>>June 1, 2016
Managed Long-Term Services and Supports SubMAAC
>>
10:00-1:00 Office of Long-Term Living
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>> RALPH TRAINER: Can I have your attention please we're going to start in about two minutes.?
Sorry for the delay but people are coming in here at a slow pace.
Welcome everyone.
Sorry for the delay.
We're apparently enjoying the weather.
[laughter]
If I may I would like to, introduce the members of the committee.
And as usually would will start off with Barbara.
>> SPEAKER: Barb Polzer, liberty community corrections.
>> SPEAKER: Alice Stein.
Caregiver of someone with Alzheimers.
>> RALPH TRAINER: I'll get back to you in a minute.
[laughter]
>> SPEAKER: Lou for.
>> SPEAKER: Blair Boroch, united health care.
>> SPEAKER: Jack Kane,.
>> SPEAKER: Bill white AARP.
>> PAM WHITNEY: Pam Mamarella, new court land.
>> JENNIFER BURNETT: Jen Burnett, OLTL.
>> RALPH TRAINER: Now everybody is joining in, I'm Ralph Trainer.
>> FRED HESS: Fred Hess disability options.
>> SPEAKER: Steve Williams Blair consumer services.
>> JENNIFER HOWELL: Jen howell consumer advocate.
>> SPEAKER: Drew Nagele,.
>> THEO BRADDY: Theo CILCP.
>> SPEAKER: Matt Jennigs.
>> RALPH TRAINER: People on the phone please.
>> PAM WHITNEY: People on the phone?
>> JENNIFER BURNETT: Are we muted?
Can people hear us on the phone?

>> SPEAKER: Yes.
>> JENNIFER BURNETT: We just finished introductions here.
We would like to ask you, the people on the phone to introduce themselves.
>> SPEAKER: Tanya Teglo.
>> SPEAKER: Stella Hyde.
[inaudible]
>> JENNIFER BURNETT: Terry Brennan.
I didn't catch the other person.
>> SPEAKER: Marie OLTL.
>> SPEAKER: Brenda Dare.
>> JENNIFER BURNETT: Nick -- Bravo group.
>> PAM WHITNEY: Is that all the committee membe.
[introductions]
>> RALPH TRAINER: Okay.
We have Richard joined us.
>> SPEAKER: Richard Kovalesky.
>> RALPH TRAINER: Welcome Cassie.
Technical difficulties all around.
As you notice we have a new member joined us, Alice Stein, please give us a little background about yourself and why you're here.
>> SPEAKER: I'm retired nurse educator.
I was widowed almost ten years ago, remarried almost five years ago.
A couple of years into the marriage, my husband started to get very forgetful.
So about a year ago he was definitively diagnosed with always I'mer disease, I'm here representing caregivers with Alzheimers.
I can't imagine what it's like to be in a wheelchair all the time.
But you all can't imagine, what it's like to be a caregiver of someone with Alzheimers all the time.
I thought I had a handle on it, but I sure didn't.
Every day I'm awakened again I was on the phone yesterday, driving here, safely, with one of my friends from the Alzheimers group her husband who is in his late 50s has early onset he doesn't know her most of the time anymore.
She spent 3 hours trying to get him into bed last night.

She just started crying.
My husband's got early Alzheimers he has tremendous af faphasi a he was a brilliant engineer, brilliant.
And now, he could not tell me that this is a card or this is a microphone or this is a finger.
He will say you know the part of you that lifts things up he knows what it is.
Spatially he is wonderful.
He can be irritable as all get out.
Five times in five minutes he will ask me, what are we doing later?
Et cetera, et cetera you just -- it goes on and on.
>> RALPH TRAINER: You said earlier when we were talking, you view this as a RESPIT?
>> SPEAKER: I was asked to be on the committee I found out you could drive to Harrisburg and they would pay for you to come and stay overnight, I didn't bother to tell Ben my husband that I could do it from home by webinar.
[laughter]
I have had pressure from more friends and, colleagues about you must have RESPIT.
Only unfortunately for me it's not easy to find because one thing Ben is very very with it if I say to him look I need to get away for a day or two, he will not accept it he will upset, hurt, argumentative it's not worth it.
So I'm here at the meeting I thank the State of Pennsylvania the Commonwealth and I will do anything I can to help this committee
[laughter]
It's a vested interest I want to tell you I think cancer is kinder to give you a sense of how I feel about this condition.
Because there's no up side it just goes down and it can be years.
People get financially wiped out, emotionally wiped out.
But that's all you need to hear right now thank you.
>> RALPH TRAINER: We promise to keep your secret from your husband.
[laughter]
I would like to go over some housekeeping points.
Please when you're speaking, be professional and considerate

of those around you as well.
I will make a point of order when necessary when committee members address the chair or deputy secretary.
We have the meeting minutes, they're transcribed.
They're littled on the State's Listserv.
They're normally posted within a few days of this meeting.
Our captionist as usual is doing a wonderful job.
Try to speak clearly and slowly.
Make sure your cell phones are off, Felix especially
[laughter]
Clean up your area around you.
After this meeting there's going to be another one here.
So please be considerate of that.
As usual we'll take public comments at the end.
And as I said there's another meeting that's going to be here right after this one.
And, we have our emergency procedures in event of an emergency, proceed to the assembly area to the left of the Zion church if you require assistance, you must go to the safe area located right outside of the main doors of the honor Suite, frank and Janice -- Janice.
Okay.
They will stay with us until we are told to go back into the honor room or until we physically get carried out of the building.
Everyone must exit the building.
Take your belongings with you.
Please do not operate your cell phones during that time.
And do not try to use the elevators as they will be locked down.
For the folks ambulatory, use stare well1 or 2, for 1, at the honors suite go through the main doors on the left side near the elevator, turn right go down the hallway by the water fountain.
Stair one, is located on the left of the water fountain area.
Stair two, exist through the honors suite through the side doors on the right side of the room, or the back doors.
For those exiting the from the side doors, please turn left and stair 2 is in front of you.
Exit from the back doors, turn left, left turn and stiar two is ahead of you.

Keep to the inside stairwell, merge today down side, go down to Zewberry ally furnish left for sister treat and cross Fourth Street to the train station there will be a quiz [laughter]
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>> And, with that, I am done now please introduce deputy secretary Jen Burnett.
>> JENNIFER BURNETT: Thanks ralph.
That is actually what ralph is required of us in order to use this room.
So -- just bare with us as we go through these motions hopefully we won't have to use them.
It's better to be safe.
I wanted to give community HealthChoices update and then talk a little bit about what our plans are and what we're working on right now.
As you know, the procurement closed at the beginning of May and we received 14 proposals.
And we are right now, deep in the midst of proposal review.
We have a committee of several consumers, a member of the consumer sub-MAAC Richard Kovalesky, as well as someone from the long-term services supports sub-MAAC reviewing the documents as subject matter experts.
And I would ask, Richard in a minute to maybe just talk briefly about what that process looks like as well as the kinds of things that they're looking for as consumer representatives.
We are planning to notify the selective offers at the beginning of July.
So we have a very busy month here in June.
And at that time, when we make those selections we make those -- notify the selected offerers that signals the beginning of our contract negotiations.
We from the proposals that we received, as well as the comments that we received on the community HealthChoices waiver, which Virginia brown will be in here in later to talk about, we are paying some special attention to serve, to a couple of areas in readiness review.
I want to talk a little bit about readiness review which is

a Federal requirement for operating managed care.
It's an integral step in implementing community HealthChoices.
The process ensures that the managed care organizations, or the selected offerers are ready and able to fulfill the contract requirements that are set forth in the agreements and their proposals, certainly.
We will require them to meet the covered service requirements and readiness review gives them an opportunity to do that.
And I would point out that would include for example, the expanded employment services that are in the waiver.
We will certainly be in the readiness review reviewing additional services that each of the plans will be offering.
Because there are additional services, that have been offered.
We also, will include, the readiness review will include a review of managed care organizations plans around communication participant appeals rights and the process through which, an appeal will be filed.
We'll reviewing that with the plans.
One of the things that is really helpful to us is our almost two decades of experience in managed care for physical and acute health care.
Which is called HealthChoices.
And we are really working with our partners in the office of medical assistance programs to learn how they do their readiness review, looking at all of their forms.
Learning from them, how they ramp up.
They, right now, are at the beginning of their readiness review process for the new procurement they finished.
And we will be looking at their forms, we're using their forms.
Adapting them to our needs.
But we will have a chance to be trained as they go into readiness review, our teams are going to be shadowing them.
There's a lot of good training opportunities just because of the timi timing of the physical HealthChoices.
In terms of -- informed choice and Fred, go ahead.
>> FRED HESS: Yeah, Jen I got two questions because you just actually talked about this.
The MCOs getting the contracts you talked about the readiness that's before.
How are we OLTL going to monitor and ensure they do what they

promise to do afterwards?
>> JENNIFER BURNETT: We have a lot of things that we'll be doing.
We are actually -- again, we're learning from physical HealthChoices how they do their monitoring.
We actually have an all day meeting next week too, with key staff to kind of go over what all the aspects of how we're going to monitor and do over sight of managed care.
I probably will have a little more meat on the bones for you next meeting.
But it is something that is on the forefront of our investigation right now.
Our learning and teaching ourselves.
So, at this point, we're looking at, I don't know maybe five different states's monitoring tools the form these use, the checklist they use.
All of those kinds of things.
Then we're also paying attention to how HealthChoices does their monitoring and over sight.
So, yeah. That's definitely in the forefront of I don't have how, right now.
But it is something that is very much on our plate.
Yep.
>> FRED HESS: What are OLTLs plan to establish a independent entity to educate consumers about appeal rights and you know the process, within the Federal regulations?
How are we going to do that?
>> JENNIFER BURNETT: Yeah. We have not -- we haven't decided exactly that I know that's some of the feedback we're getting we're learning certainly from -- we're right now, doing some a significant analysis of, the Federal regulation basically going through it, each of the different offices that operate managed care so that includes CHIP.?
That includes office of memberral health and a bounce services, office of medical assistance services and us working with the department of human services policy office to really analyze those regulations, to understand what it is we're going to be required to do.
The other thing is, that, CMS yesterday supplied us with new document called a gate way document.

Which is really a deep dive review of all the things we're going to be doing to put managed care into place in -- in community HealthChoices.
So I just, I just got that yesterday.
I haven't had a chance -- they talked about it in our meeting with them last week and they supplied it to us yesterday.
I haven't had a chance to read it, but those kinds of questions are built into that as well
>> FRED HESS: Good.
>> SPEAKER: Bill white, from AARP, how is the enrollment MAXIMUS for the folks over 60?
I think it started 1 April, how many have been enrolled?
Is it working well?
>> JENNIFER BURNETT: It is a process.
We're in a transition right now.
I can tell you we're working very closely with the area agencies on aging and the Pennsylvania association of area agencies on aging is really P4AAA is instrumental helping us understand the issues out there.
I don't have a number of how many people have been enrolled.
One of the challenges is that, there are a number of different ways that people were getting enrolled into the waiver in the previous model and we're kind of sorting through all of those changes which is part of our transition at this point.
>> SPEAKER: Thank you.
>> FRED HESS: Bill I did hear one thing one of the counties was holding onto everything until MAXIMUS got it.
Then they handed 500 to them.
>> SPEAKER: Yeah I understand it's not an easy process.
So, I meant there's going to be bumps you know lumps along the way Fred it's going to be awhile for the enrollment I guarantee that
>> JENNIFER BURNETT: Yeah. Train Jennifer?
>> JENNIFER HOWELL: I have a follow-up to Fred's question.
As some of you may know I'm going through severe health problems right now.
And I'm working with the insurance I have is Medicaid and one of the providers that I have is one of the providers that has applied for the State health community HealthChoices.
I won't use their name out of respect for them.

They keep denying everything that my doctor recommends we do.
In order to get things passed my doctor has to do a peer-to-peer review with them when I go to Hershey Medical Center they can do that.
Because they have a whole team staff in order to do that.
However my doctor's office is very small when it comes to a peer-to-peer review that they require my doctor's office says that it doesn't pay them enough to do a peer-to-peer review for everything that they require.
So my doctor has recommended a medicine for me that will work that will work best for me, however, they once again denied that medicine.
And I don't know what to do with my health care.
I feel like I'm on my own. own so to speak.
Because I think with OLTL the office of long term living I have a support system here.
Secretary Burnett, secretary Dallas, Mr. Hancock and all the other people on this committee, however with my health care, I feel like I'm floating alone.
I feel like when the contracts are handed over, to the MCOs, it's going to be the same thing unless there's a Federal requirement that a non-connected entity be established to help us make the decision and that needs to be laid out.
That needs to be done in away that, we understand and it can't be supports coordinators and it can't be providers, that are connected to this.
We would have to have a way, because all the providers no matter if they're supports coordinators or whatever they're going to be connected to the MCOs.
And we have to have a way that we can as consumers, navigate this, with someone on our side, because right now, what I do honestly if I don't understand something here, I call David gates with health law project I email Pam I call Theo.
So there's a support system here.
I don't have that in my health care.
I don't want to lose that with once the MCOs are handed over.
And when PPL took over, it was kind of like, the department just sort of gave them the contract and then, they took a very hands off approach.
So I really need to know that there's going to be something

established that is going to be an independent entity, that is going to have our rights first and foremost and I'm not going to have to worry about supporting the insurance companies. Because I'm trying to navigate my health care in a sea all by myself with nowhere to go, I don't want that to happen.
I don't know what will happen with OLTL services
>> RALPH TRAINER: You make a very good point there Jennifer. I think that's something I hope that the department does look at.
I like the idea, that outside entities that have some kind of recognition that will encourage the MCOs, make them do some of the things you just talked about with your care.
>> JENNIFER BURNETT: Can I also add you're talking about the requirement in the Federal regulation for a beneficiary support system.?
I think that you and I have met with deputy secretary Allen, Lisa Alle next from the office of medical assistance programs she and I and the other parts of department of human services, that have a managed care delivery system, will have to get together and figure out what that beneficiary support system is going to look like for DHS.
That's definitely something we are investigating.
I don't have an answer for you exactly what it's going to look like.
It's a requirement down the road we have to fulfill and we want to fulfill it any ways.
As far as the problems you're having today, I would, similar to the way you reach out to me when you've got issues I would reach out to Lisa Alle next, democrat secretary I would certainly give her a heads up if you would like me to.
Okay.
With that I think I'm -- I probably get a lot of other questions we have a very big agenda, so do we want to move onto the next agenda item is this
>> RALPH TRAINER: I get the hint.
[laughter]
Joining us today is Ben Laudermilch.
Sorry if I butchered your name.
From the department of human service housing plan.

