MLTSS SubMAAC
September 7, 2016
Honor's Suite
333 Market Street
Harrisburg, Pa

>> **PAM MAMMARELLA:** We're going to get started in two minutes.
>> **PAM MAMMARELLA:** I'm going to call this meeting to order.
Good morning everyone.
You'll notice that Ralph is not here today.
He was unable to attend, in his absence I'll chair the
meeting and Fred will become the vice chair.
You'll also notice that we have Mike if you can introduce
yourself
>> **MICHAEL HALE:** Sure.
Michael Hale, I'm the Bureau director for the contract
management provider supports I'm here for Jen Burnett until
she gets here she has a meeting with the secretary shell be here
as soon as she can.
And Kevin Hancock will be here as soon as he can.
>> **PAM MAMMARELLA:** Thanks Mike.
If we could go around the room and, have the committee
introduce themselves we'll take role that way this morning.
We'll start with Barbara
>> **MICHAEL POLZER:** Barb follows does he liberty community
medications.
>> Barrel pure rock united health care
[introductions]
>> **WILLIAM WHITE:** Bill whit e, AARP.
>> **SPEAKER:** Russ McDade, representing Scott Rifkin.
>> **PAM MAMMARELLA:** Pam.
>> **MICHAEL HALE:** Michael Hale.
>> **ALFRED:** Fred Hess, disabilities options network.
>> **SPEAKER:** Drew Nagel brain injure,.
>> **PAM AUER:** Pam Auer, filling in for these row Brady.
CIL Central Pennsylvania.
Ray push knock.
[introductions]s]
>> **SPEAKER:**
>> **PAM MAMMARELLA:** Thank you, Pat do we have people on the
phone?
>> **SPEAKER:** Yes.
There should be 3.
>> **PAM MAMMARELLA:** Hold on.
I'm -- committee can you on the phone can you introduce
yourselves.

>> **SPEAKER:** Yes, Tanya Teglow.
>> **SPEAKER:** Estella Hyde, council on aging.
>> **PAM MAMMARELLA:** Okay.
>> **SPEAKER:** Terry Brennan.
>> **SPEAKER:** Michael Pellicano.
>> **PAM MAMMARELLA:** Anyone else on the phone.
>> **SPEAKER:** Brenda and Cassie.
>> **SPEAKER:** Did you hear me?
>> **PAM MAMMARELLA:** Tanya we heard you.
Brenda are you on the line?
>> **SPEAKER:** Yes.
>> **PAM MAMMARELLA:** Cassie are you on the line.?
Okay.
So we don't have Cassie yet.
Good morning, thank you everyone.
I'm going to go over the housekeeping committee rules and then Fred is going to go over the evacuation plan.
As always, we like to conduct ourselves with the utmost of professionalism you had whiching the language that we use in and the support we give each other for the ideas we exchange here at the committee.
Please direct all of your comments to me, wait to be called on and then, try to keep your comments to two minutes.
Transcripts in the meeting documents are posted on the Listserv.
Which is listed on the bottom of your agendas.
There is a captionist here, as always, documenting our discussion.
So please speak clearly, slowly and, when you speak, if you could introduce yourselves so we know who is speaking.
Cell phones should be turned off.
Clean up your area.
And public comments, will be heard, at the end, we're going to try to make sure that we give enough time for people to make their comments.
And now Ralph is going to review the emergency evacuation.
>> **ALFRED:** Ralph?
>> **PAM MAMMARELLA:** Excuse me Fred is.
>> **ALFRED:** Okay.
Run! I'm just kidding
[laughter]
Event of emergency or evacuation we'll proceed to the assembly area to the left of the Zion church on the corner of fourth and market.
If you're requiring assistance to evacuate you must go to the safe area located right outside of the main doors of the honors Suite,

OLTL staff will be in the safe area and stay with you in will
you are told you may go back into the honors SWite or evacuated.
Every one must exit the building.
Take all your belongs with you, do not operate cell phones,
do not, use the elevators.
We will use stairs 1 and 2, to exit the building.
Store Stair one, exit through the main doors on the left side,
near elevator.
Turn right, and go down the hallway by water fountain, 1 is
on the left.
For number 2, exit the suite side on the side doors on right
side of the room, or the back doors, exiting from the side doors
turn left and 2 is directly in front of you.
For those exiting from the back door, exits turn left and
left again and 2 is directly ahead.
Keep this side of the stare well merge to the outside.
Turn left and walk down to Berry alley to Chestnut Street,
turn left to Fourth Street and turn left to Blackberry street,
cross Fourth Street to the train station.
>> **PAM MAMMARELLA:** Thank you Mr. Hess.
First up on our agenda today is a communications update.
That will be given to us by Heather Hallman.
I wanted to let you Cassie has been trying to say she is on
the phone.
>> **PAM MAMMARELLA:** Thank you Pam.
>> **HEATHER HALLMAN:** I'll go here.
I hate having my back to people and -- I feel like they're
okay with my back.
So -- good morning.
Joining me is Kait Gillis our press secretary.
Who is running the PowerPoint.
And also speaking.
All right.
Good morning.
Thank you everyone for joining us today.
We're back to give another communications update.
So we have been working to get our communications plan up and
running and so we've kind of wanted to give you a high level
today of what we are looking at, over the next year.
And then also, really, kind of hopefully diving into some of
the communications that -- at least one of the communication
that's we'll be sending out.
So first, um, we're looking at July through September
obviously this is the current time period.
We have been successful in accomplishing many of these goals.
First one, we talk about providers we are, currently planning

and preparing materials for providers, we have good drafts available right now.
And we are, going to be sending out a provider email kind of, we have already been communicating with providers.
But we are going to do kind of that first initial, hey, CHC is here.
And, here's what you need to know.
We are planning for that to go out September 15th.
And we will also have that information available on our web site and, it's going to be that initial, here's what CHC is.
Here's some frequently asked questions.
And, you will be hearing more from us in the future.
Staff training we are, continuing to prepare our staff materials getting that up and running.
For participants, this is something we'll be talking about a little bit later.
We are finalizing the text for five letters.
Now it's one letter per participant but there's five different versions based upon each participant.
So we'll talk a little bit more about that then.
And we are starting to develop marketing materials we'll have an individual on staff next week, who will, develop those marketing materials to make sure everything is very consistent, looks the same and says the same thing.
And finally, for stake holder engagement, we have been looking at all of the kinds of stakeholders that we need to engage.
Including everybody at the table we will be working with.
We did a press release announcing the MCOs I think that was last week that we did that.
And we also -- the video that you guys had viewed previously, that is now, up and available on the web site to start those initial conversations.
>> **SPEAKER:** We enjoyage you to all share that.
>> **HEATHER HALLMAN:** Please share the video.
We will give awards to people that share it most, I'm kidding there's no real award.
But you'll feel good about yourself in your heart if you do it
[laughter]
So -- all right.
Next October through December which is where, we are really going to start focusing on.
We are going to be doing regularly blast email communications to providers.
We are going to be doing, conduct an open house it says

Pittsburgh.
But we will, one will be definitely in Pittsburgh we'll try to have multiple meetings available for the providers so they can really start to understand what CHC means for them.
And we'll be, kind of dividing that into different provider types.
So nursing facilities, home and community based services.
Service coordinators will be doing very targeted out reach for each of them.
>> **ALFRED:** Is that going to be, just for the State or is that going for the MCOs?
>> **HEATHER HALLMAN:** That will be for the current providers who provide, services.
>> **ALFRED:** Meaning with who?
>> **HEATHER HALLMAN:** Meeting with us, we'll invite the MCOs we want to give the providers to have an opportunity to ask the questions.
We'll make sure that the MCOs are available to start making those connections with each other too.
>> **ALFRED:** That's all I want to clarify.
>> **HEATHER HALLMAN:** We'll have published web pages our idea with provider communications we're going to try to get fact sheets together around all of the different kinds of topics so they can easily be shared with people that need that particular information, you don't have to go through 40 pages of something in order to find what you actually need.
Staff training we will be be giving awareness classes that will be available so people can start we know as soon as we start talking about CHC with the providers and with participants, our staff is going to get calls.
We need to make sure that they have the information that they need, to answer those questions.
For participants, we'll continue with our text review a and approval, there's two level of communications to our participants we'll be sending out ourselves.
One is, a pretransition letter, which we'll talk about in a little bit.
That one goes out in March.
And then, there's the official notice and that must go out 30 days prior to the CHC implementation.
Those notices, will continue to -- those are the ones that we'll be working on in the future.
We'll need to get them translated into Spanish and we're looking at the other languages how we can make that happen, if we are able to.
We'll be formatting the services things you don't need to

know we're doing, completing our marketing materials.
And we'll be working with aging well to start that participant engagement that will start in January.
We talked about earlier, but because of the holidays and people having off and people getting a ton of mail at this year we don't want to want it to get lost we'll start in January so we can kind of start fresh and anew for the year.
Stake holder engagement we'll continue with our presentations, third Thursday webinars, messages from the secretary.
And continuing with our current plan.
January through March is when we really have to start getting out there.
For providers we'll continue our aggressive out reach for providers.
Continuing staff training.
Participants we will, be gotting -- we'll be pulling the participants January 1, who we will believe will become eligible July 1st, that list changes minute to minute, someone becomes eligible, someone looses eligibility.
It ink whichs.
So, we'll be you willing the list then and start to work with aging well, to do targeted out reach in the southwest for participants.
Really starting to talk to them.
We also really need to heavily rely on service coordinators to have the information because you and I both know, that participants are going to call their service coordinators when they have a question.
We want to make sure service coordinators have the information that they need to be giving accurate information for participants.
We also will be aging well will be doing out reach events, we will be sending our first letters to participants.
And during that time period also, we'll actually, so we'll do the pretransition letters and immediately following those letters the independent enrollment broker will send the letters -- send enrollment packets at that time telling participants about what their options are.
And start communicating to them, with how to make that decision and, you know, getting -- we would love to limit auto assignment we want as many participants selecting the MCOs as possible.
And then finally, stake holder engagement will continue with what we have already been doing.
Finally April through June, continue with the provider out reach.

Ensuring we need to ensure that every provider that is willing to participate in CHC, is signed up with the MCOs so there's complete continuity of care for our participants.
We'll monitor our training.
Staff training have already received the training prior to CHC being implemented.
We'll continue to pull the names of people that are eligible for CHC so that we make sure that we get the most updated list and communicate to this you people, who become eligible.
And finally our stake holder engagement will continue with what we've been doing.
So that said.
Let's start talking about the actual participant out reach that we'll be doing.
So pretransition letters.
These are letters that we have a lot of control over.
How they look -- what they say.
When it comes to notices because they're very -- our system generates them, we have not as much control over that.
So this is where we want to make sure we get the best information out to participants so they know exactly what is going on and when they get their notices there's no questions they have been fully aware of this process.
There's going to be five types of letters so that we can make sure that the people get the information they need.
We'll have it for nursing facility ineligible duals.
We'll have it for nursing facility duals.
Nursing facility non--duals.
HCBS duals and HCBS non-duals.
So they will be targeted to give those people the information they need rather than getting a lot of information that they may not need or doesn't pertain to them.
This is what we currently have, it looks like, this is one example.
We pulled the home and community based services dual eligible letter for you guys to have a look at.
And what we wanted to do is really talk to you about do we have all of the information that you think is important for people to know in the original pretransition period.
They will be getting the enrollment packet a couple of days later from IAB, we want to make sure we give the information to set the stage.
If you click we'll blow it up a little bit more.
So starts out, you guys can read, health choice asks a new program the way we get Medicaid services.
There's a new program in Pennsylvania, it's going to change

the way you get Medicaid -- medical assistance also called Medicaid, community HealthChoices and the transition will begin July 1, 2017.
So we have as long as you, are eligible for HCBS services we want it make sure that people realize that they still have to maintain eligiblity, if they're not eligible anymore, they would not be transitioned to the CHC.
All right.
So what is community HealthChoices?
CHC is a new program that provides all of your medical assistance, physical health services and home and community based services through a managed care organization.
The goal of CHC is to help you get the care you need more easily.
So then next we want to make sure people know exactly what they need to do, they will receive a packet of the information from the PA independent enrollment broker that will give you the information you need to be able to pick your MCO.
All MCs cover the same services, you have today.
Some MCOs provide extra services.
You will find out about each MCO's services in the packet.
Choose your MCO by May 15, 2017.
If you do not choose a plan you'll be automatic call willly enrolled in one, you may change your plan at any time.
So really want to make sure people realize we want them to pick an MCO if they don't, one will be selected we have a -- you have heard about the intelligent assignment that we have, but then also the people can change at any time, obviously through the enrollment periods we're able to
>> **SPEAKER:** Are you going it take questions.?
Drew Nagle, BAPBI, in your communication to the participant is it your plan to use abbreviations like MCO they may not really be able to know what that means.
So -- wondering
>> **HEATHER HALLMAN:** Because we do, identify what MCO means.
You think we should, continually, call it managed care organizations?
>> **SPEAKER:** I realize that in you know standard writing protocol is to use the full version and then, to indicate in parentheses the abbreviation.
But the problem may be for a person with a disability they may not later remember what the abbreviation stands for
>> **HEATHER HALLMAN:** That's not just people with disabilities I always forget what they mean.
>> **SPEAKER:** I'm just raising it as something you might want to consider.

>> **HEATHER HALLMAN:** Yeah. I will say that and we can talk about this, my concern with -- something like, and we want to limit the number of abbreviations we use.
People regularly refer to managed care organizations as MCOs.
And my concern would be, that if we never refer to as MCO and don't consistently do that, like in here we, we almost never call them managed care organizations.
People call them MCOs.
That would be my concern, with that.
But we can talk about that, later
>> **WILLIAM WHITE:** This is bill white from AARP I'll take it a step further it's very confusing all of these terms in -- you have to talk to your grandmother or someone, and, they will be clueless what we're talking about here on a day-to-day basis.?
I'll go a step further to say keep it very simple will, and maybe, consider a definition page.
Of all of the things, I realize it's extra work, and what have you.
But -- I think, if you really want to to a real consumer you'll get very great feed what we're talking about
>> **KAIT GILLIS:** We have that, it's posted on the CHC web page.
But if you would like us, maybe we can see if that's something we can include.
>> **WILLIAM WHITE:** Once again I'll speak for a lot of people, they don't have -- go to web pages.
>> **HEATHER HALLMAN:** You're saying we could include that.
Or at least some did he ever in additions in the -- we can talk about that.
>> **KAIT GILLIS:** Okay.
>> **PAM MAMMARELLA:** I'm going to ask a question and then I.
>> **SPEAKER:** I have a couple of comments as well.
Number one, very beginning of the day, you mentioned the video being on the web site.
Could you please in the update on in the meeting transcripts include a link to the video.
Because I attempted to show it to colleagues for some reason it's just, it's buried somewhere I'm not finding on the web site.
And even when you search for CHC video it's not coming up.
But the second thing is, the beginning of this notice, when you talk about changing the way, people are going to receive Medicaid services, I think you need to say, Medicaid and home and community based services.
Because, as a consumer, I don't really care how my Medicaid service have -- I need to be able to find a doctor somewhere.
By highlight home and community base services in

that statement, you'll catch my tension, that will change how someone gets to get me up in the morning I think that, it I think, specifically saying changing how you receive Medicaid and home and community based services, is important there.
>> **HEATHER HALLMAN:** Thank you that's a great comment.
>> **PAM MAMMARELLA:** Pam do you want to make your question or comment.
Okay.
So I have a couple of things.
The first thing, can you define aging well's role in this, it seems to me they have a prominent role in the communication of this, what's their formal role right now and CHC and, also, my understanding is that, the life program runs parallel to CHC.
And so far I see an absence of really any kind of information about the fact that is an eligible program for a large part of this population.
And so, the absence of that, when you're communicating this kind of change I think, does not really outline all of the options available to the nursing facility, eligible population that this is directed towards
>> **HEATHER HALLMAN:** First I want to talk about aging well we'll be doing direct communications with participants.
They will be sending out invitations to a -- event town hall style event.
They will be offering face-to-face meetings with individuals.
And really having that hands on approach with consumers.
Participants and they will, I mean that's pretty much, what they will
>> **PAM MAMMARELLA:** Will we see the marketing material ahead of time and life be included in this communication out reach?
>> **HEATHER HALLMAN:** We are making the marketing materials, that aging well is not producing those those are the marketing materials I talked about earlier we'll be producing them, we'll bring them to you guys to make sure to show you ahead of time.
When it comes to the life program, this is a program, the life participants are, maining in life they're not getting notified they're not getting communicated to.
They are you know, they can become aware of CHC through different venues but they chose the life program and they will be remaining in the life program.
For these participants, when they went through the enrollment process they would have been offered the life program they chose not to be in the life program.
So therefore these participants, will be moverring into CHC.
It will be an option available to them, if they choose.

