us with some technical assistance on some best practices that they see nationwide.

Things they have seen that have already worked and have worked effectively. Because there's no sense in reinventing the wheel or going back over things that they have not done. We're interested in moving this forward very progressively and very effectively, with a lot of stake holder input.

Thank you.

>> MALE SPEAKER: Richard?

>> MALE SPEAKER: You may want too coordinate with

the Department of Aging they have an employment program that helps the disability community and the aging community has also things in place I want to make that comment to you.

>> MALE SPEAKER: I can tell you we already started collaborating with them on the aging program.

>> MALE SPEAKER: Good thank you.

>> MALE SPEAKER: Sure.

Okay.

>> MALE SPEAKER: I have a question and a -- you have a number of people talking about this, and also people who are employed, how they have that support of employment within the work place.

Those are things that I hope that the Department looks at it with a fine tooth comb for people who have disabilities seeking employment are hampered by transportation not being paid for and having the advantage of having an attendant, from time to time, I would hope that would be something certainly on the radar.

>> MALE SPEAKER: Ralph, let me share with you, we are revisiting and sharing information, on many of that, about that is just some collaboration.

When I talk about interaging feeler statewide places like OVR and the ticket to work and things like transportation just as you mentioned and other things, if you have a job you can't get there, you know, they have a problem.

You have a problem.

We are looking at things that are already in place.

>> MALE SPEAKER: Okay.

>> MALE SPEAKER: Question for Brenda and Fred and Ray has a question. You have the whole group here.

Go ahead.

[laughter]

>> FEMALE SPEAKER: Two very important things, the first is that, um, you need to provide training to the workers about that, in my day they work on experience over the last two years, we have the labor services threatened.

Legally because they will pay workers they don't understand how medical assistance with people with disabilities have to work. I have a particular program that is utilized one of them is not widely utilized people are told about that.

Second thing is I would hope that, if administration is really looking to advance the opportunities, you're hoping to expand that, that's why we allow people to enter that and not have a make a choice between the supports needed and the job they have.

Okay.

>> MALE SPEAKER: Thank you I'll be glad too take that back and share that.

>> MALE SPEAKER: Briefly employer technical assistance, what are is available to our organizations, would be a better employer, people with disabilities.

So we can in a better resource for the employers.

>> MALE SPEAKER: Thank you.

Okay.

>> MALE SPEAKER: I definitely think you need to be able to out reach to employeers, there's a lot of people out there, that don't know they can hire someone with a disability and get incentives. For one they don't know that.

Two, they're scared to death to hire someone with a disability because they're afraid, oh, something happens, wow am I going to get sued. Okay.

You know, they don't understand we're trying reach out to them.

>> MALE SPEAKER: If I comment on that, we're also working on the Governor's cabinet, governor's cabinet advisory with the disabilities on becoming an employment first state.

Yeah.

So, that should address some of that.

Once again, contact is working with OVR and a lot of out reach with employers and taking down those silos the point is well noted thank you.

>> MALE SPEAKER: The one that probably is the most concern about, you know, severe disabilities is the --

[inaudible]

You know, for that, to be able to you know, being

supported by that you know, having all that we all work towards that.

They're still, needs for those people be you know, they need -- that first definition may be even moving towards -- some perimeters you know, around that, which would help them move to that direction.

We need that in terms of ethical support to do that. And you know, both training the provider and their perspective with that service.

If it is not possible to make that part of that as well.

You know what options are available for people with a productive future, you know. If some kind of way to help them with that.

>> MALE SPEAKER: Right.

Okay.

>> MALE SPEAKER: Flushing that out a discussion that I had earlier with them.

>> MALE SPEAKER: Thank you for bringing that to our attention.

Yeah.

>> MALE SPEAKER: Question on the telephone?

Okay.

Okay.

>> MALE SPEAKER: I want to thank you and I want to

quickly say that, in response to your question as well, I've met with folks at OVR. I met with folks from DHS in trying to get them, on the same page as where lies the responsibility for doing XYZ I can encourage everyone in here to have the same conversation so we can hold some feet to the fire in regard to that. I've known it for a long time.

We both understand certain entities have no responsibility towards employment and others.

And, we just want to make sure that everyone, that has a responsibility towards that goal of employment for the consumer.

If educated like Brenda said earlier about laws, medical assistance for workers with disabilities, there is so many supports out there that are controlled by different entities trying to get them to understand, that the end goal is the consumer. So I just wanted to reiterate that.