Before Ben gets up here I want to introduce another member will you please introduce.
>> SPEAKER: Jessie wilderman I'm here with Neal Bisno, SE health care.
>> RALPH TRAINER: Thank you Ben you have the floor.
>> BEN LAUDERMILCH: Thank you for inviting me here today it's very exciting we have a brief video we're going to show you that outlines sort of the business case for statewide housing plan so I'll use that to set the stage and then I'll tell you a little bit about me and the housing plan in general.
>> Too many Pennsylvanians in institutions could live in the community with assistance.
More than 50,000 people live in government assisted -- for long term living facility.
Too many Pennsylvanians experience homelessness or are at risk of home alsoness.
15,421 Pennsylvania I can't answer are home also in 2015.
Families, and increasing number of school aged children.
Too many Pennsylvanians, who have extremely low incomes are rent burdened.
The air fair market rent in Pennsylvania is $739 per month, for a one bedroom department.
>> BEN LAUDERMILCH: Why don't we close the video, I can direct people to the web site I can bring up the PowerPoint presentation I started 9 weeks ago I don't have the video memorized forgive me.?
Again my name is Ben Laudermilch I'm the new executive housing department, before we hit the PowerPoint presentation -- no.
Okay.
The plan is called supporting Pennsylvanians through housing it's a nice plan, it's located on our web site it's about 20 pages long.
So there's a lot of work to be done on work planning, action planning under that.
It gives you our strategy in a concise the first nine pages or so the business case for housing.
I have a couple of slides I would like to talk to you about, first slide -- so, too many Pennsylvanians, live in institutions could live in community with assistance.

53,574 people live in governmented assisted nursing homes.
The cost, consideration there is huge, $62,000.750 for nursing home, and conservatively, community based 31,341, some of our numbers indicate that living in some sort of institutional nursing setting is more expensive in Pennsylvania, that's a Keiser study numbers.
Transition 500 individuals from nursing home to independent living could save 15.7 million per year that's the business case for every one person we're able to transfer out of nursing care into some sort of, housing setting, two more are ready to move on that, we're only hitting a third of the population who are interested, in moving out.
If you answer to the next slide -- so too many Pennsylvanians are home also are at risk of becoming home also.
Our numbers in Pennsylvania have peaked a little bit which is ain'ting there are a number of reasons for that.
15,421 is up from prior years I think, in an interesting piece of information is the rural and suburban sections of Pennsylvania are getting better at counting the night of the point and time count.
So the business case here is, yes, Pennsylvania is always a little bit behind in the economic recovery the rest of the country is experiencing that's the bad news.
The good news is, I don't think the housing bubble hit us as other sections of the country.
But we are experiencing in 2012, 14,736, and 2013, 15,086, 2014, 15,333, we're still experiencing ash increase in home also necessary we need to do something about it.
The one that touches my heart is what education looks like for homeless kids.
So that's another thing that we need to consider, 71%, average test score for children that are add quantitily housed.
45%, test score for children without homes.
So we know what that is doing to kids.
If you can advance to the next slide.
So households with extremely or very low incomes less than 21,000 per year the maximum rent is 528.
Yet, in Pennsylvania, the average rent is $739 a month.
Someone would need to make $14.21.
If this case scenario works out, someone would be left with

2% of the income at the end of the day after paying for rent.
In Pennsylvania, just to give you some idea what we're experiencing, why we're experiencing it, the Pennsylvania housing alliance estimates that we have a deficit or shortage of 270,000 units across the State.
That, we would need to make that up to begin to address the issues that our folks our colleagues our friends are facing.
So that's, in essence what the video says.
There's a nice link to YouTube video on the web site.
I'll give you the web site to you real quick we'll also make sure you get it.
Www.dhs.pa.gov/citizens/housing we'll make sure you get the link.
Video is 2.5 minutes it goes into greater detail.
>> FRED HESS: I have a good solution for you, we've been running this around where I live at, we've got all these houses on the tax rolls.
Okay.
They're just sitting there, they're empty they're doing nothing.
What we did, down in my CIL we started a program to where, we would buy the house, cell it to a consumer on article of agreement, have them come in and do the home modifications make it 100% accessible, then you also not only have off the tax rolls you've got someone paying the taxes in, you've got a home the article of agreement you can make cheap enough where anyone could afford it, why don't we do something like that.
>> BEN LAUDERMILCH: I think we should I very much think we should.
One of the things you said, stuck in my mind there, I'll talk about my experience a little bit is, we should just go ahead and secure those houses.
And so, one of the processes the former executive director of the Cumberland County housing redevelopment thoughts one of the processes is the taking.
Obtaining the property it's a little bit difficult.
Bigger issue from my perspective the State's investment in housing.
So, in 2007-2008, that's 170 million state only housing resources.

Last year it was 40 million.
So it gives you some idea how do we set that apparatus up.
I think part of it is through creating greater efficiency
we're not all talking to each other.
So what you're talking about is part of the plan, which is,
investing time and collaboration at the local level.
And braking down the barriers here at the state and at the
Federal level so we can do minutes like that it's very innovative
it's a great idea.
>> FRED HESS: If you can get someone a consumer they have
got the waiver, the waiver does the home modifications the waiver
can go ahead and pay for it, I'm not saying you get a house on a
hill that's going to be next to impossible to you know, change
out or anything.
But there's got to be a lot of them out there, most counties
would be more than happy to get them off their tax rolls get tax
money coming in.
And then there's no housing shortage.
All that shortage you said there was, that's not a shortage
we have those houses out there.
They're just empty.
>> BEN LAUDERMILCH: Absolutely we have to connect those two
systems one is dealing with Blight, abandoned structures
other one is dealing with health care and long term living.
>> SPEAKER: Very quick bill white AARP, the elderly
situation is totally different.
You know if you take elderly couple, who owned their own home,
and they end up in a nursing home, they have to pay for the
nursing home so their income is drastically reduced and then they
can no longer in many cases afford to stay in their house.
Though we're all talking about housing the elderly has a
slightly or a major problem related to housing.
He's just want to put that on the table thank you.
>> FRED HESS: I have a question from Tanya, please describe
the process of how housing works to get people out of nursing
homes, how long does it take, and who is in charge of making sure
people, receive the proper housing?
Is it a family member?
Is it someone else in the State?
Like a service coordinator, that takes charge of the matter

>> BEN LAUDERMILCH: That's part of the issue we face.
I may have to defer to Jen to explain a little bit more how it specifically works with nursing home transition when I worked at the local level, we had to create the housing in the first place, service coordinator regional housing coordinator, someone could assist with connecting but it often times did fall on the family or the individual themselves to request that I know we have long waiting lists in counties in Allegheny and Philadelphia.
Cumberland it was a little bit more of a folks turning out of the system quicker so, the issues are different in each county.
I don't have a good understanding how it works specifically in the system.
I don't know if you want to talk about that.
>> JENNIFER BURNETT: I'm not going to go into great detail Tanya we do have nursing home transition coordinators all around the State.
Might turn it over to Pam Mamarella who does it all the time.
And I would say the answer to that question it works differently for every person and in every situation.
Making sure that, people get housing.
So a lot of time is spent actually trying to find housing.
Nursing home transition coordinators support people to go out and look at housing.
And then, once the housing has been secured, we then, make sure that services are made available.
I will tell you for office of long term living we do have a a tentant state funded a tentant rental assistance program for people moving out of nursing facilities which supports them with something similar to a housing choice voucher for a period of time.
And that can either be or one or two, two months in order to get the person secure in their housing or it could be two years because there's a two year waiting list.
What the a tentant rental based assistance program is set up to provide, transition from being in a nursing facility getting into your own home but then giving the person time to move up on the waiting list.
So I think, Ben you know, if you would not mind talking a little bit about sort of why DHS has a housing coordinator.

Can you just talk a little bit the secretary's vision around our role as a deputy this housing.
>> BEN LAUDERMILCH: Absolutely.
I think one of the things that we begun to understand and my understanding is over the last couple of years this is an evolving process, housing is health care.
One of the things I think we talk about, in the department but we were talking at the local community is, we can't adequately serve anyone whether it's, they need a job, whether they need health care.
If they're home also.
We recognize that we're often times, serving people in very expensive settings, when we could be serving, folks at, providing them services I think the assisted living -- I'm sorry I forgot your name sir, the assisted living question how do we help people in their own home for as long as possible.
There's an expense equation.
There's a fact that there's a demand for -- as independent as possible housing across the State, I think the vision the second has is by implementing a statewide structure that crosses the boundaries of all state agencies, Pennsylvania housing finance agency, the department of community and economic development, department of human services, all of our offices internally, that we could create greater efficiencies and make an argument for greater housing investment across the State.
So I think that's the broad vision of why we would do this.
The department of human services you don't think of as housing but again I think the argument is housing is some of the best health care we can provide.
>> FRED HESS: Jennifer you have a question for Ben?
>> JENNIFER HOWELL: I do actually.
Actually I have two.
I wanted to know what the plans were for making sure that people who get housing aren't just dumped into an apartment and then, become isolated.
But how they then receive support like whether it's a circle of support or, a community of support around them, so that they feel like they have community and they don't just become isolated.
And then in an apartment.
My second question is, is the department, connected with

employment?
The goal for employment, because, I know personally when my health was berry could work, I had to keep my wage down in order to stay on the waiver.
And, health law helped me with that, with using my health care related expenses.
However, I could not afford mainstream housing.
But yet I didn't qualify for low income housing.
Because I was working.
So I just, missed that guideline I was stick.
A lot of us were stuck who wanted to work but yet, we could not work because if we do we would loose our state sponsored housing.
So is there a plan to connect employment with housing?
And learn how that should work?
>> BEN LAUDERMILCH: Well if I look at the isolation question first, I think that's a huge deal.
Not only for anyone whose in a nursing home but for anyone in our society, that is a big issue.
It's a hard one to tackle.
Isolation is a huge problem.
But I think one of the issues is, when you have a housing provider like the State's Pennsylvania housing finance agency, and then you have the department of human services, who provides the required supports they're not communicating as was the case years ago, you have a submission where the housers are housing people not necessarily connecting them with services.
I know that, that redevelopment authority was as guilty of that, we were wellintentioned
we didn't do the
best job of connecting people with the services they need.
So my hope is that by having a coordinated effort the State level, we can encourage some of those, the bad news is it's not always done well.
Good news is, that there's room to improve and that's not, talking dollars and cents necessarily that's talking about collaborating and making sure everything is connected.
It's a similar discussion I'm sorry we don't have the plan fully flushed out at this point we're still working on the action planning underneath this broader plan.

But economic development connecting people with jobs, that's a huge piece of the puzzle.
That's why our partners at the PA department of community and economic development are at the table.
So again the hope is we can connect people with jobs.
I don't know how to answer you about the issue where someone is making minimum wage or has services lined up and then they have to jump to 14 to $20 an hour, in Cumberland we calculated $18.50 to get all the services you're used to getting at 7.25 an hour that's a hugish issue we're facing nationwide I hope we're able to address that to a certain extent.
Do you think it might be worth me going through some of what we're doing specifically, and then maybe we can circle around
>> RALPH TRAINER: Let's do that we'll entertain questions after that.
>> BEN LAUDERMILCH: One of the programs that is pretty innovative and some of you may have heard about it is the section 811 program.
One of our broad strategies is, to expand access create new affordable integrated and supportive housing opportunities.
And one of the ways we're doing that on the ground completely is through a program section section 811 it's fund loud the department of housing and urban development.
It's for folks transitioning out of the nursing homes.
The idea is someone who is in a nursing home or institutional setting would have a priority one person who would get, access to a unit in a tax credit or other building and they would be able to access apartment with a subsidy.
Attached to that unit.
And that would be surrounded with the services working with a local county agency, and our regional housing coordinators to place the person to provide them with the services, that they need it's unfortunately it's been funded since 2015, it took HUD a long time to execute the contract and get us moving it's taken us awhile it's a brand new project, nationwide it's taken us awhile to figure out.
I think, the log jam is broken I think you'll see, now that's only, initially 200 units statewide with another 200 on the way.
It will hopefully be able to grow that program.
Another project we're working on is, simply, maximizing