But we are not communicating about life for multiple reasons.
One is, not everybody is eligible for it.
And for these particular letters we do not have the ability
to get down to such a granular level to know whether or not it's
available on individual's zip code and whether or not they meet
the eligiblity criteria for life
>> **PAM MAMMARELLA:** I'll ask that PALPA has a meeting with
the office to discuss it I don't want to take anymore time, but
some of those answers I would like to drill down on a little bit
more.
>> **HEATHER HALLMAN:** Okay.
That's fine.
>> **PAM MAMMARELLA:** Thank you.
>> **PAM AUER:** I have a bunch of questions.
So aging well has a big part in this.
Do they have people who are trained to work with people with
disabilities specifically not just aging?
Do they have people who it they're working on the letters or
helping you get the letters out that kind of thing, have someone
who knows cognitive accessibility which is essentially what
we were asking when we were talking about, MCO throughout there.
I guess I better let you answer your question before I ask a
bunch more I do have a lot of
>> **HEATHER HALLMAN:** Aging well it will not be AAAs they will
be working with other organizations that are willing to
participate with them.
So I know they reached out to several CILs.
I don't know where they are with that.
But, yeah.
Ideally, we would be, they would be utilizing individuals
outside of the AAA network.
>> **PAM AUER:** Funded the ones outside funded,.
>> **FEMALE SPEAKER:** I have a question -- when you
guys get a minute.
>> **HEATHER HALLMAN:** They would contract with, aging well
will contact with whoever that is.
That is outside of our per view you know it would be a
contract between them.
>> **PAM AUER:** Really strongly recommend that, whoever they
contract know, know doing in a sufficient is accessibility,
working with people with brain injury and multiple learning
disabilities.
Because, looking at the letter, my first comment for me
personally is, it wasn't accessible for me to to just have it on
the PowerPoint.
For me, with the way I learn want to give comment to you, I

really need it in front of me.
Most people --
>> **HEATHER HALLMAN:** We would have loved to, because -- not your roles we were not able to bring handouts so -- we would have lovered for you to have it.
>> **PAM AUER:** That's an accessibility accommodation, that -- people need.
Another comment about the letter, that I have -- is yeah.
Maybe later on, when you say MC Os there there's a definition of MCO that's one of the big keys with doing in a sufficient, when you say it managed care, give a definition.
And like, drew said about acronyms, really difficult for some people that's not accessible.
The or thing with going along with Brenda said I also think at the top of your letter or somewhere big in bold you need to put on there, you will not loose services based on this.
That's going to be someone's first fear.
When they get a letter saying my services are going to change, and am I going to lose them?
What is going to happen?
And then, who you know, who -- they're going to want to know I can contact if I get -- have I have a question about this or I'm nervous they they trust.
Who they trust.
>> **HEATHER HALLMAN:** So where we have community HealthChoices a new program that will change the way you get Medicaid services would that be an appropriate place?
>> **PAM AUER:** Maybe underneath it, big and bold, so that it's clear, that -- because any time things are changing consumers are afraid they're going to lose their services.
>> **HEATHER HALLMAN:** A Absolut ely.
>> **PAM AUER:** Oh, another question was, when you were describing earlier, not the second time, the aging well responsibilities almost sounds like some of it was navigator.
They were giving people their choices and information so they can make decisions.
Where are we with the navigator?
In this whole process?
>> **HEATHER HALLMAN:** So that's something I think will be discussed later.
I'm not part of that.
So but yes. I think that there's a conversation that will happen later.
>> **PAM AUER:** I think they should be, when consumers not notified they should be part of the process too.
>> **HEATHER HALLMAN:** When it comes to the role of the

independent enrollment broker and them assisting with the making the decisions we need to make sure we're at the table at all times, both you know enrollment broker and aging well we make sure that all of our communications are consistent, everybody knows what has been communicated to participants.?
And that they have that same look and feel so people know that this is still, this is all the same thing.
>> **PAM AUER:** OkOkay.
>> **PAM MAMMARELLA:** Tanya?
>> **SPEAKER:** I just have like general questions about the really.
When you switch over to the MCOs, some of my concerns are like, in my area this particular, like it's a very competitive region in terms of where you can get your services from, from your doctors all of that.
And I know, the only major provider around in my area currently that was selected as an MCO is IPMC.
Something going to be done to where like the other two MCOs, might give people more options or where they can go to the doctors and stuff?
What their local, with their local facilities.
>> **HEATHER HALLMAN:** Uh-hum --
>> **SPEAKER:** Make sense?
>> **HEATHER HALLMAN:** Every MCO will be required to have an adequate network.?
And so every MCO will be required to have within their network, multiple providers and there are certain, I'm not an expert.
I will say I'll not an expert in network add wasacy, they have to have have this many providers for this many individuals, they have to make sure there are open handles for providers so participants can get into the providers they have to make sure they have choice.
Obviously some you know, we also look at how long does someone have to travel in order to get to those providers.
So those are you'll things when we go through the readiness review process, that our staff will be looking at too ensure that providers, that every MCO, offers, a plethera of providers for everybody to participate in.
>> **SPEAKER:** And my other general concern about all of this is, is okay.
Like if you have a different Medicaid provider than like, UPMC right now, and it's not one that received the like -- someone that received a contract from the State, is that Medicaid provider going to be strong enough to keep delivering you your services until the change over happens?

Or, and they gradually get phased out because of the change over, is it going to become a problem where you're going to lose your current provider?
>> **PAM MAMMARELLA:** So Tanya maybe we can table this until Je n is in the room and direct questions like that to her.
The Heather is more about --
>> **SPEAKER:** Make sense?
>> **PAM MAMMARELLA:** I think we should wait until Jen is in the room to get an answer to that question.
>> **SPEAKER:** Okay.
>> **PAM MAMMARELLA:** Okay.
>> **HEATHER HALLMAN:** Thanks.
All right.
So let's move on -- where were we?
We now talk about what what makes the CHC program different.
With CHC we can spell out managed care organization will provide your medical assistance services.
You will still be able to access all of the services currently covered for you as well as additional services.
Your MCO will also work with Medicare, and your behavioral health plan to help you access services.
So for this obviously for a dual eligible, we reference Medicare so that people understand this is going to be someone who can work with your current providers, your current insurance providers to help you get through this system.
Next.
Do I have to change providers or service coordinator?
For the first 180 days you will be able to keep your current providers, and service coordinator.
After that, if your current providers or service coordinator are not part of the MCO's network the MCO will work with you, to select a different provider that will meet your needs.
We encourage you to pick your own MCO to fit your needs.
Questions?
Comments?
All right.
And do I have to pay for CHC?
You will continue to have the same copays, premiums and deductibles you pay today.
When does CHC start.
It starts in your area July 1, 2017, this is for the southwest.
But it will change.
Where can I get more information about CHC, and we, to make life easier because the current community HealthChoices is at www.dhs.pa.gov/community/community HealthChoices we just wanted

to make it easier.
So we have put a big link to CHC on the HealthChoices PA.coh page.
To make life easier.
Yes.
>> **SPEAKER:** My name is Arsen, can you go back one slide.
This is, where I think it gets a little bit confusing I want to make sure, as a provider for example I want to make sure that the consumers we service, know that, all of the providers are really going to try to get in with the managed care organizations.
It's -- you know reading that it kind of tells me for the first 180 days, I'm going to stick with the provider I have.
But then I have to choose someone else.
That is really not the case.
Because I do believe majority of the providers are going to get in.
>> **HEATHER HALLMAN:** A Absolut ely.
>> **SPEAKER:** We should have something where, it points to something like follow-up with the provider you have now.
To make sure that you know, to find out whether they're going to be joining the networks or not
>> **HEATHER HALLMAN:** Talk to your providers.
>> **SPEAKER:** Talk to your provider.
Because I think providers will probably send out letters also to their you know, clients to kind of make them aware yeah we're going to join these managed care organizations.
But I don't want the consumer to know, all right, so after 180 days I got to go and make a choice.
Because majority, of them will stay, still stay with us hopefully.
Hat hat absolutely.
Yes.
Good point I'll make that.
>> **FRED HESS:** I'm look up here, you may not able to answer this, this is saying that the MCO will help you choose a provider.
Is that not a conflict of interest?
Because -- MCOs are going to be the ones they can't steer people to a specific provider because it might be just theirs.
You know what I mean?
>> **HEATHER HALLMAN:** It is the responsibility of the MCO if you need to know who the providers are, that are available, they have to -- they give you provider handbooks if you call and say, I can't find a provider, where can I go, they're going to give you that information.
They're not going to -- this is not about steering you into,
>> **FRED HESS:** They will provide a provider list.

>> **HEATHER HALLMAN:** If someone needs more assistance, my expectation is is that they help people.
They are not going to go here's your provider list and I'll see you later.
That is really is assistance not directing because I really like Fred's you know, organization.
So go there.
It's not going to be like that.
It's more of, here's the options available to you here's how far they are, here's who has you know, like they will have the information, hopefully we'll help those people.
Okay.
>> **WILLIAM WHITE:** Bill white AARP.
At the end of the letter, you -- once again refer people to the web site.
I think, you need a telephone number for someone.
Area of the aging or, staff or someone.
>> **HEATHER HALLMAN:** Yep.
So that is, that is a great point that we -- it should be, at the top of the letter.
That we have information on like the telephone number.
Web site, that kind of thing.
It's a general thing that goes on there, but it's a great point we'll make sure that's on there.
Okay.
Yes.
>> **SPEAKER:** I'll make one more point.
If -- can you go back to the slide where it says, which MCOs that they can choose.
Yeah.
Where it talks about the MCOs offering additional services when I read that, the first time, it kind of made me think out of the 3 that were chosen, there's going to be one that has the most services.
I'm going to go to that one.
Along with everyone else.
So, if I look at that, booklet where it says, you got to read you know look at the booklet for additional for the services offered by MCOs if one of the 3 MCOs has ten bullets versus 9, everybody is going to choose that one.
>> **HEATHER HALLMAN:** Well ideally they're going to choose the services that, fit their needs.
So every MCO I believe, is, has additional service that's are available to their -- through their MCOs and, and there is a possibility that someone could read like see there's 10 and not care about what it says it could say like, we'll give you free

fingernail Polish you know, like ideally, someone is not going to do that.
And I think, also, you know as the -- as aging well and as, um, as -- anyone that they contract with or an independent enrollment broker talks to participants they will say, okay, we'll let's talk about what these services are, I -- I can't off of top of my head tell you what they are, to give you examples. But yes.
There's a possibility that someone can see that there's 10 and just select that.
But ideally they will look and say I really need this kind of service.
>> **SPEAKER:** Okay.
Thank you.
>> **HEATHER HALLMAN:** All right.
So -- a big thing that I think Kait and I really want to make sure is, is there anything that you're saying is absolutely missing from this communication that someone is going to freak out about, if they don't have this in the original communication? Yes.
>> **SPEAKER:** Yeah so I mean this is --
>> **SPEAKER:** Brenda dare like I said earlier it needs to say, home and community based services along with Medicaid at the very top.
>> **HEATHER HALLMAN:** We got that, that will be added thank you.
>> **SPEAKER:** Jessie willedder man, one of the -- the challenges here is that, we did not forget it's a participant directed program.
So, when you talk about providers and being able to keep your provider I think some people, you know, higher directly their own direct care workers making sure people understand they're able to keep their direct care worker.
Is something that, would also be I think important to emphasize, that you know, it doesn't mean they're going to have to switch to a new worker or, have a you know someone else providing their services and support.
Second thing is just sort of along the same lines which is that, we talk a lot about communicating with providers.
And I think you mean provider agencies.
I'm not sure, if you need provider agencies or if you mean direct care workers who are providers.
Providers of the service, in the participant directed program, so trying to think about also how we include them in the communications, because, for you know, participants directing their own services those direct care workers need to know what

this means or doesn't mean for them in terms of changes to the way the person gets their support.
>> **PAM MAMMARELLA:** Thank you Jese, thanks Pa Pam.
>> **PAM AUER:** I agree with Jesse I think there's a typo I can't read it that way from this, how long are you going to leave it open for comment before you know or -- us to be able to make comment and go to the web site to do that?
>> **HEATHER HALLMAN:** For you guys to comment on this?
>> **PAM AUER:** To make changes make suggested changes.
>> **HEATHER HALLMAN:** I would suggest that you, go through -- probably have a email that you got, do you have any kind of email that you use or -- any --
>> **PAM MAMMARELLA:** It will be up on the Listserv we can make comments there.
>> **HEATHER HALLMAN:** Yeah.
>> **PAM MAMMARELLA:** How long will it be open for us to do that?
>> **HEATHER HALLMAN:** I -- how about two weeks how about two weeks.
>> **KAIT GILLIS:** Let's make the changes you suggested today and we'll put a revised version up that way we don't have to worry about making those edits we've already addressed and then, 2-3 weeks from that, we just need it make sure that these are ready to go, for March we're trying it make sure we get get things lined up ahead of time so everybody has valuable input.
>> **PAM AUER:** Cognitive accessibility before you send it out.
>> **HEATHER HALLMAN:** Hal anything you can suggest please do, because those are things that you're an expert in and, so -- please.
>> **PAM AUER:** It takes -- you have someone designated that knew that stuff it's really time consuming you have, there's different types of guidelines or rules yeah we can make suggestions but if you have someone, who you know, knows cognitive accessibility and can go through it for you, that is so important.
>> **SPEAKER:** Would sergeant barb Dively.?
>> **PAM MAMMARELLA:** Thank you.
>> **SPEAKER:** This is Brenda dairy would like it make one other comment in regard to cognitive accessibility in the southwest a significant portion of the people we serve have very little literacy skills.?
I know that this is would be a resource commitment I think we need a way the people can call a phone number to find out what this notice says.