Thank you.

>> MALE SPEAKER: We should be held accountable and should be accountable for that. I didn't remember point is well taken and, anyone should feel free to provide us feedback on something, if they have any questions or recommendations.

You know, we should be accountable if we're, you know truly focusing on employment of individuals in that competitive open labor market.

We should be accountable. So your point is well taken.

Duly noted.

>> MALE SPEAKER: Thank you ed.

>> FEMALE SPEAKER: Jeraldine over the phone.

I have a comment, I had a hard time hearing the only personally heard very clearly was that someone closer to -- thank you for that.

It makes it hard and I don't, people don't send me anything, you know, to you know, prior to that. So I know what you're even talking about. And, there's a group of people that are concerned about the dual eligibles and how, it is going to hurt them. And it doesn't seem like they're being addressed as much as, the people on the waivers and the people on long term living care. And I don't know we were all hoping there could be someone appointed to be an advocate or, whatever.

You know, whatever you want to call it. I don't care what it is called. Someone to help people clarify and get answer was to all the issues that the dual eligible people have.

So are there any comments about you know, addressing that portion of you know us dual eligibles here?

>> MALE SPEAKER: I know Kevin talked dual eligibles at the last meeting. I'm not sure. I ask you to wait for your response until, we finish up with here we'll move onto comments and public comments, please.

Okay.

>> MALE SPEAKER: Other comments around the table?

>> MALE SPEAKER: Thank you very much.

>> MALE SPEAKER: Thank you Ed.

>> MALE SPEAKER: Thank you.

>> MALE SPEAKER: Committee comments or issues to address.

>> MALE SPEAKER: Quick ones first of all impending implementation of the dual enrollment process to start March 1st or shortly thereafter.

I guess it's not a comment or question, just ask for clear communication about when it's going to be effective so, folks that do enrollment that are going to be affected can make the appropriate changes they need to make, first issue. The second one is, as we move forward and work on, you know, enrollment and referrals. We want to make sure we have clear process identified, so we can get, folks identified and referred to the enrollment entity get a clear determination eligibility have that information share with the appropriate sources, those who are eligible they come back to the other systems intended to serve the other folks encourage that we have, the clear process, in place before that starts.

>> MALE SPEAKER: Okay.

>> KEVIN: Thank you very much Steve I heard you completely.

On the first comment, the change in the enrollment process, changes in the way it's going to be enacted, we'll definitely make sure all communication is really relayed,

so that the parties know what they have to do.

And we I believe, we believe across the board that the eligibility, our eligibility processes and Medicaid is complicated.

No other way to describe it.

We are kind of looking in every opportunity to be making sure the communication component of that eligibility process is clear as possible for people.

>> MALE SPEAKER: Thank you.

>> KEVIN: We'll look for your help as we go forward for that.

>> MALE SPEAKER: Happy to participate.

>> KEVIN: Thank you.

>> FEMALE SPEAKER: Can I bring up the comment now?

>> MALE SPEAKER: We have another question here.

And, so the person who asked on the phone about the dual eligibility, can you give me your name please.

>> AUDIENCE MEMBER: Richard Paravowsky our question is about obtaining reimbursement from Medicaid in that relationship for dual eligibles. That's my question.

Thank you.

>> MALE SPEAKER: I am not sure I understand this question, this is Kevin from Long Term Living.

Do you mean, reimbursement provider reimbursement for services?

>> AUDIENCE MEMBER: Yes.

Yes.

>> KEVIN: So any Medicare arrangements, the way we work is that, provider would be contracted with the managed care organizations and the payment mechanism and, the payment progress would be negotiated within the managed care organizations and, the providers.

Does that answer your question?

>> AUDIENCE MEMBER: Yes, it does, thank you.

>> MALE SPEAKER: For the committee members, now before public comments?

There's a microphone down there.

On the right corner.

>> FEMALE SPEAKER: I have an appropriate comment.

>> MALE SPEAKER: I can't hear very well, you know.

>> FEMALE SPEAKER: Can you hear me better now?

>> MALE SPEAKER: Yes.

>> FEMALE SPEAKER: Just a couple of questions we need to think about. One is, how can we tie in suggestions for improvements of service coordination, from service coordinators who are doing the job maybe we need to have some kind of forum they get a chance to talk about the, problems that they have and, the barriers they seem to be experiencing on stuff like that. Maybe that could be

shared by consumers?