expanding housing opportunities across the board.
I didn't talk to you about my experiences, but when I walked through the door in Cumberland County housing and redevelopment authorities in 2007 I was hired as the mental health housing development specialist one of the first things I had on my plate was something called, HealthChoices reinvestment, so exciting to talk about community HealthChoices, because, there's similar opportunities with managed care organization was, and encouraging them to invest in housing opportunities, to lower the deficit in housing that we have in Pennsylvania.
with the HealthChoices 2008 we built a small project 6 units, with mental health issues, who will home also it was exclusively for the population, 6 unit living was adaptive reuse of a church.
It worked very nicely I always worn I through the years we painted a big target on the front of this building.
Flash forward to 2013, and we developed a project that, the secretary spoke at a press release for the housing strategy just last week, we developed a project called sheppards crossing in Hampden Township near the Wegmans I don't know if you're from the local area.
It's an area of opportunity.
Economic opportunity.
It's an area that's near public transit and it's in one of the most affluent neighborhoods in Cumberland County in all of the tri-county area we developed 35 units of housing.
6 of the units dedicated to HealthChoices reinvestment MA eligible, worral health, four units mobility impaired and two more units for vision and hearing disabilities.
We are able to capitalize in a bigger project in an area to integrate housing opportunities, amongst people who may be are a manager at target.
I mean, 50-60% of the median income right next to someone who has a disability.
Here we are able to create an community where people are integrated in an area where greater opportunity more globally.
That gives you an idea what we're hoping to achieve.
I think there's a lot to figure out how that will work on the ground.
But talking together to try to identify the resources we can

bring, I think community HealthChoices and physical HealthChoices are a huge opportunity creating to generate more housing.
And another thing that we're looking to do, is to provide tools to our local counties.
We're developing systems information technology systems that can break down the barriers so someone can gain access to housing who ordinarily would not have been able to figure it out we're looking to invest in the regional housing coordinator program which is a non-profit self-determination housing project right now they, focus almost exclusively on nursing home transition we're looking to strengthen and broaden across the State, creating advocacy efforts to create ways to get people into the housing.
And we're exploring new and expanded funding opportunities to increase the supply I think I talked about that.
I think another thick that we're looking at is strengthening housing related services and supports and that's another, innovative strategy we're looking to hard wire these supports, because what happens is, if the administration or if there isn't the will or funding to do it, at the state level we kind of go through Ebbs and flows of supporting housing in our community I was scratching my head what is the State doing about housing? Why am I getting 3 different emails about the same kind of initiative.
Why isn't Dr. There a greater coordinating at the state level, let alone the Federal level I think hard wiring some of the funding, into Medicaid reimbursable funding could create an apparatus where housing is really hard wired into the DNA of the Commonwealth.
And that way, we can ensure that housing continues to be, a strategy that we don't see 170 million dip down to 40 million hopefully we get it back to 170 million, we're able to -- there's a lot of great things happening with funding right now.
There's still not enough statewide affordable housing trust funds, funded through the transfer tax and sales of homes.
That was a recent battle that was won and it had strong bipartisan support barely a battle people bought into t the national housing trust fund has been in place it's only being funded this year through Fannie Freddi fees associated with the mortgages at the local level we had a apparatus in place.

We still don't have enough funding but we're trying to identify those different funding sources to generate more housing.
Something near and dear to the secretary's heart is assessing new and existing programs to determine future needs and measure outcomes.
So, one of the things we can do, sit here and talk to you about what we're going to do we need to find a way to measure quantitily and qualitatively what we're trying to achieve.
And to report back to you.
So one of my commitments to you is as we get this thing moving if you would like to participate in any way let us know.
As we get this thing moving I would like to come back to your group and report on it periodically, to let you know what we've achieved what the report out is.
We have a week under our belts since the plan is was announced forgive me, if we have not made more progress.
I I'm relatively new learning a lot about the department of human services.
The other piece of the puzzle here is, fourth strategy which is promote teamwork and communication on both the State and local governmental and, agency levels.
To generate housing opportunities for all populations served by the department of human services, persons with disabilities, folks homeless, low income individuals we'll be focusing a lot of our efforts on that teamwork inviting people to the table who have not been there.
I think about my local efforts the fact that I worked in Cumberland County for nine years never really got to know the nursing home transition folks and the aging area agencies on aging.
So that's kind of an interesting local parallel to what we're experiencing here at the state level.
So again I know that you probably have a lot of questions, I will field them as best as I can, we have a lot to work on here moving forward.
But --
>> RALPH TRAINER: We look forward to working with you, there's members around this table that, I would say you could utilize as a resource for the meeting here today.
I want to try to limit questions, to two minutes if possible.

And, starting with Jennifer and then Alice
and Jennifer.
>> JENNIFER HOWELL: Okay.
My question is, the programs that you mentioned, are great.
The section 811, would this person if they became employed
would they loose their tax subsidiary that goes with their
housing?
>> BEN LAUDERMILCH: If someone gets into a tax credit unit
we're primarily focusing on properties funded through the low
income housing tax credit apparatus.
So I actually have to research whether or not they would
loose the 811 subsidiary.
The good news is they would never loose the subsidiary for
affordability attached to the unit.
The margin between what the person is able to get they're
paid roughly a third of their income, however the unit also is
affordable to someone at, 20 or 50 or 60% of the Aryan median
income most lickly 50-60% of the area median income.
If we take your scenario you
would make more money you would property it, unlike section 8
public housing if you make over the 80% of Aryan median income
you're out.
With long term housing tax credit they want to incentivize
someone bettering themselves you stay in that unit as long as you
want to, it will never exceed 50 or 60% areaian median income
affordable.
So, but I have to research whether or not you loose 811
subsidiary at a certain point in time it isn't going to help you
any way.
30% of your income may exceed a certain point of time the
rent that's another piece that we would need to calculate.
>> JENNIFER HOWELL: That's great news that you don't loose
your housing if you become employeed they work with you.
That's wonderful.
I hope that more programs are developed like that.
>> BEN LAUDERMILCH: There's a huge argument down in York
about public housing I don't know if you followed that, but, York
was not terminating folks who were above the -- I think they were
doing the right thing by the way to be honest with you I'm not
sure how we handled that in Cumberland.

Taking someone out of the housing because they're achieving certainly seems counter intuitive.
>> JENNIFER HOWELL: Yeah. That was my argument because, you had mentioned that you had I'm sorry, if I'm over my limit you mentioned you have created a program in Cumberland County that there was the affluent population and those with a disability.
My dream for those of us who have disabilities who are in good health is the State will come up with a plan where we can be part of the affluent community and loose our services that we can be part of the people that are making money and still not loose our services and don't have to live in poverty to make a choice to either live in poverty or to get services.
>> RALPH TRAINER: Thank you Jennifer Alice please.
>> SPEAKER: I was struck by what you said.
I think it was the cost of Pennsylvania run nursing home care was $62,000.750 in the private sector it's at least double that.
>> BEN LAUDERMILCH: May be double that in the public sector.
I think those numbers were conservative but yes, I know, private care is extremely expensive.
>> SPEAKER: Totally bankrupts people.
Ruins their lives.
I would hope that, I don't know what can be done, but it's, I just wanted to throw it out there, that cost, who can afford 120,000 and up to care for someone.
With Alzheimers and others it may go on for years.
Thank you.
>> RALPH TRAINER: I have Fred here and then William.
I would like to introduce Cassie to our meeting.
>> SPEAKER: Thank you, a lot of traffic out there.
>> FRED HESS: One of the biggist things I need to know and I need detail how are the MCOs fitting in on this housing?
What are they doing to help out?
What's their role in this?
Because, when we got the five year housing plan from Ted Dallas he mentioned that the MCOs he mentioned it, that's all he did, what are they doing with this
>> BEN LAUDERMILCH: I want to point out, again with the housing strategy and, the implementation of the community HealthChoices it's a very exciting time I think, if we could have,

maybe got the housing strategy going a little bit earlier
perhaps we could have rolled in some of the of our thoughts into
the request for proposals process.
As it stands I think, and Jen correct me if I'm wrong it's
looking like we're going to roll some of the housing requirements,
yet to be determined, into the actual contracts that we develop
with the MCOs
>> JENNIFER BURNETT: Yeah, Fred, if you recall in the
request for proposal, we, in the section on innovation we asked
the community HealthChoices applicants to describe how they would
innovate in a variety of areas including housing and employment.
So we're right now reviewing all of that and, trying to
figure out what we would, maybe, down the road.
And we're working with our partners in other parts of
government that do, use the managed care delivery model like OMPAP
we heard from Lisa Allen yesterday, that they are already seeing
the managed care organizations doing innovation around housing
that's in physical HealthChoices.
So I think there's a lot of, a lot of opportunity down the
road.
But again the timing of the plan, did not exactly align so we
could build those into the original RFP.
>> BEN LAUDERMILCH: One of the other strategies is, kind of
interesting I don't know how, knowledgeable folks are about tax
credits and how they work today.
The model of housing, generation ago was HUD gave you grant
you built housing that had its pros and cons one of the big cons
we created fields of housing that disadvantaged, that
concentrate poverty you know public housing, there's some good, I
really liked our public housing stocky thought my predecessor did
it the right way integrated into the community as much as
possible it's still in the poorest neighborhood in the Carlisle
northwest quadrant we're looking to revitalize public housing
went from being the solution to being one of the problems.
So -- fast forward to now, 1987, was the first year that we
have the tax credits one of the things I really like about that,
it encourages, a public private partnership.
Sometimes it's fully private but you really, you cannot build
tax credit housing without some public supply of funding.
The gap financing.

It's a true public private partnership and one of the way questions get banks to the table they have a calculus for why they want to do this.
Why -- it's return on investment.
So when they take a look at the tax credits they get tax credits for over ten years they give us million dollars they get $100,000 in tax credits over ten years there's no return on investment they take the looses to the property.
And something called the community reinvestment act that's a huge thing that all banks must do.
And it really brings them to the table.
So whether or not it was intended I'm sure it was, that brought the bank world to the table and sometimes we can get a dollar.03 or 1.10 on the dollar of tax credits it's still not enough to do the who correct it's a very nice apparatus, what we're talking about is there a way to, incentivize MCOs, who make a profit?
I can't tell you how many nonbanks came to me, wanting to help us, by investmenting in housing when they looked at the numbers it didn't make sense they didn't have the CRA community reinvestment act in their back pocket.
So banks have to do this.
Could our MCOs have to do something?
That's a way to incentivize it.
>> RALPH TRAINER: I hope they do, William has a question and then Cassie.
>> SPEAKER: Real quick the follow-up, elderly if they go into a nursing home, bankrupt themselves very quickly.
And then they can't pay their property taxes and they loose their house, so if they had no home, the spouse living there, is out on the street the man in the nursing home or woman who wants to be transitioned has no place to be transitioned.
A lot of times it's as simple as we need money to pay our property taxes a few thousand dollars I just want to plant the seed that the elderly in certain situations, are totally different in the approach is, is totally different.
So thank you for considering that.
>> BEN LAUDERMILCH: Yes.
It's very consistent with the housing first model we want to not only move people that are homeless into, transitioning out of

a institutional setting, a nursing home or other settings, into housing, but we want to keep it.
It's ridiculous not to keep people.
And sometimes that can be a modest investment to really support families I appreciate you bringing that up.
>> RALPH TRAINER: I have two more questions from two members and then we're going to have to rap it up I know we're going to have you back.
>> BEN LAUDERMILCH: Yeah I would like to come back.
>> RALPH TRAINER: Cassie.
>> SPEAKER: In Philadelphia I think the tax credits are great, the problem is, sometimes they're not really you don't advertise enough.
But the other issue is, for people on SSI, there's a gap that needs to be filled.
It's still a little bit too much for them it's affordable housing it's not affordable to people on social security.
>> BEN LAUDERMILCH: Right we recognize a couple of layers one for some reason, the good news is the department over the last ten years has, for lack of a better term infiltrated the PHFA, low income housing tax credit we have four populations or four ways that our core constituents get housing.
One is the 20% Aryan median income units I think it goes to the issue that the developers, do not need, to market these units. They're very popular.
For some reason, our folks have not connected well to the 20% units.
But, there is not --
>> SPEAKER: We needed them targeted to us somehow.
>> BEN LAUDERMILCH: They don't have, they can fill the units without ever reaching out, however, the history of it is, that PHFA has awarded the tax credit thes because there's some indication the developer and owner of the property will reach out to us.
So PHFA is recognizing this as an issue wants to help us, reconnect the loop.
To make sure that feedback is happening in multiple communities including Cumberland, there's no need to, for the developer to do that and if PHFA is not requiring them to do that you can imagine it's not going to happen.

So we really need to connect people to those units but the bigger issue is we need to create a larger supply there's not enough housing to go around so I can tell you, we were a property managers sometimes waiting list were double the occupancy of the building.
Really is, we can do credit and criminal checks we can take the best possible consumers in how do you incentivize helping, folks that need it, the most?
And, you know, some of the mission driven folks are I will equipped to provide housing it's a really, it's a canundrm to sort it out.
Philadelphia I think has done a very nice job, however it's the same problem there, we're not connecting our core constituents to the units there are certain rules they can skirt the rule.
>> RALPH TRAINER: Okay, gentleman feeling in Neal.
>> SPEAKER: I'm Jessie wilderman we represent direct care worker it's exciting to hear there's an integrated approach to this, to the issue of housing I think it, impacts you know a range of things, one of the, drivers of turn over, for direct care workers because they tend to be low income folks is the fact that they don't have access to reliable housing so they end up couch surfing that impacts their ability to continue to provide services and reliable and consistent way, and so there's a link between, housing and service provision.
And you know the low income direct care workers who are, providing it.
And so, it -- you know, and the same folks are being paid with public dollars you know and then they're ending up you knew, having to homelessness or you know,
vulnerable in terms of their housing situations that impacts their ability to do their jobs.
So, one of the things we would like to you know, thinking about the integrated approach it would be interesting to think about how we make these resources more accessible also to the direct care workers.
And, how do we connect them to the resources that already exist because one of the problems I think we find is that there are sometimes resource that's already exist they may be eligible for they're not aware of them.
And then, the other question of course is how to make sure

there are enough resources and so, just sort of one as you think about the integrated approach you know one element of this is also the if we're going to have a reliable community based system, making sure that, direct care work force is able to access the housing resources they need as well to, you know, to do their work.