If they're not able to read it, to themselves.
Obviously we'll talk about providing, alternative formats that you know have been identified as being blind or others type of formatting but -- but there needs to be a way to access the information.
>> **FRED HESS:** I have another suggestion if I were you, I would put in English one side and Spanish on the other side on or something, there's a lot of Hispanic people living throughout the State and -- it would job a lot per off.
>> **HEATHER HALLMAN:** It will be, sent to individuals in their language preference.
That we have identified.
>> **FRED HESS:** Already established.
>> **HEATHER HALLMAN:** Yes.
Yep.
Thank you everybody.
>> **PAM MAMMARELLA:** We have another question from Stewart.
>> **SPEAKER:** Stew west bury Pennsylvania council on aging, how much information will you provide about the MCOs?
I mean, for example, I myself, would like to even begin with where are those 3 chosen and so many others not chosen what are the specifics that you can tell us without seeming to recommend one over another.
What are the MCO's experiences what gives us the confidence that they can carry this out.
>> **HEATHER HALLMAN:** So, in this particular communication we don't go into that depth because we want it to be a, the information that participants need on that front end, because in a week or even a day or two afterwards, they will get a huge packet of information about each MCO, and give you information, about what services they provide.
Provider network.
So at that point, that's when they will get that kind of information.
I know for HealthChoices, they provide actually a it's like a rating, that they give to MCOs for certain services.
At this point in time, and it could potentially be, we might be able to get there, at this point in time we don't have that history of them providing these services in Pennsylvania right now.
But in the future we'll be able to provide that kind of information.
And it's actually the consumer's sub that came up with that kind of a consumer guide to the MCOs.
So we can start talking about what we could do, for that.
Obviously right now we don't have their historical data to be

able to say this, you know, provides this level of service.
>> **KAIT GILLIS:** Stu can I add onto that I think Jen and Kevin will be able to run through with you the criteria, that when went into the selection of the 3 MCOs I know that was part of your question.?
>> **SPEAKER:** It is the second mailing or third mailing, will that include brochures descriptions from the MCOs themselves? Or will all this be material that, is digested and prepared by the department?
>> **HEATHER HALLMAN:** My belief is that, it's only our information.
But I am not positive about that.
And I can check into that.
But I believe it is solely information that is divulged by the independent enrollment broker
>> **KAIT GILLIS:** MCOs will be able to market as well they will be able to send information as well?
>> **SPEAKER:** They can market on top of it guess guess they can put out information on their programs.
>> **HEATHER HALLMAN:** They won't be directly, contacting people.
>> **KAIT GILLIS:** Not direct contact.
>> **HEATHER HALLMAN:** They will have their own materials and -- their web sites will be available and, tell their numbers to contact them to ask questions.
But they will not be, doing direct marketing to participants.
>> **SPEAKER:** How can the information be transmitted to potential clients about where to go for specific information, from each individual MCO?
>> **HEATHER HALLMAN:** It will be available in independent enrollment broker packet they received.
>> **SPEAKER:** I think this is where you know, again, we go back, we have to make sure that the consumers understand that the core services are the same.
No matter which MCO they choose.
It's the additional add on service that's can vary.
They have to be confident not being afraid to make the wrong decision.
Because, there's no wrong decision.
Whichever one they select, is going it work for them.
>> **HEATHER HALLMAN:** Great point thank you.
>> **WILLIAM WHITE:** Bill white from AARP we keep talking about the consumer, just E as a comment many times, at least for the elderly, it's their daughter, their son their neighbor I just want to emphasize, that, there's actually a number of people that get involved in these decisions.

And it's just kind of, a comment.
>> **HEATHER HALLMAN:** And the -- anyone that they have designated to receive their notices will also receive these letters and notices so they are, they get the information also.
>> **WILLIAM WHITE:** In the comment we have an aging network in Pennsylvania and I think the more that we can utilize them, to help family members a lot of people who I have helped live out-of-state.
The daughter or the son.
But we have always referred them to the AAAs, area agency on aging.
And they really get good service.
>> **HEATHER HALLMAN:** A Absolut ely and that is one thing we really are going to be hoping that service coordinators and the AAA network we want to make sure we get the accurate information to them, they understand everything so they're able to talk to people, because it's so much easier to go face-to-face than a letter that someone gets, that -- you know, has limited information or they may not understand what each thing means.
Absolutely thank you for that.
All right I think our time is up.
But, thank you everybody.
We went 7 minutes over
>> **PAM MAMMARELLA:** You did go over.
But thank you very much.
Thank you kait clearly this is a very important issue how we start out will -- will often be how you end up for a really long time, so -- I encourage the committee to take a look at this letter put their thoughts this writing.
I don't know if two weeks is enough time for us to be able to do that.
I would like to see the final before it also went out I just think this say critical step, in our process.
And, so thank you very much.
So little bit late, but next on the agenda is the beneficiary support services system role this was a request that came from many committee members here to talk to us is Bill Henning the director of Boston CIL.
>> **BILL HENNING:** Hi -- hi.
Okay.
Everyone is awake now.
[laughter]
I'll although that discussion was quite, engaging, -- I hit the button again.
Okay.

It's great to be here any way.
This is my third time to Pennsylvania speaking on health reform in the last 3 years.
I think.
I happen to know a number of advocates in Pennsylvania I think that's why I keep getting invited back.
I saw Nancy come in and Nancy I go back through the late 1980s in some of our work with ADAPT I'm currently director of nonindependent living center in Boston I've been directing independent living centers since the 1980s, so -- I've also been, very involved in health reform advocacy whether it's for, personal attendant services, mass itself has been undergoing lots of health reform.
We style ourselves a leader in the nation.
I think we're -- we've done a great job we've also made out of the box, all of the mistakes that everyone else makes following so maybe what I have here today, is some wisdom on whatnot to do.
You know, I didn't prepare an extensive presentation in part because I would like to kind of go with the flow and also because, we are in the midst of many, many major reform efforts in the State I was up submitting a comments to CMS for a new waiver the State wants to get Friday, that went in Friday night at 10:00.
They're changing the personal attendant service program, so last Thursday we were visiting the governor's office with about 55 people kind of expressing that the changes were not necessarily conducive to consumer control, one of the hallmarks.
And on it goes, on it goes.
And in listening to this discussion, one thing I realize is you're having a discussion that we've had in Massachusetts, that we continue to have to this day.
The communication you know, I'm not going to offer too many comments on the communications because I think, people really nailed it from the disability perspective, but I do think it's going to be really important to have a range of communication mechanisms, and it's not just in the brochures, what we found out in the Massachusetts effort on duals, which was will rolled out in October 2013, it just that takes a multi-faceeted effort to reach people.
Wording and brochures is critical.
About the disability sensitive, sensitive to people with cognitive disabilities, critical that it's culturally linguistically accessible it's critical.
But, you know, a lot of folks are transients I think that's something to think of as you roll out this new initiative.
A lot of folks with disabilities and that's what I speak on,

are low income, right.
On Medicaid by definition they don't have a lot of money, by definition, there may be, in many situation in unstable living situations.
Well, couch Surf may end up home also be in and out of a nursing home living with a family member.
Change apartments public housing unit.
Things like that.
So how you roll out communications is going to have to be, multipronged and just understand it's not going to click perfectly as much effort you put into all of this.
And, that's what we found out in the Massachusetts duals initiative for people on Medicare and Medicaid.
It rolled out in October, as I said, 2013, so we're coming up on the third anniversary and the plans have a real, real hard time connecting with many folks.
So that's just something to know.
Where we are we have a duals plan.
Right now, it has only 13,000 enrollees there were -- there was initially a target hope to enroll a good percentage of the 115,000 people, with disabilities age 21 to 6 for a report of reasons did not reach everybody.
So we're probably only just nudging over 10 percent of the eligible enrollment.
Since the early 200s though, there has been the senior care options program, which, is now enrolling over 40,000 dual seniors people over 64, 65.
And, the Massachusetts duals, program those two, for the younger folks of disabilities, is called one care for the older folks it's gold senior care options.
They're good studies to contrast what happened in what keyed a lot of success.
It's held as a highly successful program that's because it's involved up until recently, I believe, and even now plans are in the works to change it.
Voluntary enrollment.
So it's managed to grow, very, organically.
It's up to about 45,000 enrollees, highly successful, high terribly ratings.
The Massachusetts one care program tried to get up to about the same number in one year didn't make it.
Lots of people opted out.
Plans dropped out.
It had, you know, automatic enrollment maybe Pennsylvania is considering that.
But that,

>> **FRED HESS:** No.
Not automated we prefer -- sorry.
No, we prefer that we have our consumers chose their MCO at all cost we don't want to sit tell them, that's what you're getting that's it.
>> **BILL HENNING:** That's wise these can be very earth shattering changes, for the enrollees I heard someone say, emphasize right at the top, you're not losing services.
Very, very important.
You know, disability advocates understand this but I'll reemphasize it.
Folks with disabilities, knit together very frank Gail networks of care, over years it's not able bodied people switching from Blue Cross plan to a united plan or whatever, where may get a better copay maybe I've got a new deductible.
Does it cover eye glasses or not?
Inconveniences are those things.
If you may think, even think you're losing a provider you've had for 20 years specialist who knows your neurological issues or someone who has that holistic view of how, your independent living needs connect to your health needs if that's threatened people panic and it causes lots and lots of concerns.
So that's something to be very aware of.
You know, the goal of all of these things are great.
We're going to improve care, we're going to save money and, if that can happen, that's really good.
Some of the things we have seen kind of amending a little bit from what I was going to speak of because you folks are clearly deep into this.
From the disability perspective, as I rolled out the Massachusetts one care plan with the MCOs and, full disclosure my organization was a founding member of one of the plans, we were an organizational board member for the Commonwealth care alliance which specializes in managed care, for high risk disability and senior populations.
And, many people were amazed that an independent living center would do that.
But what we felt was, let's get at the table and help shape the care systems, let's help shape it, truly person centered with an 'em if a says on consumer directed services, where possible.
But even with that said, there's some risks with the plans we have seen and we contract with this program to provide personal attendant services and service coordination, but we do see lots of risks we have seen with the other MCOs as the State is expanding a year from this October, it's the plan to a accountable

care organizations with pilot programs up and running probably in the next six months, we see more and more expansion even more reasons for concern.
Here's are some of the things that we have seen and would be concerned about.
One is I think, there's a natural instinct of a managed Karen at this timity to try to control things.
I think, you know, think of the term managed and if you're trying to manage care to control.
And that doesn't always work well, with people's lives it doesn't work well with people with complex disabilities and health needs.
The people just, don't fit into simple boxes.
We're forever, forever interacting with the Medicaid department in Massachusetts.
Conveying that.
And I will say we generally, have a good relationship with them and probably met with the leadership of Medicaid over the last five years, probably 50, 60 times I mean, it's -- this is going on all cylinders.
Obviously, I think, any disability advocate would tell you, don't medicalize the services.
Don't medicalize, HCBS it's really a community based service I think a lot of these were set up, under Medicaid, because it worked for the feds, that the State paid half, it worked for the State, that the feds paid half but a lot of those tasks are not medical.
Personal assistant services can be medical for some folks and parts of it.
But the dressing the feeding the shopping, whatever that is not a medical service.
It goes to someone who just happens to be enrolled on Medicaid.
Those are critical, elements and parts of a person's care plan that helps to keep them independent and, healthier.
I think it's really important to try to work with the MCOs to increase cultural competence on disability.
We have held any number of convenes with the managed care plan, I met with the leadership, any time of numbers I've had staff and other consumers I don't have a disability, we make sure we're putting front and center the people with disabilities.
I cannot emphasize enough that relationship, is important I think it has to exist at two levels.
You have to talk with the leadership so there's buy-in, organizational leadership buy-in.
But then where it really will play out is, with care teams

and if you're not having the people in the field understanding some of these elements of cultural competency around disability, you're going to have a real problem.
You know, in what we're trying to do is where, I think, you're seeing this effort to integrate, long-term services and supports with request primary care.
And again, one of the risks of all of that is good it's good you want everyone working and has a cohesive you way.
But the primary care will always be the most urgent and why not, you're running a fever of 104, let's deal with that.
You broke a bone.
Let's deal with that.
Whatever may be happening.
Long-term services and supports can always wait until Monday and next we'll deal with it.
Next week and -- over time, of course, it cannot be dealt with, not be dealt with efficiently.
That's something to be really, really aware of.
I think it's really important to just build in these collaborative discussions check ins whatever the stake holder process may be.
Whether it's an advisory group or, you know, I would say it's incumbently upon the MCOs and the disability community and the senior community to establish these methods of engagement not just wait for the State.
I think, what we've tried to do is work through stake holder processes that the State sets up, but we're forever meeting, with the MCOs, just to keep things flowing.
I would argue from a disability perspective this may be the most important disability rights issue out there we're changing a whole home and community based service network that's under independent living, we want to get this as right as possible if you do set up advisory groups stake holder groups it's always good to have consumers it's real important to have knowledgeable advocates.
You know, we set up the implementation council in the state Medicaid office, runs it for one care we Pat ourselves on the back 51 percent consumers you know this is great.
It's going to meet every month we'll get real grass roots input.
Well the one problem is, the majority of the consumers know what they need for their health.
But they don't understand necessarily, we were talking you were talking about this earlier, that the dynamics of a health insurance plan or a managed care plan.
So you really need people who know the health insurance

b business too, you don't have to be an expert I'm no expert
I'm not on the committee but there's people like me on it.
But you have to have some sense of what is going on, too you
just can't talk about your issue all the time.
Because dynamics.
Hess else bill, who are the MCOs in your area again I know
you told me this morning I can't really member ever remember.
>> **BILL HENNING:** Right now for the duals plan, there's only
two Commonwealth care alliance small non-profit the one we were
involved with it, it only has 20,000 over all enrollees between
the two plans.
And, tufts health care which has been doing managed, Medicaid
managed care for years has a private insurance plan.
Of note and of warning initially 6 plans were selected being
to operate the duals program in Massachusetts.
3 withdrew before it started because of the finances.
And one withdrew after it we began because of finances.
The funding, from CMS was not adequate.
A year ago at this time, the advocates were down meeting with
CMS, with the State medicate office meeting with Andy Slavet,
to ask for more money we got it, they want the first out of the
box duals program that's what it was, the tanks of ultimately the
State and CMS put in another 47 million it keep the plan solvent
but, it was kind of a rush, and euphoria to extract savings and,
you know, a lot of it, will take time to get to those savings if
you do reach those savings and I the jury is still out, whether we save money, I'm
not a economist, I've had people to say, it's unclear
to believe some of the folks that study these things, up a lot
times you'll up front plans to get going, that's what happened in
Massachusetts they had to put millions into infrastructure
without CMS covering it, of course they were losing money.
But back to implementation, advisory groups it's also
important, to establish some kind of a accountability, have some
kind of figure where, decision makers on the board, whether it's
ledge latetive or state executive office people, people who have
some ownership of it, so it's not an advisory group issuing
you know, voting on things, and making, motions and passing them
but, they're kind of useless it's like a white paper going on a
shelf, doesn't mean anything.
So you really, want to try to have as much, of a consumer
advocate MCO state advisory council with some teeth in it I think.
I think that's what, ultimately, everyone wants you may have
someone comfortable with the discussions that's really important.
You're also, will want over time, to try to get the best
metric U.S. can, especially around long-term services an supports.
There's not a ton out there.