And the second one is, how can we ensure that the independent living philosophy and action plans, reinforced in all aspects of training for all levels because if you're going to bring nurses and social workers into the system, more then you'll have more medical model thinking what we need is create is something different.

I know, the last question is --

>> MALE SPEAKER: One question.

[talking over top of each other]

Yes.

Within the service coordinating committee, that is one thing that can be addressed.

In regards to the educating the MCOs in regard to the IL philosophy I know certainly, nowhere near that in the committee they're not trying to infuse that into the process, again hopefully, the subcommittees that are formed, the strengthen those concerns you just mentioned I don't know Kevin can -- one follow-up I've been reading all the documents I haven't gotten a response, hello?

>> MALE SPEAKER: Yes.

>> AUDIENCE MEMBER: You know, obviously it's very difficult for lay people to go through all those documents I was wondering, actually you know, do a thing where they say, how independent living philosophy is incorporated into the large document like pull out the main points to see what they have done to incorporate independent living philosophy.

I think that will be a really good presentation not

just for me for the community at large.

>> KEVIN: Make sure I understand your comments.

>> AUDIENCE MEMBER: What? What I'm going through the documents you submitted were open for comment in December, were released on the 16th of December, it's about -- couple hundred pages long, some of it is not really something you need to comment on I would like to pull out about where independent living philosophy is addressed.

And present that to the group, I'm trying to find it.

>> MALE SPEAKER: Let me restate your question to make sure I understand it, all the comments went into the Department, those are reflective of the independent living philosophy, you would like to state state to capture, is that correct?

>> MALE SPEAKER: Yeah, trying to find them you know, find out whether it's you know, long enough or short enough, why can't the State, why can't the people have a presentation to the group this is how we're going to incorporate the independent living, independent living philosophy into managed care and direct those documents as you want.

>> KEVIN: Is that available?

>> MALE SPEAKER: That will be easier to read.

>> KEVIN: We can get that available to you, for the independent living philosophy. Even the spirit of being

able to pull up current times.

>> MALE SPEAKER: Thank you.

>> MALE SPEAKER: Yes, sir.

>> MALE SPEAKER: Thank you.

>> MALE SPEAKER: Thank you.

>> MALE SPEAKER: Question, to Kevin, you mentioned earlier quoting the secretary there's 95% of people, my question is, that production what is the name of it.

That is the documentation what number is it?

>> KEVIN: 95%, is couple different locations.

And, it's not from a study it's anecedotal.

>> MALE SPEAKER: I'm aware there's a track that is there.

That's right.

[very hard to hear the speaker]

>> SPEAKER: Is that where it's being quoted from? I love it, but where is it coming from?

>> MALE SPEAKER: Yeah.

>> MALE SPEAKER: I said to the secretary where is that coming from.

>> MALE SPEAKER: Where is that coming from?

>> KEVIN: The comment that you're asking a great question, it's a commonly used percentage when they talk about people, there have been stories, it has been

conducted for people either living in a community, who may for people with future needs, name for the support.

Where they, have about that, the service and supports in the home or in a facility.

Vast majority of those people have been quoted as saying they would see those services in the home we can give you all the studies we used. The names of all the study questions used to determine this is going to be services.

>> MALE SPEAKER: I believe that, it's just you know --

>> KEVIN: 95%.

>> MALE STUDENT: Yeah. We're currently not at that, we know that's sort of like how does that come about, you know, surely, it's still working on that, but if you gave me that would be great.

>> KEVIN: Just to be clear, if you, looking for justification for emphasis for the community based services in this program, um, I can help, give you all we have.

And, we need something, that is a percentage, what we're trying to do is emphasize, this is a group of people that remain community

>> AUDIENCE MEMBER: I know that, I know it is in the community. I know no one volunteered for the communications team, maybe there are some community members in these groups, I'll know more next week.

>> MALE SPEAKER: Thank you.

>> KEVIN: Thank you.

>> MALE SPEAKER: Jeff?

>> MALE SPEAKER: This is Jeff, okay. My question is regarding how the -- there are 3 documents, DHS is working one is making health choices the other one is broker, the third is the governor's housing plan which includes, all folks in human services programs not just disabilities.

Is there any coordination between the 3 of these pieces?

Can you offer any comments on that?

>> MALE SPEAKER: I'm saying yes there are coordination.

>> KEVIN: Yes coordination with all of 3 of these. Housing is an over-arching project.