>> BEN LAUDERMILCH: There's so many issues what you're describing there.

Equity and the people who are caring for folks not able to live independently themselves, it makes you almost want to cry.

The big ten approach to housing I think is what you're talking about a little bit here.

If we micro focus on behavioral health or on, long term living populations or, on homeless populations or criminal justice involved, if we micro focus, we loose sight of the big issue which is we have a shortage of 270,000 units.

If we -- there's a current signal bill being floated to increase neighborhood assistance tax credits they would include housing.

One of the arguments that I'm look at I'm a little bit at odds with it, it's to serve up to 100% of area median income you have heard me, say, 20, 50, 60, even 80%.

Far if we can help folks even at up to 100% median income it takes a little bit of pressure off the market.

So we can create opportunities for everybody up to 100% of area median income I would argue absolutely above where the homeownership is involved if we can keep them in homes the problem with people exiting that market is they go into the rental market and create even hotter market.

I don't know if you saw the Philadelphia study recently but homeownership is at, 50-60%.

I think, I never realizes that, that is huge for a city of that size, the market there is crazy on the rental side.

Bullet some of the homeownerships the homes aren't as, as expensive as a home here in Central Pennsylvania.

If we do something to help people stay in those homes as they age, we're going to face a bigger issue.

They're going to enter the rental market creating additional pressure, homes will become more expensive I agree with you 100%

I do want to say, someone dedicated to their life to this can't

afford housing.
>> RALPH TRAINER: Ben I want to thank you for your presentation I certainly hope you get these initiatives that you talked about.
>> BEN LAUDERMILCH: I hope so too.
>> RALPH TRAINER: Put in place some way and somehow, and -- lastly, Department of Agriculture should be apart of these conversations as well.
And with that being said again, thank you and thank the members.
>> BEN LAUDERMILCH: Thanks for having me take a look at the plan if you have the opportunity, the strategy?
>> RALPH TRAINER: Absolutely.
Will do
>> JENNIFER BURNETT: Thanks Ben.
>> RALPH TRAINER: Okay.
Now, we'll have the employment first executive order discussion Steve Suroveic, and Ed Butler.
Would you please, if you feel more comfortable down there or come up here.
Either way.
>> STEVE SUROVEIC: I'm good.
>> JENNIFER BURNETT: Ed joining.
>> STEVE SUROVEIC: He wants to.
>> JENNIFER BURNETT: We have a chair for you.
>> RALPH TRAINER: I would give you my chair but I would be laying on the floor.
[laughter]
>> STEVE SUROVEIC: So we have what, until 11:40 on the agenda.
>> RALPH TRAINER: Yes.
Surpr
>> STEVE SUROVEIC: My presentation is going to be ten minutes to hear from the group the whole
point is to give you an overview what the employment first executive order is.
And, where we are, with it.
And how you can help us.
So I'm Steve Suroveic I work in the department of human services.

My focus is disability employment issues.
I've been involved with the executive order 2016-03 I've got one slide and it's up there.
So everything you'll see is up there.
2016-03 is the employment first executive order.
It's got a longer title.
But it's basically about employment for people with disabilities.
It does a couple of things.
It first of all establishes employment first as the policy of the executive branch.
So any agency under the governor's jurisdiction, follows this executive order.
And it establishes employment first asest policy.
So what is employment first?
Well, it is the executive branch, I'm sorry the executive order, defines employment first as the following -- it's basically that, employment specifically competitive integrated employment shall be the first consideration and preferred outcome of publically funded programs such as education programs, employment programs, training programs and, long term supports and services programs.
And it specifically is geared towards working age adults, Pennsylvanians with a disability.
So any publically funded training, employment, education or long term support service or program, the policy is now that, that employment specifically competitive integrated employment will be the first consideration and preferred outcome.
It is not the only consideration.
And it's not the only outcome.
But rather the first consideration and, preferred outcome.
It also, the executive order, also goes onto define what a competitive integrated employment outcome is.
And, it essentially refers to the definition that's contained in the Federal WIOA law.
Work force innovation and opportunities act which was passed in 2014.
That law included the definition of competitive integrated employment and so the executive order simply adopts it.
I'll just summarize, it's kind of long and technical if you

want to really read it you go Google WIOA, basically competitive integrated employment is two things.
It's two parts to it.
One is it's, at least, at least minimum wage or better.
It's really, whatever someone without a disability or anyone doing that kind of work is compensated at.
But it's at least minimum wage or better.
And the second piece is this it has to be integrated with other people without disabilities.
So, whether you're working with people without disabilities or you're interacting with people without disabilities, there's the integration component it's at least minimum wage or better.
And it is, integrated setting.
That's what competitive integrated employment is.
So the executive order, makes a policy, it defines, employment first, it defines, competitive integrated employment.
And then it goes on to say, that the hand full of agencies will work together and develop a plan.
To implement employment first in the Commonwealth.
It specifically mentions the department of human services, education and labor and industry.
And then it says other agencies as appropriate.
So we have an interagency group right now, that consists of the departments of labor and industry, education and human services.
As well as, we have PennDOT, we also have the Department of General Services and we also have the governor's Office of Administration.
Which over sees all the personnel and HRish issues with the governor, governor's policy issue is with the team.
The interagency team is has been convened.
I along with David DeNotaris who is the director of OVR, are co-chairing that team.
And our job, according to the executive order is is to write a plan.
To implement employment first in Pennsylvania.
The plan needs to be informed by stake holder input, so it specifically talked about in the executive order getting stake holder input and input from employers.

And so, what we've been doing, is been going to a lot of meetings like this.
I think we counted about 15 advisory committees that exist amongst the agencies.
And most of them are governor appointed advisory bodies that exist for other purposes but they're related to either employment and/or disability issues so we've been going around and, presenting at these committees and getting input.
We've also in order to get stake holder input we've also did a PA bulletin notice.
Which actually had 30 day comment period which technically ended I think either yesterday or the day before.
But if you still have comments, we'll still take them.
And we've been taking email comments or snail mail comments email comments have been going to the following email address rapwemloymentfirst@
pa.gov.
You can mail it to me if you don't have mail.
Which is my address for my office is 625 for sister street, and it's 330-C so 625 Forester street, 330-C, Harrisburg, 17120.
The formal comment period is over.
Burst, if you want to keep you know, send a few things in still that's fine.
My suggestion is to send it, sooner rather than later because basically we are now considering the stake holder input and, that is informing the development of the plan.
The executive order specifically, had a deadline in there.
It was 120 days from the signature.
Signature was on March 10th.
So get your Google calendar out it will take you to July 8th.
So we have a month and less than a month and a half half to finish the plan.
We have a lot of comments and input.
We also did a OVR actually hosted a statewide conference call on April 27th we had about 170 people joining that call.
At about 35 people give comments.
So we have tried to do as many of these as we can to get input from people.
We also through both the office of vocry has been and the Department of General Services sent a survey to -- businesses.

And DGS, sent a survey to all of the vendors which was about 67,000, businesses.
So that was, pretty good coverage.
We didn't get 67,000 responses but we have gotten about I think between 250 to 300 responses.
From businesses.
So that's pretty good I think.
You know, 300 people, responding to an email.
And it's been pretty constructive I was afraid we would have a lot of complaints about spam but, we actually got a lot of positive comments back from the survey.
So I think we've done a pretty good job asking for input.
If you still have some thoughts please email them or mail them as soon as possible.
And, again, the executive order says, have the plan ready by July 8th, submission to the governor.
Just a couple other things that the executive order does include, it says, in addition to the plan, it specifically mentions that the governor's Office of Administration, will identify barriers to Commonwealth employment so, we're happy that the governor's office administration is part of the interagency team and, we fully expect that the plan will include specific things to address either barriers to or increasing opportunities to Commonwealth employment and, whether it comes to out reach or application process or interview process or selection process or retention process, we would like the plan to include things things around that.
Finally, the other thing that the executive order specifically includes is, a hand full of measures that we will measure success against.
This is not an exhaustive list of all the things we want to measure and, so, if you have ideas about what to measure you should let us know.
But, specifically, it mentions I think five things I'm going to go off memory here.
Number one, we're going to look at labor participation rate.
And unemployment rate of people with disabilities.
And labor participation rate usually means all the people who are working or who want to work.
And in Pennsylvania, nationally actually the number Hovers

around 20%, of labor participation rate with people with a disability.
As compared to about 65% for everybody else.
So of all the people with disabilities,
currently only 20% are either working or say they want to work.
And then the unemployment rate, against that participation rate, for people with disabilities tends to be about twice of the people -- of all people.
So currently I think unemployment rate is 5%.
So the unemployment rate for people with disability is 10%, usually doubled.
But again it's only against the participation rate.
So it's higher unemployment rate for a lower percentage of people looking for work or wanting to work or having work.
So one of the measures again is both labor participation rate and the unemployment rate for people with disability that's going to be one thing we look at.
Couple other things we're going look at is the number of people, who come out of secondary education, with a paid work experience.
Research has shown that, the best predictor whether you're going to work, if you have a disability as an adult is if you had paid work experience during school.
So that's one thing we're going to try to measure success against.
Number 3, we're going to look at the number of people coming out of school
with a job or get a job.
Number 4, the number of people in our Medicaid home and community based programs who are working.
So, all of our waiver programs, we're going to look at home people are in the waiver programs and are working.
And finally we're going to be looking at the number of private sector businesses who are helped when they request help around hiring recruiting, retaining people with a disability as members of the work force.
I think that's all, I think I got all five of them.
Those are the things we specifically have in with the you've order that, we will be measuring our success against.
So that's basically the executive order.

It again it's not, there's sort of a traditional or
historical connotation to employment first.
I think that's largely been driven by a movement in you know
the developmental disability community.
But, the executive order, although we referred to as the
employment first executive order we're not just limiting our self
to that population specifically.
It's actually, for all people with disabilities in
Pennsylvania.
It is regardless of your disability and, it is intended to
cover the private sector and public sector.
So, if you have ideas in terms of both the public sector and
how we can increase the number of people who are working in the
private sector, those are the kinds of things we want to hear
from you about.
So that we can develop a plan.
Included as a good idea to have in a plan.
That's where we are.
About six weeks ago I guess.
Before the plan is due.
And we have a good team interagency team.
That are convening and meeting and we're going to start
putting pen, to paper and I represent DHS
on the team.
I know Ed is here.
I work with people in OLTL I work with people in ODP and, OMSAS
and other program offices within DHS.
You both you know, you can think about DHS and think about OLTL.
You obviously can get information to Ed and get information
to Jen you can also get it to me.
It's all part of the over all effort to develop a plan that
is interagency and will advance over all the number of people
with disabilities that are working.
So that's over all the executive order.
Wanted to save some time for comments and ideas.
>> PAM WHITNEY: Mr. Chairman, Brenda dare has a question.
>> RALPH TRAINER: Go ahead Brenda.
>> SPEAKER: Can everyone hear me?
Okay.
New head set my question Steve is, whether or not, DHS and OLTL

intend to open Act 150 as this process moves forward and we look at getting more people employed?
Streamlining the process to get on Act 150 and making the copays more reasonable for folks so that there's not a disincentive to work for fear of losing vital attendant care support.
Surprise ulcer I think my answer to all questions like this, are going to be, if you think that's something we ought be doing you should tell us that's something we should be doing, right now we're in sort of a mode of getting input.
And so if you have a specific recommendation along those lines which you just articulated if you want to write it down and send it in with more specifics please do.
It will be considered.
>> SPEAKER: I wondered if that was something that was already on your radar.
>> STEVE SUROVEIC: Honestly it wasn't on my radar, so that's probably the first time I've heard it brought up.
>> JENNIFER BURNETT: I wanted to introduce Ed Butler he is assigned to help us from the office of long term, he is assigned to help us with the order and employment with people with disabilities.
>> ED BUTLER: I wanted to respond on the Act 150 question we're including Act 150 in the office of long term living in our employment initiative we are cognizant there are disparities, regarding financial requirements not only in Act 150 but in other aspects of the program.
So we're dissecting them and looking at them and trying to figure outweighs we're going to unveil employment to the largest population possible within the office of long term living.
>> JENNIFER BURNETT: Brenda, if you would formally submit your recommendations that would be great you can send it to me and I'll forward onto Steve and Ed.
>> SPEAKER: Do you want me to do that, rather than putting into the email, he proffered.?
>> JENNIFER BURNETT: Putting in the email that would be a safer bet using the email is, definitely a safer bet although if you copy me we'll make sure Ed sees it as well.
>> SPEAKER: All right thank you.
>> RALPH TRAINER: Thank you Brenda I have bill and frank.