But you want to know, how LTSS is being utilized you know, it's always easiest for me to reference personal assistant services someone's hours going up or are they being drastically reduced and, why someone -- what is it?
The more you can measure things, quantitatively I think, you can start to get some data.
The date has been very slow in releasing that data it's been very frustrating for the advocates in Massachusetts.
One of the things we did, in -- we for the Massachusetts duals program, we're trying to get with the ACOs, and it was in this senior care options was maybe it's Akin to the service coordinator long-term services and supports coordinator it's funded by the MCOs but it works for community based organizations for instance, we have five staff now, playing that role.
And what this does is it works directly with the enrollee with the disability, the consumer elects to have one of these positions.
And, advises them on available LTSS, can actually establish some level of peer support, which is, very, very important.
And again that's existed in the senior care plan as well.
I think this is trying to aid and abet this rebalancing where we're trying to give equal privacy to the LTSS system and not just, having it being heavily weighted on the primary care side.
No one is against the primary care side.
People love their docs but, you have a care team with an RN, one or two RNs, a doctor maybe two specialists and occupational therapist, consumer is -- if they're own their own for HCBS or LTSS whichever term you want, you may not get a fair shake.
I will give you an example, I cite this one, all the time we're having a discussion with the head of one of the -- MCOs that is running the duals plan in Massachusetts.
And we're trying to make sure, that the LTSS coordinator had you know, strong standing on the care team.
And the person was kind of advocating a little bit for their own staff navigator and said, you know, last week, the nurse went in, saw the consumer and there was laundry all over the floor they up and/ored a laundry service tell me, what is r is wrong with that.
The answer is complicated the laundry service may have been the absolutely perfect answer, that the person was unable to do their laundry they have a right to you know clean cloths why not?
Right?
We would all agree with that.
But that may not have been the real issue at hand and I think, if you have a medical model they might go in and look for the quick fix.

It may not have been the laundry service it may simply the washing machine in the person's apartment building were not accessible it might that they would be better off with more attendant hours built into that, cloths washing for an attendant it might be that the person's transportation system has collapsed you you want to look at that because they used to go to a laundromat that was very useful for them, if you fix the transportation system, not only do they now have go out and do their laundry they are getting out in the community they may do their grocery shopping as well, instead of having to have home delivered meals.
So from a human services perspective, sometimes I think we can, go over board the world I'm in, what I'm not advocating the human services.
They're slightly different though, interrelated where we have someone coming in to do the laundry, to provide the meals to clean people.
Opt to provide the personal assistants what we have is someone who has no privacy and someone coming in a stranger into their home and working on their body all day long and I don't think anyone really likes that.
I know most of the abled body folks are trying to limit people coming into the home and why folks with disabilities would like to have an endless parade is really not a true situation.
So I think, when you look at things from the independent living perspective, if you work with the consumer try to scope out, what is really going on, the primary world has primary care world has very, very important priorities treating someone's you know, very contemporary medical needs whether it gets into those long term service needs.
I don't know.
You know, the coordinator, we had, great story, you know, person was skipping doctor's appointments they had some complex issue.
Needed to go to visit the doctor let's say every two weeks it might have been 3 or 4.
They kept skipping them their health was at risk.
They would call up the person tell them, remind them they still didn't know up.
Our staff person got -- had the time, to spend to have a conversation with the person.
Turns out that the person is transgender.
And when the person -- I don't remember, how so how they're transgendered let's say now they're Susan and formerly Joseph they would go to the doctor's room they would be called out Joseph Smith it's your appointment now the person, was --

embarrassed and afraid was not showing up, because the doctor's office had not made the change they didn't know how to effect that.
Turns out that came on out after a series of conversations on why they weren't going to the doctor's office.
That's been changed.
The person is now, regularly going back to the doctor.
So they're very subtle elements of ensuring care for people with complex needs get back to the whole communications element where it's disability people not knowing whether they're on Medicare or Medicaid.
It's just going to take a lot of work to make these things sink in, that's why I really like the independent living model.
Also, is something that can help us assist addressing social determinants of health.
If you look at the issues, we face probabliy the biggest issue in Massachusetts other than, you know, the bureaucratic roadblocks, to surmount and running a program it's housing.
It's just very expensing finding affordable housing finding accessible housing is a challenge and it really destabilizes people's health and our LTSS coordinators are constantly working with consumers, to try to find housing.
There is some good news in all of this, and you know, a lot of good news actually.
What we found over the first year of the Massachusetts duals plan again, people aged 21-64, lots of them with significant behavioral health disabilities.
For those who have an understanding of risk adjustment, the way they were rating them with C1 and C2 and C3, C3 being the highest cost, C1 being the lowest it was based upon previous utilization Medicaid.
And turned out that the majority of people, to be enrolled were C1, it turned out that, over 25 percent in the first year, immediately jump from a C1, to a C2 or C3, which meant, that they, suddenly had to have increased levels of long-term services and supports.
And, for awhile, it took us awhile to figure out that this was good news.
Because it was costing the plans a lot of money remember I said the plans were losing money on this initiative.
They weren't prescribing services because they were making money.
I think every time they prescribed the service, they were losing money and it was increasing the cost of the program.
But the reality was, you had a tremendous number of people, who were not getting services that they needed for long-term

services and supports.
And the fee for service network, so in this case, again, maybe MC Os don't save money, you know, again I'm not a health economist.
But by doing that comprehensive analysis of service needs, assessment, working with the LTSS coordinators we were able to get lots of people the services they need.
What the basic finding is, or -- anecdotally after six months to a year the service level will level out or be reduced we may not have those kinds of privacy invasive situations developing and of course what this does, it prevents lots of down the road health issues or premature death especially for people with behavioral health issues where there's a lot of alienation from the health care system so a lot of those folks suddenly were getting community based services and again this increase was all mostly around LTSS.
So that the good news there.
I think.
It does speak to comprehensive assessments.
You know I asked my staff person who is deeply involved what her advice would be, and it's really, go as slow as possible.
I know there are mandates to save money.
Massachusetts is reaching for the ring right now.
That ring being getting as much CMS money flowing into the State, through the waiver renewal before the government changes.
In January.
But -- you know, in Pennsylvania, probably has certain similar aspirations.
But it's very big undertaking I know everyone appreciates that here.
But you know the duals, plan in the state were again we're talking with consumers the plans, 13, 14,000 people and it was pretty much earthquake for many systems if you're going to enroll, you know, 400,000 people I've seen that number in a previous visit here, it's going to take a lot of patience.
Things, may be challenging.
It doesn't mean don't do it.
It just means be aware and embrace yourself and start looking for those successes.
So thank you.
>> **PAM MAMMARELLA:** Thank you Bill I know Brenda dare has a question.
Brenda?
>> **SPEAKER:** Hi bill.
Sorry could not be there today I did some traveling last week

I wanted to ask you, if you could possibly get to us, the contract language that you had with the MCOs, for those supports coordinators.
>> **BILL HENNING:** Ha-Ha --
>> **SPEAKER:** I think we would like to see something like that happen here.
>> **BILL HENNING:** I would be --
>> **SPEAKER:** It would be helpful if we could have that to model after.
>> **BILL HENNING:** I can send some links for contract language.
Each CBO negotiates its own individual contract.
It is kind of a funny we're suggest to Federal restraint of trade laws as it would be.
The independent -- the ten independent living centers potentially active in this, or 11 actually, in the State of Massachusetts, wanted to get together put a package we're told, we can only negotiate so that we don't have a monopoly setting with the MCO and, some of the cases.
They have slightly wealthier bottom line than we do.
But, I can send you contractual language.
I can send links to the State web site that explains this position and obviously until we get to what existing systems you have here.
And we've tried to keep it as independent as possible, just to ensure that there's an independent voice for consumers.
So I'll --
>> **SPEAKER:** I appreciate that.
The other question -- how dead set were you your MCOs about owning service coordination in house.
I definitely get the sense that, here in Pennsylvania, they really want more control over service coordination and to have it be less independent.
>> **BILL HENNING:** If they don't, that's good I think it was just the instinct that existed, because they had not dealt widely with this new LTSS coordinator and they also, as they had to ramp up for these programs hired staff so even if there was some institutional experience through the senior care options program, the newer people weren't used to it.
And, to be honest with you, you know, there was some cultural competency but there was almost what my staff felt was a disrespect.
Because there was a -- the very professionalized medical universe then there was the independent living and recovery community universe.
And folks in independent living centers know that, we don't all have advanced degrees some of the folks don't have college

degrees but we have super pHDs in the art of making things work in complex situations for people with complex disabilities.
And getting each other to get that baseline of mutual respect was very, very difficult.
That's why that on the ground organic discussion level was so important.
You know, someone like me can talk to some CEO and they're good people and they want to do the right thing they're not -- they might be in the business to make some money or, whatnot.
But you know, no one is in it to provide poor health poor services but they're not going to be on the ground it's like the CEO who didn't quite understand that just getting the laundry service, may not have been the right answer.
It may have been in that situation I don't know the details it just never played out.
>> **SPEAKER:** Right.
Right.
>> **PAM MAMMARELLA:** Pam?
>> **FEMALE SPEAKER:** Tanya Te glo when you have a minute I have a question for you as well.?
>> **PAM MAMMARELLA:** Okay, why don't you go first Tanya.
>> **SPEAKER:** Okay.
I have a question about the situation you brought up hour reductions or increases, like my question is how long after the continuity of care process, was over with like the first six months did these reductions take place and can you give us any clue as to what the Rationale behind these decisions were?
Like what did the MCOs see differently, than your typical service coordinatetion agency that wasn't an MCO.
>> **BILL HENNING:** Actually we didn't see reductions I said that, is a warning to be sure that doesn't happen because, we had the engagement we haven't seen reductions of LTSS which is a good thing.
Ironically, again it's, purely an neck debtal we have some concern with too many services going to people which under cuts independent living such that, you have the service provider to do everything for everybody and someone comes in, not used to, self-directing their life.
That's not always an aid that's why you want to look at each situation individually I think, that's why you want metrics to see how it's going and then to try to be able to analyze what that data would reveal.
>> **PAM MAMMARELLA:** Tanya do you have a follow-up?
Okay.
Pam?
>> **SPEAKER:** Are you saying that, here is the answer -- it's

hard to hear over the phone.?
When --
>> **BILL HENNING:** The main point we didn't see a reduction of LTSS I think should you take that away be sure to take that away from my answer, I'm aware at this point we're still waiting for metrics.
>> **SPEAKER:** Okay.
It's that last part I didn't catch.
>> **PAM MAMMARELLA:** Okay.
Tanya, what Bill is saying is that, there was no reduction in service under MCOs.
He was just cautioning ever
>> **SPEAKER:** Ever?
>> **PAM MAMMARELLA:** Not so far and he needs to see more metrics in order to verify that information.
>> **PAM AUER:** Metric U.S. mean data.
>> **BILL HENNING:** Data, yeah.
Metrics is the -- term.
The in-house term, which I've slowly started to use.
[laughter]
>> **PAM MAMMARELLA:** Pam?
>> **PAM AUER:** Um, I'm sorry to step out you know when you were probably talking about the -- your implementation council and, one question, well I have a lot of questions we it, and how it works.
And, that kind of thing.
But was the implementation council actively involved with readiness reviews of MC works some
>> **BILL HENNING:** I Implementa tion council was not up and running in time with readiness reviews.
However, because we had been so active around this, and, I am actually co-chair of the group called disability advocates advancing our health care rights DAR, which has no legal standing it's not incorporated but it's ad hoc coalition of advocates that have really spoken out on health reform.
We were able to have the State designate five consumers review the submissions of the MCOs.
And we were able to help weed out a couple, as I understand it, there was confidential information it mean it was kept quiet for two weeks or two months then people would Wink and Nod, not culturally really able to deal with complex abled
populations
>> **PAM AUER:** I'm curious about that, being part of the review at the early stages, when they actually had a visit the MCOs had to visit --
>> **BILL HENNING:** With CMS.

>> **PAM AUER:** With the State officials YMS said it's not allowed.
>> **BILL HENNING:** This was reviewing the application I don't know, we worked closely as well with the Medicare and still work closely with the CMS Medicare Medicaid coordinating office run by Tim Engleheart we dial them up every couple of months just to check in.?
>> **PAM AUER:** Okay.
>> **BILL HENNING:** Whether it was part of the formal readiness review or not I don't know.
You know, the duals was a smaller roll out, than what will happen with the accountable care organizations and, what is happening in Pennsylvania.
So I think, there was more of an instinct to be in touch with us we're asking for lots of the same things not getting quite as favorable response, if is still not clear where it's going to go.
>> **PAM AUER:** Just the implementation comes are they the navigators in your state.
>> **BILL HENNING:** No, not at all they are just, an advisory board.
>> **PAM AUER:** Advisory board.
>> **BILL HENNING:** Not with over sight but they, have presentations.
Their primary power is the degree they can effectively wield the forum that they have.
It's been very much a roller coaster ride they have gotten too technical gotten in the woods which is not their strength.
They brought in, the plans and state officials had vibrant dialogues that's aided and abbetted addressing concerns.
>> **PAM AUER:** Okay.
>> **SPEAKER:** I have a question.
>> **SPEAKER:** Mr.-ing itch two questions if I may ask the first.
You referenced early in your presentation, 13,000 enrollees out of a possible 120,000, I'm not sure, what the 120,000 represented and, obviously you didn't reach a goal or something, can you explain what may have happened?
>> **BILL HENNING:** It wasn't my goal.
It was the States that's for sure.
There were roughly 115,000 people in the state age 21 to 64 on Medicare and Medicaid.
Their goal had been to reach all of them, after advocacy by the intellectual developmental disability community they excluded off the top about 7500 people, on waivers, DD waivers, so that brings us right down to let's say 108, $107,000 potential people.