It's not just I mean, it involves our plan for housing, it is DHS department of human services plan for housing also involving the other departments as well, it's a member, by -- the secretary and also by the administration to coordinate all services related to housing.

What we do with that, is going to be in consideration of that plan. It is an over arching plan that will permit the entire challenge of how we're taking into consideration these particular things.

To answer your question broadly, the service coordination is single piece of that challenge. With regard to the home modifications, to be perfectly honest, we have, whatever direction we go with home modification, language will be directly in that.

Community health choices contract referred to by that.

To be perfectly honest the planned coordination will be that, people, will be in the office of long term living are involved in that procurement process and, often cases the same people who are familiar with this working together to make sure the language between those procurement is going to be part of that.

>> MALE SPEAKER: Okay.

>> MALE SPEAKER: Michael?

>> MALE SPEAKER: Update on the home care, also slipped my mind to mention this.

The process, where we are at with that.

>> MALE SPEAKER: Obviously, we have a time line for when this is supposed to be released we'll be working on that time line part of the reason is we're still trying to work on the logistics what would be procured on that point, you know we'll give a complete update in the next month or so.

But just, obviously, we're late.

Does that answer your question?

>> MALE SPEAKER: Yes. One question, what is the governor's housing plan comes out, work with staff on that, just the thought it might be good for him to come to the committee and talk about how it will relate with community health choices just to connect the pieces.

It's your call, it's just a suggestion.

>> MALE SPEAKER: We'll take your suggestion thank you.

>> KEVIN: Just to be clear we're already on the agenda for next month. Hopefully that will come through.

>> FEMALE SPEAKER: Yes Pam?

>> FEMALE SPEAKER: Sorry.

Yes.

Pam auer, I was wondering, what the situation with nursing home transition, different question is, how is it going to be, is it going to be does it exist we'll take into it the MCOs or, the contract with us?

Another question is there has to be some way to ensure that people with real significant disabilities I know, you know I don't they disagree with Ralph's idea, there are some people out there that have very very significant disabilities if they want to be able to do it, they should be able to do it, through services through the appropriate services, I don't want anything to ban someone from living in the community or being transitioned into the community. What is it they can do to ensure to do that with the MCO to get the most out of this, the best services that they need?

Go back to the last administration we've heard it through this administration as well, but, some people are too costly to be in the community and, I don't think that's true I want to make sure if we're doing managed care, if that should not be part of the language at all people are

too costly to live in the community they shouldn't, exceed some cap and, not be able to live in the a community. But, that's my first question. What is going to happen when there's no transition it's so critical we need more details and information. Really is going to be a lot of coordination and than the 180 days is going to be the same thing, with the transition. With the nursing home transition. A lot of people out there

>> MALE SPEAKER: Point or opinion let him answer the first question then get into the second one.

[laughter]

>> MALE SPEAKER: Yeah.

>> KEVIN: I think --

>> FEMALE SPEAKER: There's some kind of document out there that says, has a list of, people nursing homes and their diagnosis is really significant severe, that it may be we're concerned those with barriers that people are looking at to keep them from going into the community, and we want to say, that shouldn't be it should never be a reason, that makes them costly.

>> KEVIN: First question is what will happen with the nursing home transition.

In the draft program requirement, I'll mention what we're doing right now.

The nursing home transition process and function will be a function of the community health choices.

What we're hoping to do, with the current process is to have the plans, see what the requirement is, we'll have

to plan to go back to what we'll be able to manage the service.

To be very clear in that, I strongly agree with your statement this is a emphasis on community health choices, the name is community based living.

So we are, going to continue and hopefully greatly expand the nursing home transition process in the community health choices that's a central part, it's making sure people are currently able to be within the transition to be with the community be able to stay in the community and, it's going to be a, an important part to work with the plan, to be perfectly honest, within the managed care structure, plans will be incentivized to keep the people in the community.

As long as they prefer to the stay in the community.

You have said this many times, it is, it is more cost effective to manage long-term care, that being said there will be no requirements, no requirements for a cap for the service plan, it's emphasizing the community based living because the people should be able to stay in the community. So -- the size of the plan should not be a factor in being able to maintain living in the community we're not looking for we're looking for, we're looking building a system that is certainly efficient, we also want to make sure we're emphasizing first and foremost community based living as part of this program.

>> FEMALE SPEAKER: There's incentivization, there has to be people who are sensitive to it, know it, get how

to transition from the nursing home, all the features of the transition not speaking of the medical, you know, there's so much more to it.