>> SPEAKER: Bill white, AARP, Steve, is the elderly included in your population?
Because they receive home and community based services they're looking for work and, usually they have one activity of daily living deficiency if that's the correct word.
>> STEVE SUROVEIC: I think the answer to your question is, it depends.
It -- let me put it this way, the executive order, does use the word working age Pennsylvania I ca I can't answers with a working age that's not really defined.
If you have a recommendation that our plan ought to include that recommendation in whole or part let us know and what your recommendations are.
We have some flexiblity there.
But --
>> SPEAKER: Just to remind everybody I was at a fast food restaurant in a giant grocery store you see more and more senior elderly Pennsylvanians working all that time, at that age you have some problem they need to work and they're looking for jobs it's my understanding, employers are very happy to include not only folks with disabilities but the elderly.
Thank you.
>> STEVE SUROVEIC: Thank you.
>> SPEAKER: Just a quick question.
Will the executive order interface with the older worker employment program in any way the title V?
That program?
>> ED BUTLER: We're out reaching in the office of long term living with the Department of Aging who is running the employment program for older Pennsylvanians.
Within our SAMs system which is the waiver for over 60, we don't gather the data regarding employment or employment goals most of those individuals are nursing home clinically eligible.
We're cognizant there's many older Pennsylvanians that still may want or need to work.
So we're collaborating with Rocco Clooney and their policeman there's another example of a program with a financial requirements of that program, does not mesh with the

waiver requirement programs.
So we're working through that, we're out reaching.
>> PAM WHITNEY: Thank you Ed.
Cassie
>> SPEAKER: Yeah I mean with all these things going on with employment just seems kind of crazy that, people who are exposed to independent living centers and other places, that might want to do service coordination won't be able to do some of the opportunities that were open are going to be closed?
That keeps happening to disabilitied people.
You know, we get these opportunities and then all of the sudden we're being laid off because a governmental decision.
And also, I think when you talk about today, as well as disability, health all those things we're trying to do here, economic disparity, I mean, we should be creating jobs for working class disabled people.
Not just professionals kitsabled people a couple of years ago almost everybody I knew with a disability was going to college.
That's changed.
People can't afford college.
And, they need opportunities.
And also elderly disabled person, I'm nursing home eligible and I probably, would still work if someone gave me an opportunity and I could actually handle it physically.
You know, if I got real accommodations.
Which is a big issue, forcing 504 the right to work at home and a lot of things.
It just isn't, in the Pennsylvania culture yet.
But the more we could educate about that, even though we have that right it's often times not happening.
>> ED BUTLER: If I could respond to that, within our OLTL work group, focus group, we are actively involving the CILs and, we're actually looking at the SILC peer support issue, what they're doing, what we can learn from them, how much they can breed light into the employment issue in the office of long term living they're definitely one of many stakeholders at the table.
>> PAM WHITNEY: Fred do you have a question?
>> FRED HESS: I did.
Two things I have not heard anything about the MYOs.

Okay.
Are they, you know, I mean -- are there going to be having to do anything with the employment and if they are, what are they doing with it.
The other thing, I'm wondering a lot of people refuse to work out there, that would like to, but they're scared to death to, because if they do they will loose their waiver programs loose this and that.
Is there anything being done, about that.
And, also, Tanya has a question for you guys too.
Okay.
>> STEVE SUROVEIC: So couple of questions there.
On the benefits issue and people being afraid so if you have input that would be great.
We've certainly heard that.
And, I can say that, we're looking at ways of increasing access to benefits counseling to people.
To both give them an understanding and appreciation of not just what the myth might be or what they might have heard, but actually, running the numbers and saying here's how work may or may effect you, here's what you could do, here's how much you could earn.
We have clearly heard this is a -- we know that, the WIPA program, is out there, that offers free help now.
There's only 3 sanctioned organizations that the Social Security Administration, pays for.
So we know that we, probably need to increase that.
So that's on our list.
You mentioned the MCOs, I'm also looking at Jen I'm always not sure exactly what I'm allowed to say or not say I think everything is on the table.
If you have specific ideas about what the MCOs out to be doing or not doing you should be telling us.
Now is the time
>> JENNIFER BURNETT: I also add Fred along with housing the question of, providing employment services, for people with disabilities is one of the, requirements in the request for proposal around innovation and, we're reviewing the managed care, proposals and, there's, innovation in there around the issue of employment, also I would point out too, that the community

HealthChoices waiver has, expanded employment services, built right into it.
>> FRED HESS: I have Tanya's question.
This is from Tanya, ask Dave or Ed since the last conference call I was in, have they come up with better ideas how these supposed employment teams are going to work in conjunction with the consumers service coordinator?
So the coordinator is not taking on too much additional burden?
Will someone automatically be given employment coaches or it will be something that has to be included in the individual service plan as a needed or requested service.
>> STEVE SUROVEIC: Good question.
So I think generally speaking, when a service coordinator is working with someone.
I think the purpose of the employment first that's the philosophy, that direction would require and necessitate that the service coordinator bring up employment and have that discussion with the individual.
If it's not discussed, it's -- may not ever come up.
So if the policy is that, that employment is, the first consideration preferred outcome I don't see how you get through an ISP discussion without discussing employment.
So the trick for us, would be then to work with service coordinator and entities to give them the tools anded training, and the direction, to do that effectively.
We're already starting to do that and think about that.
So, um, that will be part of the plan.
But absolutely.
I've done a lot of work on the ODP side.
I don't know who said it I like to say it, they call them supports coordinators on ODP side, I supports coordinators can be the center of the universe when it comes to the person and, what their life is going to be and what kind of supports they're going to be able to get.
So employment is not being discussed when the supports coordinator is talking with the individual, when is it?
I think in addition to that in terms of the, in terms of the workload, I think that is if I'm hearing the question right, this

is -- this will be part of the role, moving forward service coordinator, it's not all on them.
They're discussing and helping them develop a plan.
There's going to be providers -- support employment, job coaching all those services will be provided by other providers.
And so, the question is, would everybody see a job couch, you talk about it, if you want to pursue employment.
You write the plan, part of the plan might be getting referred to the office of voc rehab I used to work there.
I have a good appreciation what is there and what resources they have.
It may not be perfect, there's a lot of smart people that know what they're doing when it comes to helping people it's a separate resource than, than the waiver program.
They can really help someone what they want to d if they don't want to do anything they would help develop individualized plan for polic for employment.
They don't want college, they have a training program.
Self-employment so my point is, that the discussion around employment needs to happen during the ISP discussion.
But, there will be over resources available, to help make that a reality.
Burp bury also would just add that one of the exercises we did early on was to pretty much take a temperature what is going on in the waiver currently, and I would just, put -- turn it over to Ed we really are not doing a very good job in the waiver.
We're having a discussion about employment and the data shows it.
>> ED BUTLER: When we convened the focus I was here the last time I promised you engagement of the stakeholders I promised you transparency I promised you honesty and I'm a man of my word so in the office of long term living we're not hiding anything under the bush or basket.?
We'll tell you we're not doing very good at employment we'll tell you that the various means in which we surveyed, our service coordination entities, indicated that we're not even thinking about employment at the level we should be doing.
We started to develop a number of tools including an employment bulletin, some guidance for RCs to talk about participants about employment.

We talked about our current data system in Hixus under 60 waivers and the types of questions that they ask in there.
From the stakeholders we gave a lot of input at the very first meeting all of those products dealing with employment are in the stages of being revamped based upon the stake holder input we got, because we know that we need to go back and get it right.
And I told you the last time, that we will be build it and we're confident that once we build it, people will come.
So when we, release these products from the office of long term living we're going to know we have them right we're going to build the capacity for benefits counselors.
And things in other areas so that, when people are ready, toe start thinking about employment, you're going to see that happening, the tools are going to be there for the SCs to start the conversations with individuals, so they will feel comfortable.
We'll approach the benefits aspect of it the financial aspect of it.
And we're going to carry it through with the MCOs and the community HealthChoices starting with the waivers it will carry it's way through, when we talk about a commitment from secretary Dallas and deputy secretary Burnett, we're talking about carrying it through all the way.
Because their commitment came before even the executive order was released.
And the executive order, and employment first just reinforced that whole initiative.
I had Steve Suroveic at our meeting so he could listen to things pertinent to employment first and the executive order to gather information from the stakeholders, at that point.
And we have been doing extensive measures I out reached to five agencies that did is service coordination had an interpersonal dialogue with them and asked them to honestly tell me, you know, when they were talking to consumers what were you talking about?
What I heard back was we can't even begin to think about employment we need to think about meeting our participants' basic needs we know we have to build good SC training before we even start saying to you, start doing employment.
We have to say start doing good service coordination and we can segway into employment, we covered a whole array of areas we

have a lot of tools in place and, one thing that I learned is, we had ten stakeholders representing various diverse grou groups. In the Commonwealth.
What I learned was, there was a whole lot of good input and that was valuable.
And we were able to take that back and, put it back into our tools this the things we were ready to release.
All that stuff is in the pipeline all getting
being revamped because of the members in the disability community I'm not going to fool you we can't do it without you, we need you
>> RALPH TRAINER: Thank you Ed, for a matter of time, which is very short I would ask the members that have questions, to please submit it to us here, my email address, on the community or Jennifer's at the state list community I want to applaud you for what you're doing I've been part of this, Theo has been apart of your focus groups I know Theo is passion until about the deaf and blind community please do your best to include that in all of your conversations as well.
If you have any further comments I would appreciate it.
Thank you for being here, as you can tell, employment attendant care housing, next you'll hear from transportation, you know, we're all in the same group.
Thank you.
>> JENNIFER BURNETT: Thank you Steve and Ed.
PAR
>> RALPH TRAINER: Next Mr. Tyrone Williams from the medical assistance transportation program.
>> TYRONE WILLIAMS: Thank you.
Not used to this level of technology at least I'm not.
So this is new to me.
Thanks.
Again my name is tie robe Williams director of the medical assistance transportation program.
And as most you have know we're housed in the department of human services.
Specifically under the Bureau of managed care operations.
So we work closely, with the managed care plans, under HealthChoices.
At least we try to.
Actually we're in the process of trying to improve that

relationship, between MATP grantees and MCOs so we can assist clients, with their transportation needs.
More importantly, being able to access medical care as they need it.
Today, first of all good afternoon everyone.
I guess it's close to noon.
So I want today say that.
Today I have a really brief overview of our program.
If you really want details related to it it's just so much, I do remember you go to our web site matp.gov, where we have a variety of information, I suggest you read our instructions and requirements which we're in the process of rebranding as our standards and guidelines we're making some updates to those.
But nothing that is substantial in terms of the core responsibilities of the program.
We'll just get into the overview.
The basis for the MATP essentially, we are in entitlement program.
Federal regulations requires state to assure nonemergency medical transportation for eligible MA recipients from eligible medical providers in addition, to the Federal Regs we have a state regulations, that provide, for the requirements of the program criteria under 55PA code 2070, we also have the State plan, that explains our programs.
And we also as already stated we have, MATP standards and guidelines which pretty much put meat on the bone.
The reason I say that, the Federal guideline asks pretty much it.
They don't really, tell states or give states a whole lot of direction in terms of, how they should implement or assure transportation for recipients they do here and there, they will have seminars and work groups and have communication those states giving again some recommendations and suggestions but it's up to the States to decide how they're going to meet that particular requirement.
As already stated in Pennsylvania we provide nonemergency medical transportation through the medical assistance transportation program.
States have various different names for their programs this is ours.

Just a brief definition, in Pennsylvania, because again, depending upon what state you reside in, defines MATP, or nonemergency medical transportation for participant -TS differently.
In our state it's pretty simple will.
Basically it's a nonemergency medical transportation service, again, provided to eligible persons.
Who need to make trips to and from the MA service for the purpose of receiving treatment, medical evaluation, or purchasing prescription drugs or medical equipment.
Again we run the gamete there's not too many services, that we don't provide service to, I hopefully didn't say a double negative there, pretty much if it's covered under MA, compensable under MA we pro-transportation to it.
Just some background from the operations, we are county based.
We primarily, work with local transit agencies, to provide medical assistance transportation specifically, we contract with county governments who then decide within their county is going to provide the service.
It could be different entities that do it anywhere from a transit authority to a community action plan to local human service agencies it does differ from county to county.
We have grant agreements with each of those counties to provide the service.
One of the things that I would like to stress, is that, we share, the service with other human services programs.
So, while we also, while we purchase transportation from local transit agencies or systems, under MA, you'll have other programs who deal with the welfare to work, the disabilities program, within each county, various other programs and, we, again, we often find ourselves for lack of a better phrase competing for transportation within various counties, so we share this responsibility for the most part.
We provide the over sight and monitoring of that program as well.
Just by way of the number of people that we serve, currently, there are a little over 2.3 million MA eligibles.
We serve about 5% of those individuals.
Which, to be honest with you, is pretty low, it's probably our lowest figure in quite some time.

At one point we were serving close to 10% of MA eligibles.
But, that has unfortunately, reduced significantly.
And mainly we believe it's because of, policy that we've had,
in place for probably a little too long mileage reimbursement,
where we, at this point are only paying 12 cents per mile, we
believe a lot of individuals left the prog program because it wasn't
submitting
for 12 cents a mile.
Something we're looking to address obviously there's
budgetary issues around that at times.
But I think in the next couple of years we will be looking to
if not sooner to increase that reimbursement rate.
Verifying eligibility I just wanted to go over a little bit
about the program in terms of how people receive it.
MATP, each individual has to be verified as being eligible
for medical assistance.
That's the only criteria for the most part.
We do have some program codes, program status codes under MA,
where individuals, may not be eligible and, those are usually
around Medicare buy-in, types of codes I think those things of
that nature.
Most are eligible for MATP.
Authorizing transportation -- this is important to note,
while it is an entitlement program at the end of the day it's a
volunteer program.
Individuals who feel they need assistance, in getting
transportation, because they need to access medical care, all
they need to do is call in it's not anything that's mandatory.
They don't have to use our service.
They're not enrolled in our program.
But they are registers upon calling us for transportation.
And it's the role of our MATP grantees to assure a couple of
things -- first, that transportation for recipients not otherwise
available, and the trip is, to MA covered service.
So, essentially, an individual requests services, has to have,
no other means of transportation.
However, we set the bar really low related to that.
I mean we don't, look to you know, implement an
investigation, to see if a person has other transportation
resources or anything like that.