Initially, there were only 3 plans, selected, because 3 others dropped out right before it even we began with the finances.
Which left, sporadic coverage in the state geographically, that dropped off, about another 20-30,000, 20,000 potential enrollees in certain outlying areas would not be able to enroll in the plan, that brings us down to let's say, don't go by my math we're down to roughly 80-58,000 people.
At that point, they have been very targeted in their enrollments we organize too many people were enrolled and opted but, but we've had about 30,000 people, elect not to enroll in the program and, elected to opt out, and, the reasons for that had varied.
I think a lot of it is just, flat out fear, which I alluded to earlier, about existing systems, being changed.
The risk I'll always emphasize the risk of system care collapsing for a person with a disability is so much higher than for someone with out.
You can present this paper and show you know we're going to get AB and C.
And people think you're selling snake oil even though it's better benefits because the risk if it collapses is I may be institutionalize I could die if my system collapses like happened to me six years ago when I had to go on the nursing home.
So -- I think that's a lot of the reason is just, flat out fear.
Or people have good systems in fee for service why change.
But, I think, the State is really, as -- they have learned from that at least from a operational standpoint as they go to accountable care organizations, for all the non-duals they're going to have mandatory enrollments, you can opt under the circumstances keep your fee for service reducing benefits available which, will make it far lessen taking.
That's one of the things we're fighting them on, with at the CMS level because we think it's a pretty punitive way to run a health insurance program you join the ACO, it you don't you'll loose your eye glasses, hearing aides or certain orthopedic services which are pretty important to folks.
>> **SPEAKER:** Second question, thank you for that.
Quick little bit of research on iPhone reveals to me that, you do not have a very rural state whereas Pennsylvania is extremely rural.
I realize this is a -- I mean, a big issue but, do you have any thinking to suggest that with regard to delivery of services all you've already spoken about.
That we could take away that might have some impact assisting

in looking at rural Pennsylvania.
>> **BILL HENNING:** The rural areas are, the ones that, that do exist.?
And there are some special in the western part of the state, the Birkshiers they weren't included, there was 3 MCOs as I understand it, to the degree people have a choice in plans if there's more than one plan that can be offered I think that offers the best level of coverage, I also, think you have to really work with advocates to figure out what network adequacy truly means and have contingencies for network add quasi short falls.
Single case agreements things like that.
I think, that's probably the biggest worry at this point people in rural areas are plugged into some degree some level of care to the degree they can be looked at individually and what kind of systems, exist for people the better whether that's a data run or just talking to people.
In talking to individual providers, one of the things that my staff emphasized and this gets back to the communications she felt it was really important to drill down on sharing information with the small medical operations the small doctors offices or practices, the smaller community based organizations places where people have real relationships I think not just being systemic mailings.
It's a multi-faceted you have to do the systemic mailings they're very important it's really connecting at all the touch points to the highest degree possible.
>> **PAM MAMMARELLA:** Thank you Michael do you have a question? Do you have a question?
>> **SPEAKER:** Sorry r rich.
>> **SPEAKER:** Who helps the consumers challenge the MCO decisions?
>> **BILL HENNING:** The whole challenge of an MCO decision is very yeah.
There's a whole set of basic appeal rights written into the proposals and they're very good.
We also establish an independent um buds man program which is very good.
That said our suspicion is that, the highest percentage of the disagreements are played out between the enrollee and the care team and get resolved, not -- you know in an -- excuse me, in informal manners.
It's not clear if they're favorable to the consumer, or not.
I think the umbudsmen office will tell you they have handled you know, hundreds of cases over the 3 years.
I think it's really a very small percentage I think when

you're dealing with folks who may not attune to medical and legal systems the term umbudsmen is fairly well intimidating if you set up the program it's my preference not everyone agrees with me in Massachusetts you think of a more user friendly term the people who run it, are -- run by disability organization it includes, people who are enrolled in the one care initiative themselves.
They really have a feel for the program but, the term umbdsmen in the rituals it must follow as a legal entity established by the State Medicaid office and CMS make it appear off limits but you know, and lots of, times, our staff who are the LTSS coordinators will help consumers on those.
One of the things that, they recently receive from the plan we work with, is access two the medical records.
You know, it's not cart Blanche you need to know what is going on, to help make adequate decisions around LTSS
>> **SPEAKER:** That leads it a secondary question regarding who helps with the decisions pertain to go Medicare and
Medicaid?
>> **BILL HENNING:** You mean, whether to enroll or not?
>> **SPEAKER:** No beyond that.
If there's denials you know just -- interfacing with the Medicare Medicaid.
>> **BILL HENNING:** I think you would just go to the -- existing Medicare and Medicaid appeals mechanisms.
There is some concern in the state right now, of people going on and off Medicaid all the time so called churn, it's a -- it's a real worry, doesn't allow for the stabilized delivery of medical services that's for sure.
>> **SPEAKER:** Okay thanks.
Thank you.
>> **PAM MAMMARELLA:** Thank you.
Pam?
Do you have another question.
>> **PAM AUER:** I kind of like what was require was asking like I said I stepped out for a minute, are your LTSS coordinators navigators are the ones that are paid to help them decide plans or do you guys have --
>> **BILL HENNING:** They're not navigators.
>> **PAM AUER:** Do you have navigators in your state.?
>> **BILL HENNING:** Shine program, there say program run I forgot what the acronym SHINe stands for but it's, run out of, elder service agencies that changed it's name to be more accommodating to people with disabilities and they, provide enrollee advice.
And I think, from all indications they have done a very good

job
>> **PAM AUER:** Is that all they do just, help them with the plans?
>> **BILL HENNING:** They are the State established advisories on the Medicaid plan, they help with the Medicare decision which this would be a Medicare decision.
Even along with the Medicaid component
>> **PAM AUER:** I guess what I'm saying after they make that decision, do they help them through the process until they get services if they were to start.
>> **BILL HENNING:** No they don't, they would advise them on benefits available, once someone enrolls that would either be the plan's existing service coordinator, as well if it's around LTSS working with LTSS coordinator, that works out of one of the community based organizations which happen to be in this case, independent living centers.
Aging service access points, programs and one recovery program for people with mental illness.
>> **PAM AUER:** Okay.
>> **BILL HENNING:** Two actually now.
>> **SPEAKER:** With termination or decreasing hours what entity handles that?
>> **BILL HENNING:** The MCO would may determine you need let's say less personal assistant services the consumer may say I need more.
And then it's just between the consumer or the plan if the coordinator is involved or they may get involved, the plan still utilized the existing personal assistant service agencies in the State so then the staff may -- skills trainers they're not mine, the organization skills trainers or, managerial staff may, have a discussion ideally trying to resolve these things informally instead of going to an appeal process, in the hearing.
There will be those, occasionally it's not a bad thing.
>> **SPEAKER:** Those appeals processes we're hearing, what body are the fiduciary I party orennity assist with that.
>> **BILL HENNING:** Um, I mean, people can you know for one care I'm not even sure if we've had formal hearings, or not on that I know for just straight fee for service Medicaid and people going through appeals it goes to a hearings officer for the State Medicaid office and then the person can get an advocate whether it's legal services.
We have a staff who handles, Medicare and appeals as well.
>> **PAM MAMMARELLA:** Drew?
>> **SPEAKER:** Bill this may not be your focus in the program but, you know what, Massachusetts uses for their clinical

eligibility determination and the comprehensive assessment?
>> BILL HENNING: I did.
[laughter]
If you named one I could go Bingo.
>> SPEAKER: Would it be the intereye tool?
>> BILL HENNING: Don't think so.
It's not adequate for the range of needs people with disabilities have.
Because it does not get into some of the independent living social determinants elements of someone's life, HEDUS or -- I forget.
>> SPEAKER: HEDUS may be it.?
>> BILL HENNING: Yeah.
You know, that's this kind of concurrent path with trying to develop metrics around LTSS and assessments around that there are tools out there, you can Google them on the web.
The DD community has done a good job at developing some I think, to the degree Pennsylvania can add to that dialogue I think, the better it's going to be.
You know, you get to the housing I -- there are no easy answers I don't know what the situation is fully in Pennsylvania.
We just have this totally raiseddic mommic situation in much of Massachusetts where well real think people are getting wealthier we've heard that said it's very true, poor people are losing options because the housing stock the old housing is being Gentrified we're losing many former housing options and, support for subsidized unit has declined Federally it's been minimally, sporadically increased in the State increased in previous years level funded this year we have a lot of folks in very unstable housing situations which really, again, hurts their health there's no way to, no way to live.
We have people in third floor apartments, third floor of apartment building without elevators they may not be in wheelchairs but they have you know, CPD, cardio pulmonary disease, arrange rights, asthma, they can't easily did he send stairs they remain captive in their housing or they, go down the stairs on their butts take 45 minutes to go up the 3 flight very bad situation, that -- I see a lot of that in Boston and surrounding areas.
Partly the same for Pittsburgh, Philadelphia
>> FRED HESS: Bill, as far as housing goes now here, in PA, the MCOs are supposed to help with the housing situation.
And the employment situation.
Are your MCOs there doing that?
>> BILL HENNING: They will work with us, yeah. On housing.
It's you know, if you, built into the benefits structure for

one care were home mods which is something we advocated for I don't know how much it's been utilized.
We -- they're very collaborative in that sense, they understand if someone is not well housed, their health will be in very poor situation.
But do people have the resources to pay that rent?
That's the bigger problem as, the State is setting up, submitted the proposal, a month ago, six weeks ago to CMS to renew the waiver and establish broad based ACOs they said they're going to fund connections to housing agencies to address this vital so called social determinant of health but there's no money to actually pay for it.
So you know, we keep pushing back and saying well we don't want is, something that says oh congratulations, you know, the ACO referred them to the housing search agency of which there are many and the consumer just goes through a revolving door of housing search agencies and, if you find them the housing you feel pretty darn good my staff feels feels great about it, but it's a Pete robbing Peter to pay Paul scenario it's a finite resource, so referring people to waiting lists and stuff, in the end you do that eventually two years down the road, their name may be called.
That number comes up.
But, we would argue that the State long term can't speak about social determinants of health without investing in housing for the poor people.
Otherwise they're going to be out on the streets or in motels or wherever.
For those behavioral health disabilities it's a real problematic.
A lot of the folks we see at the boss boss Center of Independent Living, I think these will be a lot of the folks who are in the duals population anywhere in the country I reference them as people with so called poverty disabilities it may be someone who doesn't have what you would see as visually as a very obvious disability might be in a wheelchair or blind or deaf or something.
It's someone with a series of poor health conditions, that is rendered them technically disabled, eligible for SSI they may -- grow up probabliy in a move arished setting lower education, lower employment you know, may have done farm work, heavy labor, get that back injury may have had some substance abuse learning disabilities put it all together and they're 40-50 years old, have a real hard time working holding a job you know it's pick any 3 or 4 of those, 10-12 conditions, and, awful lot of people in that duals population a lot of the folks in the unstable

housing situations, people without strong social ties as well.
You know these are broader social economic issues that extend beyond the per view of maybe what you're doing with the plan here but I think, they actually fuel whose going to be enrolling in that, and I mean, I've come to this observation over time, I'm not -- it's not some you know, knee jerk political reaction or something like that I see who comes in our office, and why and, that's you know we run a, bi weekly housing workshop for people who need to find affordable housing in Boston, on average 20 people in there, most of them, visually appear ambulatory they come in some disability with SSI.
And probably in that age 30 to 55 range.
>> **PAM MAMMARELLA:** Jesse?
>> **SPEAKER:** Just one quick question on that.
For the participant directed program that you guys have in Massachusetts I know is pretty significant.
Have the LTSS coordinator, have you been able to protect that as an option for people people still able to choose that under the program?
And --
>> **BILL HENNING:** Absolutely.
And in fact, we had it so that the program remained as it is, so the plans would contract with the personal care management agencies to do the initial evaluations and, the skills training for consumers and, that the attendants would be hired fired directed by the consumers.
The only real issue we -- ironically one of the biggest issues is the plan now has the prior authorization approval that the State Medicaid office used to have, they sometimes meet up more hours we think the consumer needs they use the attendant as a catch all for every uncovered service that's out there and I don't think it's we have some doctrinated view of the program, does it relate to the independent living element what happens if the person decides you know, decides to opt out of the program they have a level of service they will never get back in the regular fee for s service program, that's a please ants problem to have I suppose.
>> **SPEAKER:** Just a follow-up question the LTSS the beneficiary support folks help consumers understand their range of options and one of those being that, but you know, that's --
>> **BILL HENNING:** It could be, whether you want to go to adult Foster care, help them decide if they need a new wheelchair they're not OTs but, they have a sense of the systems how systems work.
We'll refer people to employment programs and it's kind of, what we would do in an independent living center.

It's a lot of what we will do.
And consumers will be referred to independent living center others whatever service they work for them or recovery learning program if that's the best way to get community based mental health services.
Senior programs, if that has a range of services that are better.
You know, home delivered meals if that works better or not.
Some people will have love that, some people despise it.
And then that did he pies it, what will work?
What will not?
So that it's -- it's kind of doing what a lot of people are critical of medical systems don't have the time to do, which is, have the long dialogue with the enrollee and trying then to match them to the appropriate service I'm not trying to attack medical services, there's a lot of economic pressures and now, you know, advocates like me demand we get all this data you heard me we want the data, the doctors are looking at the screen entering all the data, which is important but it also, is very time consuming, too.
You know, so it's good and bad.
So you know, our position is not as time shaped obviously you know we do deal with consumers who think that, who take that to heart and like to call our staff about 15 times a day.
That's pretty -- and show up without an appointment those are problematic and very classic of independent living centers but -- we deal with it.
>> **PAM MAMMARELLA:** Okay.
Do we have any other questions?
Okay.
Any questions on the phone?
Okay.
Bill thank you very much, that was really informative we, let's give a round of applause
[applause]
>> **BILL HENNING:** Sure.
Good luck, it's a work in progress in Massachusetts too.
So -- if you know, anyone trumpets anything we're doing there it's very much a work in process, this stuff is groping you guys, from what I heard today, seem to be on the right path just watch out for the scale but you know -- that's also, being driven by what goes down in DC.
Thank you.
>> **PAM MAMMARELLA:** Thank you.
And now we would like to welcome Jen Burnett.
Hello welcome to the meeting

>> **JENNIFER BURNETT:** Hi.
Good morning everyone, thank you bill.
Thank you for that presentation I'm sorry I was not here for
the whole thing I'm sure my staff will give me a good recap of it.
I'm Jen Burnett the deputy secretary of office of long term
living I had a meeting with the secretary, which is why I was
late to today's meet egg apologize for that.
I have a few things I want to talk with folks about.
Today, but then I also, would like to just open it up for
comments and questions, because, I understand that there are a
few and I'm glad to entertain to the extent I can answer them.
I will.
I'm sure you all heard about the selected offers we made an
announcement last week and, there was a press release put out as
well, it was put out by our press room and both secretary Osborne and secretary Dallas were
incompetenter view you had by news media.
It was pretty well taken up by a number of different outlets
across the State.
We decided to choose 3 or select 3 statewide vendors for
community HealthChoices.
And the off the selected overs are Ameri health amerits
Pennsylvania health wellness, which is a subsidiary of Cintin and
University of Pittsburgh medical center UPMC the 3 selected
offerers I was very pleased to find out we were going to be doing
-- that the, decisions were made to do 3 statewide vendors.
I had been having some concerns about our ability to staff an
existing fee for service system which we're going to have to
continue to operate and then also, to be able to really do the
over sight of managed care we're going to need to do in order to
do this right.
This milestone of the announcement of community health choice
selected offerers really begins the contract negotiations and
readiness review.
So I want to talk just briefly about that.
We had a internal procurement team as well as a small
team of subject matter experts representing consumers.
I know Richard was on that team had the opportunity to review
all those 14 plans which was a very large job but we did have our
internal state staff in the normal procurement process that we
have to follow.
Which there is in regulation.
We had those procurement teams, procurement teamwork all
through the month of May and into June and then, going through a
whole process that we had to go through with the governor's
office.
So the procurement team itself is actually setting up meetings