So, I mean, there needs to be a lot of work with people who are doing it currently

>> KEVIN: I think the managed care organizations will agree with you on that I think the managed care, I think that, you know, managed care organizations I have spoken with I think they recognize there's a lot of value in talking to the people who are doing it the experts.

>> MALE SPEAKER: I actually agree with most of the things you said.

And I hope people I think there are certain diagnosis that can only be cared for in a facility I was speaking to the reality of for many people, um, their needs are so intensive and so significant, that is the best place for them I think we do disagree a little bit, on that.

But, certainly not speaking to that, I'll you know, leave the other debate on that across caps. One of the reasons we find ourselves talking about the community health choices as a subcommittee there's not a limitless pot of state dollars and somehow we're trying to meet everybody's needs and you know, efficiency standard so without getting into that, you know, I appreciate what you're saying. Wrong way for saying that but some we have to make sure, you know, that nursing facilities level of care remains a robust option because there will be a cohort of individuals for that, not only the most appropriate

option but the best option for them right now.

>> MALE SPEAKER: Maybe some day you'll share Chris's cause.

[laughter]

Okay.

>> MALE SPEAKER: Okay.

>> MALE SPEAKER: Time for one more comment please.

[inaudible comment]

>> FEMALE SPEAKER: Diane director for the right and interests -- just like to say I agree with both of you, I have a difference of opinion.

Some degree and, my biggest concern that I do, I think, you're closer to 100% if you survey people in the room I don't think anyone here, ever wants to be in a nursing home.

I mean I don't really ever want to have, to receive long-term care period.

That's I think that's generally what we want.

What happens, maybe different.

And, so I just, my biggest concern when we, when we talk about Pam's decision, everybody should be out of the nursing home, that's one scream, people can be cared somewhere better than the nursing home. My mother has a severe form of dementia with Parkinsons many other cognitive problems, very involved.

And, um, you know, if you ask me or my mother she would never have been in a nursing home, it was one of the

most heart wrenching decisions I ever had to make.

What I would learned by having my mother go into that nursing home with what she had, she wasn't isolated.

Sometimes, you know, have someone who has those heavy needs, they're isolated. Maybe someone comes in and helps take care of them, the family is stretched.

We didn't have the ability to take care of my mother, with the physical way to do it, we didn't have the 24/7 you know basically for some time she needs two people 24/7.

That was not available to us.

Even if it were, I'm not sure it would have been the best alternative for her.

And so, enough of that.

But the point I'm trying to make is, that -- um, my biggest concern is that people, like my mother, being incentivized to transition people out of the nursing home because of the cost.

We don't have a system of regulations or you know, I don't think, you know to be honest with you, I don't think the nursing homes are adequately able to take care of them, the staffing levels are not enough and so on the other levels of care are not even close to that.

And so I'm concerned there's going to be an incentive to move people out of nursing homes that maybe don't want to move or you know, my case my family my father was very content by the way in the end.

With where she was.

But being you know, the incentive to move people to

less costly settings, also to put burdens on family and others they just simply can't handle and some cases could lead to abuse and neglect and other things. So I just, I wanted to make sure that as you look at transition it's not transition at any cost and yes, most people don't want to be there.

But, you know, we get a lot of calls from people, that don't want to be there.

Some people, you know, again very well transition out that's a great thing I think, there's you know, there is a good portion of the people can still transition we have to have adequate community help you know. Any way I just want to say that you know, that was my, that was my comment, is that, we just really have to be understanding of what people wishes are, so there are some people who do choose even though today I may say that if I had what my mother had, I would much rather be in the nursing home than a burden on my family. Thank you.

>> MALE SPEAKER: Thank you.

Okay.

Any further comments?

Okay.

Now you have one!

>> MALE SPEAKER: Nursing home transition I want to point out, it's important, people, we talk about all the other barriers all the other philosophies, different philosophies, remains true that the single biggest barrier to receiving high quality support and services in the community, is the the staple qualified work force, to run

that care. Unless we stay focused on that work force, it will is a philosophical conversation that is required, because there is not a director of work force values compensated benefited trained and available to allow the 95% or 100% of the people that want to receive that care in affordable way. I want to make sure we keep the work force component there as well.

>> MALE SPEAKER: Thank you.

Okay. All right. That being said, meeting is adjourned.

Thank you.

[meeting adjourned at 1:08]