If a person says they need assistance with transportation, I would say for all intents and purposes we provide it.
Also, our grantees will not authorization transportation if they could have arranged, if the grantee, could have arranged transportation for the recipient and no cost to MA or other options other than MA funded transportation is available.
And, that's the volunteer payor of last resort, which everyone deals with within the State if you run a program.
But in this instance doesn't mean we leave you out to dry.
What we try to do is identify other resources, for you to use if you're not, if say, there are other no cost options.
So, for example, in Philadelphia, in Philadelphia, SEPTA has a program where if you're a certain age you receive Medicare, you can ride public transportation at no cost during nonpeak hours if an individual fit that criteria, opposed to spending MA funds in getting -- arranging transportation or providing transportation for that individual, we would refer that individual, to that program.
So those are the types of considerations, that we need to make, when we're determining, again, transportation.
Once we establish transportation, this is what I'll call our prime directive, what we seek to do is on a case by case basis determine the least costly and most appropriate mode for recipient and that's basically based on the recipients current level of mobility and functional independence.
So, each of our grantees, they do a needs assessment for each grantee, excuse me for each recipient who requests transportation.
And they try to meet the appropriate mode of transportation again based upon that individual's current situation.
And their needs, based upon their circumstances.
Coordinating transportation -- we essentially provide 3 modes of transportation.
Public transportation, mass transit, para transit which would be van service.
Essentially.
And we also provide mileage reimbursement.
And we just quickly they could arrange through the following they can provide direct van service, grantee or a contract with service providers, they can recruit and use volunteer drivers.
They provide tickets passes or tokens for public

transportation they can reimburse recipients for the cost of public transportation and also, reimburse recipients directly for the use of their own automobile.
There's various tools at their disposal, that they can use, it's not just limited to those, those particular modes they can be as creative as they can be in terms of coordinating transportation for MA recipients.
Just a brief list of some of the things that we don't provide.
Transportation, as part of in-patient treatment if you're in an in-patient facility or even a hospital, it's the responsibility of that hospital or that facility to provide you transportation.
I would say, that anything that we don't provide transportation to, it's another agency's responsibility to do it.
I mean that would be the primary reason why we would not do it.
Exceptional transportation services would include, if you need airplane, air travel, lodging meals and usually that service is provided through a local county assistance office.
We also, don't provide attendants stretcher service, door through door service.
Again those types of services, would be provided, through other entities.
And while we don't specifically pay for attendants we will allow an attendant to travel with an individual whether it be an attendant or escort if they need that level of support.
>> FRED HESS: I was going to ask you about that.
>> TYRONE WILLIAMS: No problem.
Terms of coverage.
Big question, how far can an individual go on transportation to get to a medical provider.
To be honest we have a general definition of that, we have not been able to say, pin down a specific standard in terms of how far say, by way of miles or things of that nature.
But we, try to give guidance to is that the grantsy will provide transportation to any qualified internetwork or approved by network provider of the recipients choice who are generally available and use bid other residents of the community.
What this means is, we support the whole premise of HealthChoices where an individual has a choice of

providers, within their HMO's network.
While at the same time, we try to support that network by making sure that individual is again somewhat used available providers in that network, in that recipients community.
So in other words, if the majority of people in Philadelphia County, go tie dentist in Philadelphia County we're not going to look to say take someone to Dauphin County, to get dental service.
Philadelphia is an easy example for me to use.
Of course.
We have as you know, majority of the state is rural.
There are challenges not only on the transportation end but also on the medical service end.
So we do have well, we follow this.
So people have to go out of county say in order to access dentists, then, we transport people out of county to access denttivities.
A lot of our -- a lot of our grantees have service areas, that comprise of many different counties, so you will find very rarely will you find say a grantee that's only confined to the county in which they reside.
And we also have again allots of, the other component would be also the specialists that or the type of providers that we're talking about.
Generally for example, PCPs a lot more prevalent, say in our networks.
Than say, pediatric pull Mondayologyists for example, which would be a very special iced service with children.
If a person needs to travel, two hours, to get to that to see that particular specialist, we will provide that tip of trip
>> PAM MAMARELLA: We have a question from Brenda dare on the telephone.
>> SPEAKER: Hi I live and work in south went Pennsylvania, are grantees able to say we'll take you halfway to a appointment but we don't cover that particular area where, someone is that you'll have to pick up another ride from point A to point B that's my first question.
And then I have a follow-up question to that.
>> TYRONE WILLIAMS: Well, I would say generally, no.
If I take your question on face value, now there are ways,

there are strategies, where what we call multi-modal transportation depending upon how far an individual needs to go, some areas do say have transportation hubs, where they may again take an individual part of the way but then they make arrangements, for say, whether it's another county agency or some sort of other transportation to finish the transportation forest drop off at the medical appointment as well as the pick up.
So there are those types of arrangements.
But, just generally, they are only going to take you part of the way and then, abandon you and, leave it upon that individual to make arrangements to finish the journey, that would not be appropriate.
>> SPEAKER: We have had situations here where the individual has been tasked with creating those arrangements.
So, I definitely like to talk to you about that individually.
My other follow-up question, we have quite a few people that we work with, who don't fit on typical para transit lists they need alternative sources of para transit type transportation I know you don't provide stretcher service but what about the use of like ambulance services or other kinds of things that might accommodate persons with larger mobility equipment?
Or other needs.
>> TYRONE WILLIAMS: Sure.
Actually, the very last slight, speaks to that.
But I will try to talk about it now.
In those instances where a recipient may need ambulance service, depending upon what health care arrangement they're in, there's a resource for it.
So, if they're in the fee for service program, they're dual eligible and the fee for service program then, those types of trips, are typically referred to their local county assistance office.
Who is charged with arranging ambulance transportation to I would say routine medical care.
If they are in a managed care organization, then, they are referred to their specific managed care organization.
Basically.
And, we have a process in place referral form, referral process, if you will, to help that individual get to the appropriate resource to arrange that transportation.

>> SPEAKER: Thank you.
>> TYRONE WILLIAMS: Sure.
Yeah.
Just, wanted to briefly some limits in addition to the
coverage area, pharmacy, we do only provide transportation to the
two closest pharmacies -- two closest pharmacies to the
recipients residents to the pharmacies closest to the recipients
prescribing physicians office, what that last part means is if
say, after a medical appointment the person needs to pick up a
prescription, the grantee, can stop at a local pharmacy so that
individual can have that prescription filled.
Methodon maintenance we are only required to transport to the
closest clinic to the recipient's residence.
Just urgent care we provide urgent care.
>> PAM MAMARELLA: For the sake of time we need to wrap it up.
So -- if you could -- make some closing comments.
>> TYRONE WILLIAMS: Sure we provide urgent care.
That's the -- the circumstances under which we do provide it.
And also to let you know also, curb to curb is the standard
we do, there's a process to get door to door service as necessary.
Go to the next slide.
A lot of just to hand -- the Courts are allowed for recipients
who cannot travel independently because of age, disability and
language.
I already talked about the referral process.
So that's our program in a nutshell.
The last slide, gives you my information.
As well as is the information from my staff.
If you have any questions, moving forward don't hesitate to,
give me a call.
>> RALPH TRAINER: Thank you Tyrone in your presentation
you talked about, medical assistance, transportation, for people,
to to go to the nearest drug store for prescriptions I would also
encourage the department allow the individual to also stop at a
grocery store, maybe along the way because a lot of medications require
supplements
beyond that.
Thanks.
If you have any questions submit them to Tyrone.
>> JENNIFER BURNETT: His slide deck will be up on our web

site in the next couple of days.
>> RALPH TRAINER: Thank you.
Now we, are we're fortunate to hear from the U.S. district about the U.S. District Court civil order by Michael Anderson.
Please introduce yourselves.
>> MICHAEL BROWN: Hello I'm Michael Anderson, this is my -- mark Anderson.
My attorney is on the phone.
Steve are you there?
>> SPEAKER: Hello Steve?
>> JENNIFER BURNETT: He is muted.
He is there.
>> SPEAKER: Yes I'm here Michael.
This is your show.
[laughter]
>> MICHAEL BROWN: Okay.
Okay.
So we'll give a sort of, summary of this policy.
>> SPEAKER: I'm mark Anderson we're here from Philadelphia I'm Michael's father.
I think he, he deputized me to give most of the presentation if you have any questions for him, you know or me --
>> MICHAEL BROWN: Other than that I'll go on and on I could go on and on.
[laughter]
>> SPEAKER: Fair enough.
>> MICHAEL BROWN: In the interest of time I just let my dad do it.
>> SPEAKER: I'll try to be brief this goes back about 3 years, Michael, among other things likes to go to visit museums and, institutions like that.
And, he went one day he went to the Franklin institute in Philadelphia, and, was, surprised to find out, the Franklin institute wanted to charge him for his attendant.
It was our understanding under the ADA, that attendants shouldn't be charged in a separate admission fee in addition to the person they were working with.
But, they, we asked them if that was their policy they informed them yes, it was, and not only --
>> MICHAEL BROWN: Asked them letter in writing.

>> SPEAKER: They gave us that letter saying that they thought they were fully in compliance with the ADA.
And so, Michael a tentant would have to pay for general admission, special admission to exhibits IMAX theaters you name it, that's right.
So any way under the ADA they are public facilities like that, are supposed to provide, equal access to people with disabilities.
It was our contention that, because the attendant would not pay him or herself, for themselves Michael would have to pay for the attendant too.
And so basically he would be paying twice as much as someone who could come without a disability.
And Michael, receives services under the waiver he has, attendant care pretty much 24/7 and he, can't go to a place like -- they are definitely on the John
they're there, because they have -- it's very enlightened individual
[laughter]
Always understands what everybody -- doesn't necessarily.
So, the justice department, also has a hot line where they have attorneys to answer ADA questions we called the justice department.
And --
>> MICHAEL BROWN: It tendant asked to pay if they wanted to go out, if they they don't have to pay.
>> SPEAKER: We were very surprised the Department of Justice also took the position if the attendant had the opportunity to take advantage of the services, then the attendant would also have to pay.
So the example they gave is, if you had attendant, dress you, in the locker room at a pool but not go into the pool, attendant doesn't have to pay.
But if the attendant gets in the water, and, helps you in the water he has to pay, so --
[laughter]
Yeah. He or she.
Yes.
Excuse me.
So, we weren't very happy.

We filed our lawsuit I think in the fall of 2013.
And, so, the case took much longer than we expected.
But finally, in May sixth I believe it was.
Just 3 weeks ago or so, we got a decision and, from justice McCugh of the eastern district of Pennsylvania.
And
>> MICHAEL BROWN: A article for the daily news.
>> SPEAKER: You may have seen the article in the daily news.
So it's very exciting.
So
[applause]
Thank you.
So -- so under the Judge's order, Michael attendant will have not to pay for general admission, admission to special exhibits, IMAX, theater tickets or anything of that --
>> MICHAEL BROWN: I would like to expand it more this is a first step.
>> SPEAKER: This is the first step we still don't know we're hopeful that the we'll reach an agreement with the Franklin institute they won't appeal the decision and, they will accept the result.?
But what the big deal is E we're hopeful this could be obviously expanded to other museums et cetera but also, to any other arena, movie theaters, broad way shows, sports arenas, even air travel, so that's the big question and, under the ADA, if there is in fact discrimination, you are allowed if you will to discriminate if you can demonstrate it's an undue burden in order to
>> MICHAEL BROWN: You Franklin institute didn't have any numbers they couldn't establish the unoccurred burden when the Judge asked them what kind of numbers come in.
They have no clue.
>> SPEAKER: Right.
They didn't know.
So, they could not, win on that ground because they really had no evidence as to how many people actually, came with the attendants.
So any way, but, if we try to expand it, you can also imagine situations where I might actually, it might actually cost money for the Franklin institute if you know, attend want comes in,

they would not come any way they would not have gotten a fee from that person
>> MICHAEL BROWN: The argument was like always pay for a child --
>> SPEAKER: Well, any way.
So they didn't -- they would have to prove that, they didn't have any information.
If you expand that to a broad way show that is swelled out, if they let an attendant in for free that could be -- it could actually cost some money.
But it's our view that even in those situations, unless half the theater was people in wheelchairs with their attendants, it's not likely it would rise to the level of hardship that they would be able to become exempt, after all many institutions have already had to make physical accommodations spending a lot of money on elevators and ramps and things of that sort.
If they loose a few dollars at the box office, we still think we can probably win a case.
But, any way so that's what we're hoping that this case, from a legal standpoint, the problem is, his case is only binding on the parties in the case it's not binding on other institutions and certainly not on any place outside of Pennsylvania.
So we would try to uit as persuasive authority I think the Judge's opinion supports our position fairly strongly.
I think the law is on our side.
But I don't know so we'll see how much luck we have in convincing other places, to do this.
The other interesting thing about the case is that, it was a case of first impression which is kind of surprising basically means nowhere else in the country has anyone ever had litigated this to a conclusion.
And received a judgm judgment one way or another.
Hopefully good decisions will follow elsewhere.
>> RALPH TRAINER: Michael we applaud your efforts your attendants effort your attorney's effort your family efforts.
And, this is a demonstration that it took one person to get ticked off enough about something
>> MICHAEL BROWN: Believe me I was pissed off.
[laughter]

>> RALPH TRAINER: Yes.
I'm obligated to use professional language I can talk to you more about that outside
[laughter]
But again thank you so much anded success I know you have Steve gold working with you
>> MICHAEL BROWN: Does anyone have any questions for Mr. Gold?
>> RALPH TRAINER: No.
I don't see --
>> JENNIFER BURNETT: Any questions.
>> RALPH TRAINER: If we have questions, we'll make sure we get them to you.
>> SPEAKER: Thank you very much.
[applause]
>> RALPH TRAINER: Thank you very much.
Keep on fighting!
>> MICHAEL BROWN: Thank you everybody.
>> RALPH TRAINER: Thank you.
We have Virginia brown now, she will talk about the community health choice waiver comments.
>> VIRGINIA BROWN: Thank you Ralph, good afternoon everybody.
And I hopefully won't take too much time on the agenda here this morning.
This afternoon.
So I was asked to come and just provide some -- an update on where we are with the community HealthChoices waivers and also to provide the group with some of the common themes the buckets of comments that we have received through the public comment period.
So why don't I start with that, we received a total of 314 comments from 86 different comment Taters.
I was actually surprised given the volume of comments we received on both the concept paper and the draft RFPs I was a little worried we were going to be inundated with thousands of comments.
So thank you all for making it brief.
Basically we took 3 days last week to comb through all of the comments we received and really kind of try to bucket them in terms of, what the themes were.