with each of the selected MCOs.
So that's something that we're going to be doing in the course of the next couple of weeks.
We will be discussing things like changes to the -- that are going to be made to the agreements, so you'll recall, with the RFP was a draft agreement that draft agreement, really laid out all of the specifications and the all the different requirements, that we put in the draft agreement are the things that we, measured in order to make this decision.
So we'll be talking about P changes that are made, are to be made to the agreements this is not unusual.
Health choices itself, goes through the same process.
Where they change language in the agreement, as they go along.
Things change either, you know, technology wise, or, through the advisory process medical assistance advisory process we get new ideas and better ideas how to do things we make changes.
Also, there will be discussing pricing and, then, they're going to be talking very specifically about process expectations, which includes things like the IT infrastructure that they will be expected to be able to u utilize.
Far another thing that this milestone initiates is the readiness review process.
So we have a readiness review core team of people who have been working on readiness review for several months now.
You may recall at the last MLTSS sub-MAAC meeting we had Randy Nolan come in and talk about what we're doing with readiness review he went through a side deck posted on our web site.
So you're certainly, welcome to review that.
But, we are now getting into readiness review in Earnest at the OLTL, recap what Randy talked about he discussed, just how much work we're doing with the OMAP, office of medical assistance programs folks who do readiness review for HealthChoices, we're really taking a look at their processes, their tools, their forms, all of that stuff, and to the secretary has again he continues to reinforce this, that it's his expectation that we use as much as we can, that is already in existence and is working in HealthChoices and modify it for community HealthChoices to make sure that we're capturing long-term services and supports.
So those meetings that they convene with the selected offerers will describe the expectations of readiness review, and again, you may recall that Randy put a slide up that talked about the desk review.
We'll be doing a significant desk review of all of the MCOs and they will be submitting things like I mean just on a practical level, things like, the member handbook those kinds of

things and all of the different communications that they have with members we'll be reviewing all of that.
It also will, in that first initial meeting we'll, introduce the readiness review tool.
So they have a chance to really see and react to what we're going to be measuring in terms of their readiness.
And then we also want to at the initial meeting is introduce readiness review staff to the managed care organizations.
So that's sort of the first meeting in a nutshell.
So on the one side we'll be discussing pricing and contract negotiations on the other side is really, evaluating just how ready these managed care organizations are.
In addition hold on a second Pam let me finish up with this thought.
Or it will go away, be lost forever.
In addition to OLTL's work on readiness review, there will be a readiness review by the department of insurance that is required for any managed care.
So Pennsylvania also has that requirement, our department of insurance has to, certify they have an adequate network of providers and that the network of providers is going to be sufficient and recall, that this is going to be statewide so, there's a pretty heavy lift for these managed care organizations to be able to do that statewide.
Okay Pam I'm sorry about that.
Go aheadment
>> **PAM AUER:** No problem.
My question is, same question I have for the guy last month that talked about readiness review which consumers are or people who know disability culture and, have a disability, are involved with the review?
Because we want to make sure that they, have established knowledge and people who will follow the independent living philosophy and know how to work with people with disabilities.
So are there people already on the review team?
>> **JENNIFER BURNETT:** No.
Because we're still forming the review team.
The readiness review team is an internal state group of people it's not external stakeholders that's not to say we would not want your input on that.
We really like to have and possibly have you do some training around that of the staff that are going to be doing readiness review and that could also include we would welcome this, the a look really look at the tool itself, and give us feedback on how to how do we capture some of that, some of that -- those kinds of things.

But, the readiness review process is a state function it's something we as the State have to, are required to do.
That's you know, in Federal regulation as well as in state regulation for managed care.
>> **PAM AUER:** Does it say we can't be part of it even though it's -- even though it's CMS I mean, having people from the get go, you said it was already established, but I mean, in the State process you have a team?
>> **JENNIFER BURNETT:** We have a team that has been working on our process developing our process, we have not even identified yet, the actual staff going to be doing readiness review.
They are they will be, there will be a team for each of the MCOs so, but we certainly would welcome input on what that is, we can certainly convene a meeting where you could maybe, take a look at the tool itself.
And it's a very, very extensive tool and, what we have done with the tool that is a little different than OMAP did I think they're going to be adopting this is each of the different sections, in OMAP's tool has a number for us we have named each of the sections so if you are reviewing it, say you're a subject matter expert on the financial stability of the company, you would know to go right to that section.
You would not have to bother with all of the other sections
>> **PAM AUER:** The clear path said over and over the consumers on the group, have said this he want to be part of the readiness review as much as possible, want to know and -- and, comment have the opportunity to see the tools that would be a great thing.
>> **JENNIFER BURNETT:** Okay.
Sure.
>> **PAM MAMMARELLA:** General I have a question, about --
>> **JENNIFER BURNETT:** Let me finish that Pam.
At the next meeting we'll make sure we bring Randy he is going to be much further along in it, what he gave was sort of an overview where we are.
Between that last meeting two months down the road which is next month and it's going to be much more you know, it's going to be much more firm and, clear.
So we'll definitely welcome feedback on it, at that point.
Go ahead
>> **PAM MAMMARELLA:** Pam thank you that's okay.
I want to thank you for bringing Bill Henning, he was informative to the committee one of the things he told us was that -- Boston which has a much smaller population of people, and also I believe it's been an option rather than mandatory forethem.
Had initially 6 providers and then, immediately 3 backed out

and then a fourth backed out, and it had everything to do with the fact that they really were not getting the rates that they needed to.
CMS then corrected it.
I guess my question for you is is, with only 3 providers for 450 or 75 I'm hot sure where we are right now, um, do you have some concerns that you could loose some, if so, is there a plan or a thought of a plan B?
>> **FRED HESS:** Beat me to it.
>> **JENNIFER BURNETT:** Okay.
We have 3MCOs that really during the procurement process, were outstanding and they were really, really good MCOs who are very interested in working here in Pennsylvania.
So I don't really have any concerns but knock on wood.
It could happen.
And, what we would do then is, take a look at the -- all of the additional you know, MCOs, we want to be able the secretary has stated over and over again he does want to have 3, and so we just have to go to the procurement look at what we did in the procurement to figure out how we would back bill.
So I can tell you that many of the managed care organizations that did not were not selected offerers are asking for debrief.
So that's going on today.
And -- it will be going on ongoing.
>> **SPEAKER:** I have a question on that, real quickly.
Because I was asked, I've been asked the question the process.
So -- they have the ability to request a formal debrief you do that.
They hear why they weren't selected.
And whatever procurement language works.
And then at that point the process, is closed formally unless they choose to do something outside that procurement process is that right?
>> **JENNIFER BURNETT:** That's right.
Yeah.
>> **SPEAKER:** Sorry to interrupt.
>> **PAM MAMMARELLA:** That's okay.
>> **PAM MAMMARELLA:** Drew.
>> **SPEAKER:** This is just a question, to clarify the roll out of the plans.?
So for instance, people in the southeast region if they're currently getting their health-care services through like HealthChoices through like health partners or united will they have to make a switch and they will have 180 days to do so, from the time of when the plan starts in the southeast region?

>> **JENNIFER BURNETT:** Let me just process that question.
So if you're someone who is 45 years old and, in one of our current LTSS waivers,
>> **SPEAKER:** Yes.
>> **JENNIFER BURNETT:** If you're an individual that is in independence waiver you live in the southeast part of the state and you have health partners for your health care because younger, people under the age of 60 are in HealthChoices.
You will, your physical health, will be covered under community HealthChoices so you, after the 180 days you'll have to to make a choice, you'll have toy make a choice next spring of what community HealthChoices health plan you want to be part of.
So you will be making that switch.
>> **SPEAKER:** And that 180 days, starts, when the --
>> **JENNIFER BURNETT:** July 1 st.
>> **SPEAKER:** July 1st for southeast?
>> **JENNIFER BURNETT:** Of July -- I'm sorry.
January 1, 2018, yeah.
January 1, 2018 for southeast.
>> **SPEAKER:** Thank you.
>> **FRED HESS:** Okay.
Oh, boy it's my turn I have a lot.
Hey, um -- first thing I want to suggest, is that hopefully next month, I would like to be able to get all 3 of the MCOs I have one of their representatives come here and answer questions for this committee.
If that's at all possible and, put a at least aside an hour for that.
Okay.
Probably going to need more than that, yes.
Now you already told us, why only 3.
Okay.
What was the process, how did you do it is this how did you come up with those particular 3 and no one else?
I mean --
>> **JENNIFER BURNETT:** Well we had a team procurement team of state staff, who reviewed all 14 of the proposals.
And, they went through a scoring process, which is you are on normal procurement process they scored them on, every single element that's in the draft agreement.
So you need to look at the draft agreement that is up on the web site you seal all the different areas that were evaluated in that process.
So that's sort of the internal way we do procurements it's just a standard way we do procurement which is to have some, a team evaluate it and score it.

>> **FRED HESS:** The other 11 weren't able to come up with a total good RFP?
They weren't able to come up with it?
They were lacking in your RFP
>> **JENNIFER BURNETT:** They did not score well, in terms of what -- what we were evaluating.
>> **FRED HESS:** Okay.
>> **JENNIFER BURNETT:** So that's just our normal procurement process.
>> **FRED HESS:** They are -- beat me to over it with the what happens from HCO fails.
We're not going to be going into that.
No consumers on readiness board, what about the DSNIPS, are those were included in that correct?
>> **JENNIFER BURNETT:** All all managed care do not have a SSNIP they're not process of getting them I am not sure -- they have them by January 2018,.
>> **FRED HESS:** If they didn't have the DSNIP they these would have had it.
>> **JENNIFER BURNETT:** It is one of the requirements.
>> **FRED HESS:** Okay.
Now, I saw something in here, on the letter that's going out, the MCOs will help choose providers if there's a conflict of interest, but to me I think that would be a conflict of interest she touched on it a little bit but, not well enough.
If not the MCOs who else will be able to help them, help the consumers to choose a provider?
Who else can we have in mind, besides the MCOs to help someone choose a provider?
>> **JENNIFER BURNETT:** Um we have a few different things that we're working on.
Certainly I mean the providers, MCO will have a provider network I also forgot to mention that the Department of Health also does a review and, has a -- there's a requirement in Pennsylvania, that the Department of Health does a readiness review and that is really on the provider network.
Their evaluation is about stationy you reminded me when I looked over at a you.
As far as certainly advocates around the State are going to be helping people.
I don't really, people make their choices about providers based on how, you know the quality of the provider, they evaluate it themselves.
So I don't think that is going to change a whole lot.
The MCOs may be able to will be able to provide information on who is in network, they will be doing that.

But in addition to that, we're working on an out reach education campaign that we're, that either, Kait or gully or Heather Hallman mentioned with aging well.
And then, in addition to that, we have -- a series of engagements that are happening around the State starting in southwest moving to southeast with health funders around the State who have been really helpful in getting us sort of in front of local groups.
So we're doing a lot of that.
>> **FRED HESS:** Okay.
So now say an advocate, just, someone just off the street or whatever, that wants to do this advocacy is there going to be training for them?
To be able to help people make a decision like this?
>> **JENNIFER BURNETT:** I had not thought about it if you would like to make that recommendation.
>> **FRED HESS:** I would like to make that recommendation I seriously think that anyone that is going to help someone help them to choose a provider is definitely going to need some kind of training there's no ifs and or Buts, that will protect the consumer.
Let's see.
>> **PAM MAMMARELLA:** A lot of notes J kept n.
>> **FRED HESS:** Oh yeah.
Who is going to help the consumers deal with the MCO dispute, can't be the MCO, correct is this I mean --
>> **JENNIFER BURNETT:** This is in the new Federal regulation there's a first layer of appeal with the MCO after that we have the normal bureau hearings and appeals process that will people go through to you know, appeal the decision that are made.?
By the MCOs but in Pennsylvania, we have a conundrum because our state law, I think it's act 62, is that what it is, act --
>> **SPEAKER:** 678.
68.
>> **JENNIFER BURNETT:** My expert over there, requires MC works to have two layers of review.
For managed care and, the new Federal law says only one layer so we'll have to somehow deal with that MCO role.
>> **FRED HESS:** Absolutely.
Now, the independent enrollment broker, I understand you're putting out an RFP for more IABs or, what is going on
>> **JENNIFER BURNETT:** Right now we're under an emergency procurement which goes until I think, it's next summer.
>> **SPEAKER:** December 2017.
>> **JENNIFER BURNETT:** D Decemb er 2017, is our current

emergency procurement and then we have to go through the normal procurement cycle to solicit a new independent enrollment broker which we'll be putting out an RFP sometime in the next month or so, is that correct Ginny?
>> **SPEAKER:** Correct.
>> **FRED HESS:** Is that going to be in addition?
>> **JENNIFER BURNETT:** No.
No -- no that's a -- it's to replace the existing contract, to update it wand make it, more independently in line with what we need for managed care
>> **FRED HESS:** Still only going to be one?
Correct?
>> **JENNIFER BURNETT:** Still going to be one, independent enrollment broker.
Correct.
>> **FRED HESS:** All right.
Let me see.
Okay.
Yeah. There's -- who is going to help people with disabilities, fill out this 55 page application if they can't read, they have a hard time understanding, they might have you know, TDI anything, that deals with this, this is a 55 page thing it's going to be hard for me to do it I understand what is going on.
So --
>> **JENNIFER BURNETT:** Young tag about the MA -- the PA600 app Hess also the MCOs are supposed to be sending it out.
And -- so, when it's time to make the choice they send you the -- the paperwork and it's like 55 pages long, if you fill out all these questions
>> **JENNIFER BURNETT:** I think you're talking about our Medicaid financial eligibility form.
Is that 55 pages?
Ginny I don't know
>> **ALEXIS AUBREY:** I don't believe it is.
>> **JENNIFER BURNETT:** It's a large form with a lot of, a lot of questions.
That's our financial eligibility for Medicaid.
>> **FRED HESS:** That's not what I'm talking about the way I understood it, is that -- the application being sent from Maximus is a 55 page thing, that's what you're talking about, that's the enrollment.
>> **JENNIFER BURNETT:** Yeah. It's -- so, before we get into that question I want to mention one thing is this is as a result of, some of the advisory committees to medical assistance advisory committee recommendations which is, we are going to put

the independent enrollment broker solicitation, RFP out for public comment you'll have an opportunity to comment on that when it gets issued for public comment I would say sometime in the next month we'll issue for public comment, that's a very unusual step for Pennsylvania in our land of procurement we don't usually put RFPs out for public comment we are doing that.
So you'll have a chance to influence that process as well.
Less Hess okay.
Good
>> **JENNIFER BURNETT:** You had a question, so Maximus independent enrollment broker which is really, in general for OLTL it's not necessarily specific to MLTSS, Maximus sends out an enrollment packet which is, I guess it's 55 pages I didn't count them.
But, it includes a lot of information, that OLTL has created, with MAXIMUS, we have you know, it's information how to appeal, information how the program works, et cetera, et cetera, so that's the that is called the enrollment packet with that is the PA600, which is our financial eligibility process.
We are in the process right now of evaluating how things are working with that.
Have heard a lot of, questions about, the people getting this large packet not being able to return it, because they don't know what to do with it.
So we are making some adjustments today as we speak I can't say specifically hopefully by the next meeting we'll have some specific answers for you.
But I don't know Ginny do you have anything else you want to say about that
>> **GINNY ROGERS:** We realize most of the information in there is -- information, papers from OLTL.
And now that the far people that need that information, to go out to them we don't think we need to include all that information at that point.
So we're going to reduce it, to just the paperwork that is necessary, and in a very clear and instruction sheet what the person is supposed to do with the form and who they can contact.
>> **FRED HESS:** 55 pages is absolutely overwhelming for anyone.
Okay.
>> **PAM AUER:** But sorry.
Is there still going to be a process if that person still can't do that, very simple form, that there's someone they can call and come help them do that.
>> **JENNIFER BURNETT:** Yeah we are.
We will have someone that can they can call.
That's what is changing I just don't know specifics on it.

Right now.
It's definitely being looked at very closely as -- we've gotten advice from a number of different venues on that, missing that part mittsing.
>> **FRED HESS:** Okay.
Okay.
Yeah.
What is the one we'll use for the determination?
Are they all going to be the same for every MCO or is it going to be different?
Is each MCO going to be able to send out something different?
You know, and, it all needs to be the same because this is UPMC may say, okay, this is what we want for your determination and, this one is going to say this is what we want for your determination and the totally different, is there a standard running is will one or is it sill going to be, you know,
>> **JENNIFER BURNETT:** If you're talking about the clinical eligibility determination that's a standized thing that the State is responsible for, that's not for being in managed care organization per se we can have duals that don't need LTSS that are in managed care, if you're talking about the clinical eligibility determination that puts a person into the category of needing LTSS, that is a standardized form, that OLTL, controls.
>> **FRED HESS:** Okay.
And what is the look back by the way is it still going to be 3 days we'll need more than 3 days from the -- for a look back to see what is going on?
And for me, in the last 3 days I might have used in those particular 3 days, only six of my hours but, in the next two days I have to use 8 or 9 of my hours you know what I'm saying.
If they're going to look at those days just, 3 days and say well this is all the hour hours you get, this is what you had in the last 3 days about you are buffer just to put it in context if you will, he is talking about a look back proposed look back period for the person assessor who is determining, determining whether or not a person is clinically eligible for nursing facility level of carement that level of care determination that gets done, what you're saying is that 3 days, so when the, assessor comes in to do the level of care determination, they would look back 3, ask the person to think back the last 3 days, have you had trouble with you know, using -- getting dressed?
In the last 3 days have you had had an initial uwith meal preparation those kinds of questions
>> **FRED HESS:** Yes, I have good days and I have bad days.
Some days I can do things some days I can't, I didn't get into my manual chair my shoulder is killing me it's just all

depends on how I'm feeling that day it has to be back further
than 3 days
>> **JENNIFER BURNETT:** Okay thank you for that recommendation
we're considering going to 7 days.
>> **FRED HESS:** Okay.
That's a little bit of a help.
Now, what if someone is, like even with that 7 days, they're
going yeah well I've had a good week but last week, can they say
something about what might have happened in the past?
>> **JENNIFER BURNETT:** Sure.
>> **FRED HESS:** Okay.
Make that open for them so they can say that.
Now, if you do get denied, all right from the MCOs for
long-term services and supports, who do you appeal to?
You don't want to appeal to the MCOs do you snow
>> **JENNIFER BURNETT:** If you're talking about the level of
care, determination that the State is responsible for conducting
yes.
Yes.
There is the Bureau of hearings and appeals if you don't like
the determination you can go to the Bureau of hearings and
appeal, file an appeal, all that information is given to you at
the get go as you're going through the process the appeal rights.
>> **FRED HESS:** Believe it or not, that is it.
Wait or is it?
Yeah. That's it.
>> **PAM MAMMARELLA:** All right.
Thank you Fred.
Cassie has a comment.
Her comment is I hope that, 3 MCOs is enough.
I'm afraid it will change our culture for many of us and we
will become hot potatoes.
>> **JENNIFER BURNETT:** Thank you Cassie.
>> **PAM MAMMARELLA:** Steve Williamson is on the phone he has
-- either question or a comment.
>> **SPEAKER:** I also have a question, when you get a chance
it's Tanya.
>> **JENNIFER BURNETT:** Thank you Steve do you want to bring
your question then Tanya.
>> **SPEAKER:** I don't think he had a question I wanted --
>> **JENNIFER BURNETT:** Steve you're on do you have a question?
>> **PAM MAMMARELLA:** Okay.
>> **PAM MAMMARELLA:** Okay.
>> **JENNIFER BURNETT:** Thank you I guess we can move onto Tanya.
>> **PAM MAMMARELLA:** Tanya you can ask your question.
>> **SPEAKER:** Jen it's something that Fred just said about the

lack back process thing, how is that going to work under like services my way it's not really based on hours it's based upon dollars you how you manage your entire budget?
>> **JENNIFER BURNETT:** S Servic es my way or any long-term services and supports whether you're receiving them in nursing facility or receiving them in the community you've been, clinical eligibility determination gets made that you're clinically eligibility and it's done.
You are clinically eligible after that everything you do, is really going to be based working with your service coordinator and based on your service plan.
So this this look back that he is talking about is, related to an assessor coming to your home or coming to wherever you want to have your assessment done and making clinical -- going through a series of clinical questions and, questions about your activities of daily living to make a determination of whether or not you're clinically eligibility for long-term services and supports.
Once that is done, it's done.
And then after that, you have the service coordinator who you work with
>> **SPEAKER:** If you're already in the program, isn't that done already?
>> **JENNIFER BURNETT:** You're already in, you've already had your clinical eligibility determination.
You may get a redetermination at some point but right now, you're currently eligible for -- long-term services and supports.
Whether in a facility or home.
>> **SPEAKER:** Okay.
The other thing I was told to touch base with you on, from something I asked earlier, was I know that you know, you chose 3 MCOs are they going to be made to be competitive by region and what is available to people within that region?
>> **JENNIFER BURNETT:** Yeah. I mentioned earlier the Department of Health and the department of insurance have a role but office of long term living has a very strong role making sure they're ready to do this work they have got a network and adequate network, that is something Department of Health looks at very closely.
Is network adequacy and that includes, network advocacy for your physical health as well as, for your long-term services and supports.
So, each of these MCOs --
>> **SPEAKER:** It's just --
>> **JENNIFER BURNETT:** Go ahead.

About
>> **SPEAKER:** One of the things I'm concerned about, based on the region where I live, is like, it's a very competitive market between like 3 different health care providers, especially, and when I did some looking to see like what Medicaid programs are accepted, in the region by other ones other than UPMC, the other two MCOs you selected didn't come up so I was trying to make sure that there would be some process where the other two MC, ons, that were going to be of choice, would do something that to be competitive, with those other facilities or, is it still up to like, individual like, doctors and providers, that they can take multiple entities that they can partner with multiple MCOs.
>> **JENNIFER BURNETT:** Yeah sure they can -- you go to your provider say you go to your doctor's office, and, if you've talked to someone in their like in their billing department they're going to show you, or even in their advertising they will tell you what plans that they participate in.
So, the plans are -- it's in there.
They're going to be responsible for signing up if you will or contracting with an adequate number of providers.
We have what is called the go no go date and, which is March 31st.
And, on March 31st we are going to make a determination, OLTL is going to make a determination whether or not, each of the 3 MCRs are ready to go, if one of those MCOs is not ready to go -- um, the other one is -- the other two are ready to go, we proceed with the other two.
And then we work very closely to correct what the third one that doesn't, isn't ready for the on not go, no go dates.
So -- um, we've got a lot of, process in place I think, to assure, network adequacy.
>> **SPEAKER:** In my last little question that I have, if you have a different Medicaid provider now, because for example, I have one that works with like both UPMC and saint covenant cent and different providers all over the place.
That -- that Medicaid provider did not get the bid with the MCOs.
Do they still have to provide you with your insurance up until the ready to go date is in effect.
Because why I'm asking that question is, okay.
In my region we're like one of the last ones to go.
If that Medicaid provider, is losing like clients because of the new ones taking over, are they going to have the strength to provide that continuity of care
>> **JENNIFER BURNETT:** We'll be monitoring that very closely Tanya, so thank you for bringing that to our attention we'll be looking at that very closely.

I mean, yes.
Technically they're required to continue to provide the services to you until January 1st, 2019, because you're in the northwestern part of the State.
But you're right, things can happen like, what you you just described.
So thank you.
>> **SPEAKER:** Great if it does, is there going to be a way that like, if I -- it I need to pick another one because the one I have longer exists, is there going to be a way that I'm going to know how it works before that date with everything that is going to be available?
You see what I -- you can see the potential problem ending up being?
>> **JENNIFER BURNETT:** Yeah again, thank you for bringing that up, we'll be watching that very closely.
And looking for feedback because while our attention will be on the southeast during the year of 2018, we will also have to be looking at what is happening in the northwest northeast and, central part of the state and, those kinds of things as they start to crop up we'll have to much what them very closely.
And address them.
>> **SPEAKER:** That's what, that's what I'm looking for kind of like a domino effect that might not have been thought of.
>> **JENNIFER BURNETT:** A Antici pated yeah.
>> **PAM MAMMARELLA:** Thank you before we go to Brenda, Jack do you want to ask your question.
>> **SPEAKER:** Hello Jen.
>> **JENNIFER BURNETT:** Hello Jack.
>> **SPEAKER:** I want to applaud you and the department for deciding to release the RFP for the enrollment Brocker and I would just say, I would urge you to continue to push the department to change from the old ways and, it should be the rule not the exception I think, to release RFPs for critical procurements there's no reason not to do it.
And as we saw with the release of the RFP for community HealthChoices, it was really a great result.
So I would just say it's time to do away with the old thinking in that regard.
With respect to the current procurement will there be a protest remedy, available to the disappointed bidders if you can say?
>> **JENNIFER BURNETT:** Um, that's all being considered right now.
>> **SPEAKER:** Okay.
With respect to the choosing of just 3, MCOs, um, I'm hearing

different things as to why just 3, is it only 3 were considered,
to be qualified, was it you just wanted 3?
Could you, if you can, discuss little bit more why 3 because
it is it's a huge state.
3 seems to narrow, choice.
For consumers.
So if you could -- perhaps talk about that a little bit more
>> **JENNIFER BURNETT:** Theres a couple of things that went
into that decision I would say first and foremortgage the
procurement process the scoring.
The 3 scored way better than the other 11.
So we had a scoring process that we go through.
So that is one factor.
Another factor is covered lives.
If you have too many managed care organizations, especially
in long-term services and supports, you don't have enough to make
the business work in terms of, having the risk pool you need.
So, that is another factor that went into the thinking.
So -- those were the ones that I know about.
>> **SPEAKER:** Okay.
All right.
Would the department be willing to release the scores?
>> **JENNIFER BURNETT:** I don't know I don't think they have
done that before you can advocate.
>> **SPEAKER:** Okay.
>> **PAM MAMMARELLA:** Thank you Jack.
>> **FRED HESS:** I have a question follow-up to Jack real quick.
Did any of them withdraw because of the financial reasons?
Or -- can you say that?
>> **JENNIFER BURNETT:** We didn't have any withdraw.
>> **FRED HESS:** None withdraw.
Okay
>> **JENNIFER BURNETT:** I have to say I was at the conference
last week the national home and community based services
conference in DC.
Pennsylvania was really the buzz at the conference.
Because our announcement got made while I was there, and the
day before the a once noment was made I had -- I had to do a
presentation on what Pennsylvania is doing with regards to the
impact of the new managed care regulations and in terms of, rolling
out a new program so what is going into our thinking and how
we're going to apply the many changes that are in that regulation
that we're going to be required to implement.
So I got a chance to talk about that, before the -- the day
before the announcement was made.
What is really striking, at least, from what I could see is

people are really admiring this process they like the third Thursday webinars they really, are viewing Pennsylvania's process as one that is very transparent so I got a lot of Kudos for that so thank you everybody.
>> **PAM MAMMARELLA:** Thank you.
I think Brenda has a question.
>> **JENNIFER BURNETT:** Hello Brenda.
>> **SPEAKER:** Hi Jen, by the way, you owe me I didn't Heckl you once during that presentation.
>> **JENNIFER BURNETT:** Thank you.
[laughter]
>> **SPEAKER:** But my question is, during the presentation he talked about something they have in Massachusetts, that I think Pennsylvania can benefit from I just wanted to know what your thoughts were.
He has five staff employeed this his center I'm not talking about necessarily centers doing the work.
But, who just assist with LTSS coordination independent of service coordination in general.
Just to help people understand the system and advocate tore themselves.
And they're contracted with the MCOs if centers for independent living or other entities, chose to put forth the kinds of contracts with the chosen MCOs would the State have a problem with that?
>> **JENNIFER BURNETT:** Um, I think that they're going to be a lot of opportunities for Centers for Independent Living and other community based organizations, in this new managed care environment so -- I, the State would not have a problem.
If you were going to do a lot of different things under the same roof you really have to always watch out for conflict of interest --
>> **SPEAKER:** Absolutely.
>> **JENNIFER BURNETT:** So, I mean --
>> **SPEAKER:** He know we talked about possibly getting navigators into the contract with the State.
And, although we didn't get what we wanted out of that process, the way we wanted it, this may be a secondary opportunity, to get to the same result I just wanted to make sure that, the State would on the face of it, have a problem with the idea.
>> **JENNIFER BURNETT:** Okay.
Thank you.
>> **PAM MAMMARELLA:** Okay.
Pam?
>> **PAM AUER:** I was wondering the same thing what is

the well, I guess, what is the State's plan for MCOs we have talked around and about you know, like the different things but I have not heard, what is really happening with navigators.
Is there going date of birth a system for navigators is it hopefully not going to go just to one organization or put out for bid that we have the ability as -- as service provider those bid for something to be able to be the advocates and the guides we already are for consumer newspaper this process, what is happening with that.
>> **JENNIFER BURNETT:** We're looking at -- bill was here to talk about beneficiary support system and the requirements that are in the new regulations.
And how Massachusetts has implemented it.
So we're right now, evaluating that and, taking a look at it, I don't have any answer for you in terms who would do that role, depending upon what we chose to go with I know it's, at the second's level really being taken a look at.
Because, it effects not only community HealthChoices but HealthChoices, behavioral HealthChoices and the autism cap Tated program.
So and also CHIP all of the insurance products if you will, that the department manages, are all going to have to be taking a look at that requirement for beneficiary support system
>> **PAM AUER:** They have to work soon if you're going to roll it out for next year.
For July, in time for people to be able to make the decision and have the guidance and support they need.
>> **JENNIFER BURNETT:** Yeah.
>> **PAM MAMMARELLA:** Okay.
>> **PAM AUER:** One more question, I'm sorry.
Where would I find the that guidance you were talking about it has to all be together all the CHIP, where would I find that
>> **JENNIFER BURNETT:** I didn't say it has to be all together the department has an obligation to have a beneficiary support system for all of, anything that is managed care under that managed care regulation.
>> **PAM AUER:** It could genuinely be done under having a navigator for the OLTL aging for the MLTSS and the other ones, have navigators for just because you have to have it.
>> **JENNIFER BURNETT:** I will say, under the beneficiary support system a bunch of different functions that might not just be something that one entity could do.
Because of the skill set and requirements are different.
There are specific beneficiary support system requirements for long-term services and supports and managed care.
So -- that's what we're looking at and evaluating right now.