And, look at obviously how we're going to respond to those comments but also, those comments that we wanted to take to the steering team tomorrow to talk about recommendations for whether we make the suggested changes to the documents or, if we're not going to do so, the reason why we're not going to do so.
So that's included in the comment document that we post on the CHC web site.
So first of all, several of you, did a great job of proof reading because no matter how many people looked over these documents, there were errors that you all caught.
So thank you all for catching spelling errors, inconsistencies we appreciate that.
It makes the final product that much better.
But then, with regard to the sort of the big bucket items and when I say big bucket I'm talking about things that we heard multiple times from people.
So the first one and this is not in any order, in terms of how many people we received comments on this issue.
The first one we've heard before and it was the request to allow community spend down for eligiblity into community HealthChoices.
The second was requests to include the service specialized services professionals SSPs for deaf-blind participants.
There were a number of comments we received that ensuring that any materials that are distributed as well as any communication what's the word I'm looking for -- any interpreter type services are done in compliance with the ADA and making sure that all communications are accessible to all people.
We received comments that we've heard before from the brain injury providers around the provider type for home health services and when we talk about home health services, we are generally talking about nursing, OT, PT, OT, occupational therapy, PT physical therapy and speech and language services.
The brain injury providers also provided some feedback and recommendations around language for the unlicensed practitioners to provide
cognitive rehabilitation services as well as
behavioral therapy and the brain injury providers also a correction around the provider type for cog rehabilitation therapy I'm pretty sure that's what it was.

Yes.
We received a number of comments on the process that we're proposing for annual redeterminations of level of care.
We are currently proposing that the service coordinators, collect the necessary information and submit that to the independent assessment entity, to make the final determination.
And, essentially the spirit of the comments were that they felt that the service coordinators should not be doing that, fulfilling the role they saw that was a conflict and that the independent assessment entity should be doing those annual redeterminations.
And then we also received a number of comments around the unduplicated recipient numbers and the cost neutrality projections the unduplicated recipient numbers are appendix B3 and the cost neutrality projections are appendix J2.
Those numbers were not ready at the time that these documents went out for public complement.
So that information was not available when the documents went out.
We received as I said numerous requests that this go back out for public comment once those numbers are ready.
I think what I'm going to be recommending to the steering team tomorrow is that, when we do submit this to CMS we make it also available to the public so they can see what those numbers are, that we're submitting to CMS.
So that's -- that is really the primary issues that we received from the comments.
And again, for those who provided comments we really appreciate your feedback.
As I said I think it helps us make a better document we are send egg to the feds and it also, provides us with a better product.
A better program.
Just with regard where we are in the time line as I said, we will be taking our recommendations for the comments that we received and the changes that we would like to make to the executive steering team tomorrow.
Based on their feedback we will be making additional changes to the waiver documents.
We're also making other changes that you all pointed out

where there were inconsistencies or spelling errors.
So we want to have those documents finalized, by the end of this week.
So that they can go through the executive review process, which means that the executive staff, at DHS, review the documents, sign off, give their approval for them to be submitted to CMS and also needs to go to the governor's office for the very time approval process.
And we are still, our goal is still to submit the B waiver and C waiver to CMS by the 30th of June.
With regard to the B waiver, we didn't get as many comments on the B waiver.
The comments were primarily centered on the 1915C waiver.
And not being as familiar with the B waiver myself, I still need to really digest some of the comments we received.
So unless there are any questions or comments, I think that was it.
>> RALPH TRAINER: Okay.
Any questions around the room or on the phone?
None being heard thank you so much.
Thank you for your presentation.
>> VIRGINIA BROWN: Thank you everybody, thanks again.
>> JENNIFER BURNETT: Ralph something I mentioned in my remarks at the beginning we kind of overlooked was, giving Richard an opportunity to talk a little bit about his review process, the process that he has been going through so Richard, would you mind just taking a few minutes to share with the group.
>> SPEAKER: Certainly.
Yes.
To follow-up, I will be glad to provide these comments.
The MLT, the Commission, a committee of 3 consumers has began looking at the subject experts and the State team selected, we began to look at the applicants who have applied for managed -- the MCO, RFP.
And the committee and everyone signed confidentiality agreements and that kind of really prevents everyone from public specific comments I will go on to say that, the confidentiality agreement allowed us, well that being said I'm going to go on.
The reviewed responses from each MCO and, DHS questions about the experience and approach for service coordination.

And they're experience and the approach for keeping people in their communities just to align the RFP and philosophy and that's what we heard today.
The committee paid close attention to the plans about paid caregivers, both natural and organic as well as the paid caregivers and natural and organic givers there's been a lot of conversation around that language.
Some of the top submissions, some of the top submissions responded strongly to these concepts.
So, it was yesterday, we spent an hour and a half reviewing and reacting to the submissions.
So that's pretty much where we are in the process at this point.
And we can't say much about it.
There were excellent proposals and we -- we strongly hit the content from the RFP to move forward with community HealthChoices and that -- innovative strategies the approaches were very strong, at this point, it's still in process and time frames you said by the end of the month and and everyone is actively working on that.
There's great proposals owned that, we're working on them and by the end of the month, we should -- the department should have a decision.
Okay.
>> JENNIFER BURNETT: Yep.
>> RALPH TRAINER: Thank you Richard for your efforts I hope you continue, to find that these proposals are meeting the needs that we're talking about here for almost a year now.
Fred has a question
>> FRED HESS: Real quick is there a lot of difference a lot of differences in the proposals are they basically the same? Or are they drastically different.
>> SPEAKER: What I can say is, that the committee and the department are working closely together and addressing everything that we discussed here.?
I'm trying to find the best way
[laughter]
>> FRED HESS: In other words you can't talk about it.
Okay.
Burp bury just, I just want to say thank you to Richard and

the group of, consumers who did this work.
This was really, really hard work, these proposals were very, very long.
Very, very detailed a ton of reading.
I have staff that literally worked through 3 weekends, in order to be able to get through the 14 proposals.
Because every single reviewer had to review all 14 of the proposals so I just want to thank the effort of the group, that has provided us, as Richard mentioned with subject expertise with it.
The State staff cannot do that, we can look at the quality, we can look at the financial aspects but we can't really, and analyze all that, but we really are looking at it from the eyes of the consumer asks what those subject matter expertises they brought to the table.
So thank you.
>> RALPH TRAINER: Okay.
Again thank you so much, Richard and, I know you said there's 3 consumers on there.
I'm always hopeful that there's more.
But, 3 is better than none.
And again thank you.
>> SPEAKER: You're certainly welcome.
>> RALPH TRAINER: Okay.
We'll have reports from committee work group chairs.
Do we have any?
>> SPEAKER: We do.
Okay.okay.
>> SPEAKER: Good afternoon everyone.
My name is Georgia good man I'm going to report out on both the communications and the evaluation work groups.
I am a member of the evaluation work group but I'm certainly not the lead but those folks are busy back at the office so, they provided me with some talking points from our last meeting and, I'm going to run through those real quick.
We had a meeting on May 13th, the next meeting is June 17th.
At the last meeting we covered the evaluation plan and a number of the documents that Pitt and Howard had presented to the community at a high level and dug into the details and discussed the details Pitt pulls out of their
evaluation will be shared with the public.

It's decided at this point that the vast majority of the detail will be posted on the web site to share with everyone. So that it's really a public document, we're not holding anything too close to the chest.
The next steps are, through early implementation, are the review of a number of more documents and, the questions and strategy to be used, through the participant caregiver and participant caregiver experience interviews.
We are working towards deadlines for final feedback including the DHS executive staff feedback on these types of documents. And, at that point we'll then post them on the web site for everyone to have a gabbedder, though you guys have a pretty good idea what we're talking about as Howard has presented.
Any questions on evaluation?
Excellent.
So on with communications -- a number of you have been involved in kind of a variety of work groups including communications, training, grievances and appeals, participant notices and, we did a little bit of thinking it seems as though all of those work groups are really focusing on communication and, through some of the work of the work groups there wasn't a ton of development that was happening.
So, the Commonwealth is moving forward with a department of number of materials to target all different types of stakeholders from participants to caregivers, to powers of attorneys, providers MCOs the different types of training that is necessary from MCOs to providers and participants in all of those types of things.
So as we develop those types of documents, we'll send them around to everyone that was on the netses and -- grievances and appeals, and participant notices and the communications work group if you wish to comment on any of them, you will have the opportunity to do so.
So all of that is falling under the umbrella of communications.
Does that make sense to everybody.
>> RALPH TRAINER: Georgia I have a question, the comment about communication.
>> SPEAKER: Go for it Ralph.
>> RALPH TRAINER: Ever think about Apps that might be

applicable.
I mean, a lot of people have iPads and so forth.
That's just something I think IT knees to be looked at.
Much more than we do -- in this day and age.
So -- I would just --
>> SPEAKER: I had not thought about apps specifically but in this, we can look into it though that's a great suggestion.
Do you have any experience with any that work specifically well in a communication venue or are you thinking more social media or what was your --
>> RALPH TRAINER: All of the above.
>> SPEAKER: Awesome, love it.
Thank you.
>> RALPH TRAINER: I was glad you didn't ask me to demonstrate I am looking for my staff.
[laughter]
>> SPEAKER: Excellent.
>> RALPH TRAINER: I still use you know,.
[inaudible comment]
There you go
>> SPEAKER: Thank you.
>> SPEAKER: I'm Michael hale office of long termtiving I'll give you update on the clinical eligibility determination tool after the last work group meeting which was, which was held following the last subcommittee meeting, there was a decision made at that work group meeting to move the draft CED draft clinical eligibility tool forward.
Since that time we presented the tool to the CHC project team, Dr. Steve Albert from the University of Pittsburgh did a nice job, explaining the
tool and how the test would be going forward with the project team, they decided to move to the CHC
Steveing team if you don't think there's a lot steps you're sorely mistake.
But the steering team, had several questions for Dr. Albert, went back to his
colleagues at university Pittsburgh it was a couple of weeks of effort on his part he did a very nice job of get being the answers to the questions that the steering team didn't have.
The steering team then, recommended that, the tool be moved

forward into the testing phase.
Which will be the next step, we're currently in a process, of discussing and moving towards that phase.
We need to select a number of assessors from various AAAs, that had helped in the previous work we had done.
But we'll be meeting with P4A, at some point to discuss utilizing the AAAs assessing those assessors to use the new tool in testing phase.
They also have to be trained on the new tool.
So we're also in the discussion phase right now of, securing trainers, on the tool itself.
For the -- which will be used in the testing phase.
We're hoping that the -- to do this in July.
I think, we are pretty much on schedule to be able to do it in July, if we, can get the trainers in place and get the assessors, that we're going to utilize selected.
We are -- we wanted to postpone having a work group meeting after this meeting this month any way because there was a lot of work to get the testing plan done and get the assessors in place and get the training in place.
So as soon as we do have that which we hope to have in the next week or two, the next couple of weeks any way, we will be, convening another meeting of the work group to discuss the testing phase.
And the trainers.
That's where we are with the CED new clinical eligibility determination tool.
Are there any questions?
>> RALPH TRAINER: Cassie?
>> SPEAKER: Have you looked at other states that use the similar tool?
>> SPEAKER: Yes.
That was done pretty extensively through the University of Pittsburgh and with this work group they looked and discussed a variety of states had used, the tool that we're going to be utilizing.
Yes.
>> SPEAKER: From an advocate perspective I hear different things from the State but in New Jersey, the advocates in and the consumers felt that, I mean functional need is great they

didn't like the I can never say the word where they assess it at the end, the end tool where they're using say for me.
Algorithms, this is a new word to me.
They felt you know, sometimes, you know, consumers sometimes say they can do things they really can't do.
And they sometimes, probably say they can't do things they can.
And that human touch really means a lot.
I mean in an assessment, I mean, they just feel that some people didn't get served as soon as they should or as quickly as they could have, because of using that kind of tool I mean, I think, assessment really needs a human person behind it.
And, talking to a lot of consumers and people here they expressed the same concern.
And I mean I was all excited and I still am excited about the it being based on functional need.
Because I think, it will actually get a lot of people more so, but I still believe in that human touchy just think just, going by what someone says, I mean I've had consumers that could not do anything would brag what they could do.
I mean you know, because, they're used to saying, you know I'm a super crip I can do everything I can take care of my envelope is.
If you use that kind of tool and have a consumer like that they may end up in an awful situation.
>> SPEAKER: Assessment, the assessor training, that we're going to be putting into place, Cassie from the university of Michigan, is who we're hoping to utilize is where inner eye has come from, they have spoken directly about various aspects of when they're in their assessment when they're doing the communicating with the participants, to make sure that is not the only thing that they're looking at.
So it's going to be a true assessment, as opposed to simply an interview.
And there are techniques and things that, they need to be aware of and cognizant when they're doing those types of assessments.
As far as the algorithms itself, I think it's a fairly simple and basic algorithm.
It's simple and it's doing what we need to achieve with the

new tool that's why we're moving into a testing phase.
Testing is very, very important when it comes to this because, we will be able to determine whether or not the algorithms is a proper one or not.
We'll also be able to make adjustments to that algorithm before we go forward before we put it in place that's why, the assessors -- calling them assessors having a true assessment opposed to simply an interest are view you is important part of it, the training is very important for that.
And also, testing phase is really vital to making sure this is a successful tool we want to make sure that the algorithms is a successful one.
>> SPEAKER: Thank you.
>> RALPH TRAINER: Any questions for Michael or Georgia.
>> SPEAKER: Pretty good ralph you may get to lunch I know how important.
>> RALPH TRAINER: Trust me I'll get to trunk.
[laughter]
Okay.
With that being said -- thank you lunc much.
I would like to open it up for public complement.
And Jeff, come up.
>> SPEAKER: Jeff from SILC on the phone.
One comment I wanted to convey, some of us were disappointed with the community HealthChoices waiver for folks not being deaf-blind population not being incl included in there.
On a separate matter we had another suggestion for OLTL to do what ODP does to see about trying to draw down Federal dollars for employment in ODP is putting half a million dollar match they get about, between 1.5 to 2 million Federal funds.
Some of us were just wondering if OLTL can try to do the same thing for employment to maximize federal opportunities there.
>> JENNIFER BURNETT: Yeah.
The challenge for OLTL is we don't have base dollars which is what ODP used to draw down the labor and industry funding.
So our, what we're struggling with is finding the money that is state only money.
Only state only appropriation that we have it's not even a state only appropriation anymore, is Act 150, that's the only source of state money so, that's part of our challenge.