>> **PAM MAMMARELLA:** Thank you.
Do we have anymore questions before Jen moves on?
Jen
>> **JENNIFER BURNETT:** Okay I wanted to talk briefly about this question, pops up, pretty frequently, is, we made a choice between the discussion document and the concept paper, the State made a decision to carve out the behavioral health services in the design of this managed care product.
And I wanted to talk briefly about just share an update, with you, on how we're coordinating between the behavior until health and, community HealthChoices.
And what sort of what is in the works around that.
So -- one we have been meeting our staff has been meeting on a regular basis with the -- the office of mental health and substance abuse services.
Leadership team so -- my leadership team and their leadership team, has been meeting on a regular basis it includes both Dennis Marian, deputy secretary for openly seas and myself, have been part of those conversations so one of the nice things is they recently moved their staff into Strawberry Square so they're right downtown we don't have to go out to the hospital which is where we had been.
And so, so we've been meeting and discussing a variety of things everything from what we put in our contract language or our agreement language, to the requirements for data sharing, to the requirements for -- coordination of the local level we've had been having high level conversations, between our two offices.
And, so we're really looking at how the operationally these two product he is are going to be coordinated.
And, one of the things that we're rally mindful of is the fact that, TSM which is the targeted case management in Pennsylvania for people in the behavior until health system so that's their service coordination if you will, and service coordinators are going to be really be able to have a good solid communication between each other and, so -- we're looking at, all of the potentials for putting, for making adjustments in both our contracts as well as openly seas's contracts with the counties and the counties, contracts with the MCOs.
So there's different touch points, but we are going to be looking very -- making some determinations and working probabliy starting out in southwest PA.
Is to test some of oureddies that we have here in at the state level with the local organizations so all of the managed care organizations, in southwest PA, are the 3 CHC, MCOs and the counties as well as the providers both on the LTSS side and on the behavioral health side we'll be convening some meet

willings in the next couple of months, I think we're going to start them in November.
And really kind of work out, some of those protocols.
So, what kind of information sharing happens between the behave I can't rememberral health and CHC and what kind of, data, connecting can we make happen so that these two different, pro products really are able to coordinate with each other.
So I just wanted to share some of that work that we're doing, at the state level.
And, to let you know that we're going to be going out and starting this in southwest PA.
The other announcement I wanted to bring to your attention is service coordinator training.
We have online module that's are now available for service coordinators.
When I got here, I learned very quickly, that OLTL has not been doing service coordinator training for a long time.
And there was no standardized training my staff spent a lot of time working with a vendor that helped us put together the online module.
But, we are having a one day instructor led sessions once a person takes the online modules.
The online modules are there -- they're signed to -- kind of give an or endo it we have six -- six one day instructor led session they start at 8 end at 4:30 I have I a schedule they're starting on October 3 we're going to Scranton valley Forge Meadvill and Monroeville we'll make sure you get a coppist schedule attendance these sessions are going to be limited to service coordinators so we're not going to have just because of our capacity.
Supervisors or directors at those meetings we just -- band width wise we can only do two participants per agency we have so many service coordinator entities we have over 120 of them.
So we have to be kind of selective in how we do this.
And that's the announcement of that.
Go ahead Pam?
Do you have something?
>> **PAM AUER:** When will advocates at the last meeting when you're talking about trainings?
>> **JENNIFER BURNETT:** Can you put your mico?
>> **PAM AUER:** Sorry.
At the last meeting when we were talking about this -- or last time I saw you, I guess you were talking about these trainings we had asked about advocates being able to be trained so we knew, rights how things were supposed to be done.
Is there a plan for us to be able to get in, if we're not

able to in the first round burp bury don't think the service coordinator training would be relevant to what you're talking about we would have to design a training that is more about, advocacy role you could play.
Service coordination training is very specific, on -- you know, how to put the units into the system.
That kind of thing it's really about, the role of service coordinators.
Doesn't really make sense for advocates to be attending those trainings because they really are service coordinator oriented
>> **PAM AUER:** Sometimes it's good to know what we don't know. What service coordinators know they're not happening we're able to make sure it happens
>> **JENNIFER BURNETT:** Okay so Pam said it's good to know, okay.
>> **PAM AUER:** Sometimes it's good to know what the service coordinators know, in order to advocate you know, yeah, HIXUS we may not though how to put them in the HIXUS or SAMs they have to dot service plan how do they do the service plan appropriately you know, what are they saying to consumers what are consumers allowed to ask for and, you know all different kinds of things and -- how they should really be asking it, because you see so much different things out there, and, we need to know, how to be able to advocate.
>> **JENNIFER BURNETT:** I'm going to Ginny to respond to that.
>> **GINNY ROGERS:** Pam the online trainings are available to anyone so -- anyone who is interested in them we could, ensure that link is part of the -TS information that is going to go out to them.
>> **JENNIFER BURNETT:** Going taught another members.
>> **GINNY ROGERS:** If you have an tint feel free to take a look at the --
>> **PAM AUER:** One day is just, Hixus and SAMs.
>> **GINNY ROGERS:** F Face-to-fa ce training is interactive training, that's going to be really focused on the actual role of the service coordinator how you work with an individual.
How do you -- talk with them to get to their needs that kind of thing it's interactive thing and -- unfortunately it is very limited at this point in time.
>> **JENNIFER BURNETT:** It's skill building on how to do service coordination in the effective way.
>> **PAM MAMMARELLA:** We have a question from drew.
>> **SPEAKER:** Yes.
Another enrollment question.
I'm sorry for being so specific I'm trying to get my head

around it for dual eligibles, um, who are in a waiver, currently,
and, who have Medicare as their primary health insurance and who
only have access card they're not in HealthChoices, will they
have to choose one of the 3MCOs?
>> **JENNIFER BURNETT:** Yes.
They will no longer use the access card we roll it out, so I
mean it's not going to be for fee for service anymore for
>> **SPEAKER:** I guess a follow-up to that is how the Medicare
and that MCO will be coordinated?
>> **JENNIFER BURNETT:** Yeah.
That's something, that's a work in progress.
It's one of our goals.
Pennsylvania chose not to participate in CMS's dual
demonstrations which brought Medicare and Medicaid together as a
payer, however, as we have been kind of figuring this out, we're
going to take baby steps to do it.
One of the first requirements is the requirement for the
dual, all the managed care organizations to have a DSNIP, doesn't
mean an individual would choose a different Medicare product they
could choose fee for service if they wanted to.
But yeah, so the first sort of, layer of coordination, is --
something that will achieve through our MIPA agreement which I
talked with folks about before which is the Medicare improvement
and patient protection act.
Of 200, what is it, do you know the date?
>> **SPEAKER:** I want to say -- 2005.
>> **JENNIFER BURNETT:** I'll find out the date exactly it's it
was MIPA is a law that was assed a number of years ago.
And it, really requires, all dual special needs plans DSNPS
you're looking it up.
Okay.
2008 someone already beat you to it.
So the MIPA law of 2008 so Pennsylvania, requires, the
Medicaid agency, and, the SNP, special needs plan, the dual SNP,
Medicare at the Federal level it requires them to have a 3 way
agreement.
That's called MIPA contract.
So, Pennsylvania has had a MIPA contract since that time
it's been somewhat profunctory hasn't had a lot of teeth in it, so to speak or we've been really
working, very closely with
the what is the name of the agency we're working
>> **SPEAKER:** ICRC.
>> **JENNIFER BURNETT:** I Integr ated care resource
center which say contractor of CMS, who works very closely with
all those duals, states that I described earlier, I mentioned
earlier.

So the duals states, have the ICRC, but the ICRC is open to any state we've taken full advantage of them to make a strong MIPA agreement and that's, that's in process right now.
>> **SPEAKER:** Okay.
>> **JENNIFER BURNETT:** That's our baby step towards coordination with Medicare.
>> **SPEAKER:** When I last looked at the MIPA did not address the issue of the caps on PTOT speech and, when the MCO or when the waiver service, would kick in after the caps are exhausted and so we need, we need direction about that, so we don't get caught up, between the different entities?
>> **JENNIFER BURNETT:** Marjor ie can you come it a Mic please.?
>> **SPEAKER:** Drew just to answer your question.
I did look at that comment.
And we did try to wrap that into the revised MIPA agreement and so the agreement that is currently in place for January 1, 2017, does require coordination of care between different payment types and we put some language to that effect in it.
>> **JENNIFER BURNETT:** Okay.
Drew we can make sure you see that revised language that is based upon your comments
>> **SPEAKER:** Thank you.
>> **JENNIFER BURNETT:** Okay.
Thanks Marjorie
>> **FRED HESS:** Anyone talked about the MSP because, if Congress doesn't renew it, okay.
What's going it happen with the current consumers, that are already in, how is it going to work with CHC if they don't?
>> **JENNIFER BURNETT:** MFP?
>> **FRED HESS:** Yeah.
>> **JENNIFER BURNETT:** Um, when I was at the -- it's interesting that you mentioned it when I at the HCBS conference last week, and official from the administration for community living, spoke about Congress reauthorizing MFP and there's going to be need to be a lot of advocacy I don't think it's on the front plate of a lot of people, however, for Pennsylvania we're lucky because we already have, an existing nursing home transition program, and, also, in the existing ODP process, for removing people and existing process in OMHSAS for moving people from state hospitals so we will, continue to use that it's just that we won't get the added, benefit of the MFP dollars which has been very helpful in terms of building infrastructure.? But if you're interested, you should definitely be advocating for it MFP if that's something you think has been a worthwhile program.

>> **PAM MAMMARELLA:** Okay.
Pam has a question but before I need to leave the meeting
right now I'm going it turn it over to Fred and thank you
committee.
>> **PAM AUER:** Okay.
>> **PAM AUER:** Thanks Pam see you next time.
>> **PAM AUER:** Just a couple of questions, or comment question
outside of what you talked about.
Where are we at with the home mods?
RFP, when is the decision going to be made you know, or is it
not going to be made and according to the MCOs what is happening
with that
>> **JENNIFER BURNETT:** I know it's in suspension if you will,
I believe.
>> **FRED HESS:** Hold police.
>> **JENNIFER BURNETT:** I'll put that down.
Okay.
You're turned down on the phone someone from AAA must have-up
we got their voice mail.
Yes.
It's -- I think an announcement about what that the
-- the sort of the status of that procurement is, in the in
process.
But it's being handled out of the secretary's office.
>> **PAM AUER:** Announcement about --
>> **JENNIFER BURNETT:** What the disposition of it is?
>> **PAM AUER:** Whether it's going to be given out or not.
>> **JENNIFER BURNETT:** Yes.
>> **PAM AUER:** And then, just one more question about the
training is it possible to see the curriculum at least?
For how service coordinators are going to be trained?
>> **JENNIFER BURNETT:** I don't know I'll have to talk to my
staff and, find out.
See what their recommendations are, also with the trainers I
think it's probably, a -- it's a very interactive training so,
it's prompting questions that kind of thing.
A lot those.
>> **PAM AUER:** Who is involved in that, who is doing that you
know, interactive part is that aging well?
>> **JENNIFER BURNETT:** No we have a contractor we have a
contract that we have that does a lot of our training called Darie
n associates and associates they do a lot training.
>> **PAM AUER:** Thank you.
>> **JENNIFER BURNETT:** Thank you.
>> **FRED HESS:** Do we have anything, do we have anything else
from any member of the committee?

Do we have people in the audience that would like to speak.
>> **SPEAKER:** Yes.
>> **FRED HESS:** Okay.
>> **SPEAKER:** Thank you.
Hello everybody Casey with supports coordination, during our third Thursday webinars, there was a mention of possible fee to join MCOs.
I want to make sure that wasn't going to happen?
>> **JENNIFER BURNETT:** No, I do the third Thursday webinars and, that was not mentioned at least not when I was there.
>> **SPEAKER:** Someone, one of the participants on there, saying they were trying to get in contact with the MCOs they were saying it's going to be a fee I wanted to make sure we all heard I want to make sure that's not going to happen where you are buffer that's not going to happen.
>> **SPEAKER:** All right one thing I want to talk about the communication thing.
I was here we all used the term waiver we all used the term insurance.
but on the letter we basically call the home
and community based service no one in here used that part.
When you talk to consumers they use the word.
Waiver.
So, maybe we can make sure that, that term waiver is in there because they do know waiver.
And,
>> **JENNIFER BURNETT:** Of some them do.
>> **SPEAKER:** Okay.
Yes, ma'am.
And then, we, again, back to the term MCOs, we're using the term insurance like we have the department of insurance.
So, I think that would help people, be able to understand what this community HealthChoices is also just make sure, the words we're using are the same words that we actually use, we, no one really uses the word MCO we all say insurance we kept hearing that.
So, that is that one and then, I have been having some issues with service coordinator.
We have been told that, consumer can get an air conditioning unit but we've been having a hard time finding a provider.
I want to be able to figure out how our agency, we used to be a specialized medical equipment provider.
But, now we're not and I wanted to know how we can be able to get that done
>> **JENNIFER BURNETT:** Mike can I ask you to respond to that sure.

>> **MICHAEL HALE:** Okay.
Let's talk after the meeting about that specific.
>> **SPEAKER:** Okay.
All right
>> **MICHAEL HALE:** Ginny if you could help with that as well.
>> **SPEAKER:** I KA.
All right.
That's pretty much it for me.
Thank you.
>> **JENNIFER BURNETT:** Thank you.
>> **FRED HESS:** Okay.
>> **PAM AUER:** One question.
I was wondering how things are going in Pittsburgh after, you know, 3 rivers are people, do they all have their --
>> **MICHAEL HALE:** Pirates have lost 7 of the last 8 games.
[laughter]
That's not going real well
>> **PAM AUER:** I mean 3 rivers, the center when they last, you know longer do service coordination.
>> **MICHAEL HALE:** We receive a report almost daily as far as transition of participants to another service coordination entity, they have been very, very good, the staff that are there right now, have been very helpful to us and very cooperative, as far as how things are going and, what they're doing.?
And we have been very open with us we've been very open with them by the way.
I know that, there's a target date I forget what the date is right now, but there's a target date for them, to want to end services by 30 day notice from the
>> **SPEAKER:** The eighth I think it was the eighth.
>> **MICHAEL HALE:** It might have been, it might been.
>> **SPEAKER:** 30 days of eighth of August.
>> **MICHAEL HALE:** They promise they will not leave anyone high and dry, they will work with us to continue transitioning people until they're complete.
So that's the status of that.
>> **PAM AUER:** Good to know.
>> **MICHAEL HALE:** Pie rates have lost 7 of 8.
>> **PAM AUER:** Thanks I haven't been watching.
>> **FRED HESS:** You have something Pat.
>> **SPEAKER:** Yes 3 comments from individuals on the phone.
From Jennifer Pool question for OLTL article was post aid few days ago regarding the managed care program, in New Jersey.
Rates were cut to providers by 10 percent what protections are being made for providers in PA to prevent this from occurring.
Est other part of the New Jersey article was the concern was

the comment that MCOs only need to meet with providers that serve at least 25 percent of consumers before making the rate change. With left many small providers scrambling is there I a provision that the MC Os must economy communicate with all contract providers have a comment period before implementing a change.
>> **JENNIFER BURNETT:** I don't know I'll take that into consideration can you send us the article and we'll take a look at it.
>> **SPEAKER:** Okay.
We'll make sure we send her an email asking her that.
And Lisa Robinson asked, could you expand on, which areas of the 3 MCOs scored better than others was there something specific they were able to provide, at the that the others did not
>> **JENNIFER BURNETT:** No.
>> **SPEAKER:** Okay.
>> **FRED HESS:** Short answer.
>> **SPEAKER:** Last from barber, do you have the contacts from the 3 MCOs so the present service coordination entities with do a letter of interest of becoming a provider.
>> **JENNIFER BURNETT:** We'll make sure we get that posted.
>> **SPEAKER:** Okay.
>> **JENNIFER BURNETT:** Thank you with that, we are one minute after.
So, thank you
>> **FRED HESS:** Let's go ahead and adjourn the meeting we'll see you guys next Mr..
[meeting adjourned]