>> SPEAKER: Perhaps for future consideration, maybe we get, savings from the community HealthChoices perhaps maybe that could be an option.
>> JENNIFER BURNETT: We definitely are looking at it.
The model is there, ODP did it and, I know, Ed Butler has been you know, really trying to understand how ODP we're talking about the ODP draw down of funding for OVR.
To get OVR services that are targeted to --
>> ED BUTLER: We have that as an action item, with our budget person, taking morning star everyone is looking where we can find some money to shake loose.
>> JENNIFER BURNETT: He just repeated what I mentioned.
We are investigating the source of funding.
We want to do it there's no doubt about it.
We do want to do it, but we have to find the money.
>> SPEAKER: It would be also be great this is OMSAS if they would pursue more efforts we could maximize a lot of employment and just, match opportunities.
Thank you.
>> JENNIFER BURNETT: Thank you.
>> PAM MAMARELLA: Thank you.
>> SPEAKER: Sorry I missed the last meeting.
My name is allen Holdswith, my question is -- about employment, I would like to know, when I used this job in England, when we put a report to mayor or whatever as an equality officer I had to give an impact assessment whatever the council was doing, how is that going to impact disabled people.
So what I'm asking for, is -- given that the accreditation is going to happen with the service coordination and the above and that will mean that, disabled people, who have not got a bachelor's degree or, another degree will be out of work because they have not got a degree they're going to fund it much harder to find work than the person who may have had a degree.
What I would like the, you to do, when you announce the governor's initiative on the sixth of July I also like to at the same time, announce how many disabled people are going to lose their jobs, because of that accreditation and, what is the governor going to do with starting with the fantastic initiative, with like maybe, too many jobs lost as part of the press release I would be, very strongly asking him to come up with a form of

words that got you away from that.
Having said that, I also would like to say, more positive note, we still have not talked about how we're going to bring the social model of disability and the independent model of disability into the whole culture of, Cassie, doesn't like that, -- of what goes on Harrisburg, I think some of those people, from -- you know what I mean.
How are we going to bring that in maybe that's a opportunity to start to recognizing the experience, the knowledge that disabled people a cross the State, could bring to make the services really great and I would encourage people looking at employment to think of the structures where that could exist, so we disabled people can go in as trainers go in and educate, what the managed care companies need from us, in terms of our experience apart from what we get for nothing.
But how can we start to think about and creating jobs for disabled people, creating jobs within CILs and other disabled people's organizations.
I do think it's a lot of work, that we could be doing, just to help you out and get it right and get that Zeek right.
But please think about the impact of the policies, as you go forward.
If there are 250 disabled people loose their job, that impacts their families and impacts their communities we need to start looking at that, not just start saying well that's what we want, we want to nurse, the service coordinator whose never been in a disabled investment in their life
>> SPEAKER: It's more like lost opportunities I do believe, correct me if I'm wrong --
>> RALPH TRAINER: Use the mic.
>> SPEAKER: Sorry.
They're grandfathered in, the people that work are grandfathered in, they're not going to lose their jobs.
What I was talking about, is lost opportunities for other disabled people, who may you know, it's natural they come in the CIL they want to do what they do
>> SPEAKER: They can't change the job you see, can't go from one CIL to another, they could not -- once they have -- they have to stay in that job, doesn't mean they will loose the job initially but boy if they ever want to move from one

apartment of the state to another they can't, transfer that, to another job.
>> SPEAKER: That's why I said lost opportunities.
For people that might want to do it and it's as far as I guess mobility.
>> JENNIFER BURNETT: Thank you Alle next, good suggestion.
>> RALPH TRAINER: Okay.
>> SPEAKER: I'm hoping it could be incentive to create -- is there any way, I'm sorry.
Any way that it could be a, incentive to create jobs with the MCOs I mean, managed care organizations.
>> RALPH TRAINER: Cassie I would say that's something we can talk about at the employment focus groups that some of us are involved in.
That might be a good segway into other things.
Okay.
>> SPEAKER: My name is Art wohl, about the waiver program I realize I'm one of the last counties that are going to be instituted in this.
In my experience you don't let anything growing in legs it will take off running.
And the fact of the matter is, there's a lot of rumors going around, about how we're not going to be able to choose our PCAs anymore.
They're going to be chosen for us, by an insurance company.
And they're going to limit the hours, there's talk of them cutting hours in half all that sort of garbage.
So how is the implementation of this plan going?
>> JENNIFER BURNETT: Well, I would say first of all it hasn't been implemented at all yet.
What has happened is we're in a -- in the right smack in the middle of a procurement process to bring these managed care organizations on, as far as cutting hours that's something we'll monitor very closely.
That is, not our intention.
And, in fact, in the document itself, and the RFP document itself, it talks about maintaining people with disabilities, who use, or seniors who use services, will be able to remain in their own home or their community if they wish to as well as, if someone is, living in a nursing facility wants to stay there and

I've talked to people who are in that situation, they will be allowed to stay there.
So, as far as cutting hours goes that's something that the State will be paying a lot of attention to and we will have we will have ways that, we have a consumer hot line there will be other ways that people can get in touch with us, directly.
If they are experiencing something like that.
And as far as -- what was the first part of your question
>> SPEAKER: Choosing my own PCA.
>> JENNIFER BURNETT: So your personal care attendant, we're going to continue to have the
self-directed personal care model that's not changing at all, that will continue to be allowed.
And you and the self-directed model can hire and fire and train and continue to receive the services through the with the fiscal management entity supporting you in order to make sure your aids get paid that kind of thing.
So that is not changing.
As far as if you use the agency model, that, which your personal care attendant would come through an agency such as personal assistant services, that will not change either.
Those agencies, are going to contract with managed care organizations and, going to -- I mean sort of business as usual.
So you won't, insurance companies will not be choosing your aide for you per se we'll continue to have, a provider home health's or home care agency or the consumer directed model.
That will continue in the community HealthChoices.
>> SPEAKER: All righty then.
>> RALPH TRAINER: Can I ask you a question please.?
>> SPEAKER: Sure.
>> RALPH TRAINER: Do you have a personal care attendant?
>> SPEAKER: Yes.
>> RALPH TRAINER: Is it self-districted?
>> SPEAKER: One of my own choosing that I trained.
>> JENNIFER BURNETT: Se Self-direc ted.
>> RALPH TRAINER: That person will not go away.
>> SPEAKER: Only part that worried my she is here today, she is a little nervous.
[Laughter]
>> JENNIFER BURNETT: No.

>> RALPH TRAINER: They should be nervous, the other thing, there's Cassie, Fred, others around this table with disabilities that are on these programs.
We'll do very best to minimize any change whatsoever.
I can tell you personally, no one is cutting my hours without a struggle or a fight.
>> SPEAKER: I just don't like these sort of rumors, like I say let something grow legs it can take off running in a hurry.
>> RALPH TRAINER: Cassie has a axe she will chop her head off. off.
>> FRED HESS: That's why I'm here you cannot lower my attendant's care, she will bit.
She has a burden to bare
>> SPEAKER: If you cut your hours you can go to another provide that happened in Texas, they lost a lot of consumers.
>> SPEAKER: That is one of the rumors going around is that, the -- once the insurance companies took over, is that, you're no longer have a choice you have to take whoever they send to your house.
>> SPEAKER: We have a choice right am I right strain train only rumors art.
Cut the legs off of them please.
>> SPEAKER: Don't like the rumors.?
>> JENNIFER BURNETT: I want to say, the managed care organizations, have it in their best interest to keep you, healthy, safe, to provide services, that, help you function optimally.
Because, if you're not functioning optimally, then you can go downhill they end up paying hospital costs or, so they have an incentive just in the way that managed care works.
To keep you as healthy as possible, as functional as possible.
Because it's just -- it's the managed care model is to provide, it would be to their disadvantage what happened in Texas to cut all your hours to find out, that oh I'm going to a different managed care organization you can choose different managed care organizations, at any time, in this program.
So, I just wanted to say that in the managed care model, it is actually, to their disadvantage to cut your hours.
>> SPEAKER: Okay.
Just to let you know I'm art gould I'm the founder of working

advocacy for the disabled and elderly.
>> RALPH TRAINER: Thank you for your efforts thank you.
Next please.
>> SPEAKER: My name is Jeanett herbert I'm art's PCA
my husband is also disabled.
And as Mr. Gould was saying, I mean, my main concern, is his
health his welfare that everything that needs to be done for him
is being done.
If that's limited in any way, I'm failing in my job.
When my husband first went on the program, his PCA, was only
getting like 24 hours a week.
And, when I talked to the woman, that was in charge of
determining how many hours he needed, she said well, you know, he
is not -- he didn't have any problems when it comes to losing
his urine, before it's time.
He can do this, he can do that.
And I said, no.
He does have incontinence.
He cannot go upstairs even though, a chair lift is being
installed, she still needs to be there because, he still has to
get into that shower.
Even though, there's a chair in the shower he still has to
stand up.
My husband falls because of his falling so much, he now
needs, he had hip replacement, shoulder replacement, I mean, this
is all, there was no one watching him at the time.
He now has someone any main concern was that, okay she is our
daughter-in-law, I'm safe I feel safe, knowing that he has
someone, who loves and cares about him. him.
him in the house I treat Mr. Gould the same way I
would want to be treated if I was an institution.
I just don't want anyone, to come in and say, oh, well you
know, we'll stop this, because, this is how we feel.
You know, no one knows, no one knows what he goes through.
No one knows what my husband goes through.
I -- he is my house though I don't know what he goes through.
You know.
You know each individual is specific in their needs.
You know we have to meet those needs.
We have to make sure the needs are taken care of.

We're going to have a lot of people dying very quickly.
Because there are many times before I had started this I was afraid of coming home from work and finding my husband at the bottom of the steps dead.
You know.
Because no one was there with him.
You know.
And I just, I don't want to see anything change you know.
My husband has the right to have whom he has, caring for him.
All of you do.
And, if the individual does -- who is with you doesn't care, then they don't deserve the job.
>> RALPH TRAINER: Speaking on behalf of this committee, and I know Jennifer is a supporter of this, we don't want those kind of changes to occur and it is our mission, to make sure that they don't.
What we have here, and southeastern Pennsylvania, is the benefit what is going to happen out in South Western PA, as it rolls this way.
And I hope no one in the southwest Pennsylvania, experiences some of the horrors we have heard.
But I can tell you, we're listening.
From this side of the state to make sure whatever helps on the South Western part of the state gets corrected and changed.
So that effective roll out, is a minimally inon truce I have to people with disabilities and they're caregivers without you would not be here we'll do our best to help you feel at ease with this process as we can
>> SPEAKER: Thank you very much.
>> FRED HESS: I'm from the southwest region I'm going to be the first one hit, if you want to believe, I'm going to be the first one to open my mouth.
>> SPEAKER: There's one area where I, can tell you, you can get money.
And, this, my husband found out, that, senators, Congressman, 500,000 a year, I mean, my husband, was only making 21,000.
You know.
That was, on disability.
Far between workmans comp and social security you know, I mean his first social checks was $5 a month.

You know.
But, it is just, so many people, are making so much more money than, what is necessary.
You know, we should be making whatever is necessary, to live a normal life.
Not live in the mansion on the hill or, you know, anything else.
I don't know how, you would even go about but, there's a lot of money out there.
That -- is being given, just given away.
>> RALPH TRAINER: Okay.
Well --
>> SPEAKER: I apologize.
>> RALPH TRAINER: No problem we appreciate your comments and, unfortunately, zoo to time, restrictions I know David, had something it could be please submit to us David.
We'll make sure we get it, on the docket Allen always has something
>> SPEAKER: This is about disability pride on June 11th in Philadelphia, going to be fabulous event like come to come and find out more information going to be thousands of people there.? Please come along
>> RALPH TRAINER: See the man with the hat.
Thank you very much have a good day everyone.
Thank you.
[meeting concluded at 11:04]