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*** This transcript is incomplete and begins during Jen Burnett's update. Technical difficulties hampered the opening section of the meeting from being captioned.***

>> **CAPTIONER:** There's no audio on this line that I've called in on.
The automation said "you will be put on music mode" and there is no talking o or music.
>> **THE SPEAKER:** -- were involved in eye plan to actually implement this executive order.
But the Executive Order was issued by Governor Wolf called employment first Executive Order on March 10th.
Between March 10th and September 15th, several departments, internally, worked very hard to develop this plan which is now published and we will be implementing it.
Definition of employment first is that competitive integrated employment is first outcome of publicly-funded education, training, employment and related services and long-term services and supports for working-age Pennsylvanians with a disability as disability is defined in each agency's governing statutes and results.
With that, we worked very hard across many agencies to come up with this plan. It really does signify the Commonwealth's commitment to helping individuals expressing employment as a goal to obtain employment.
Whereas, in our service coordination entities, we have not necessarily always had a conversation about employment, we are now going to be working with service coordinators to really make employment one of the considerations as they discuss person's as much as plans.
It is really a change. It will happen over time not overnight. It's an approach that we really want to make sure that we take.
I think I have mentioned it before, but I will say it again. Employment for DHS, all of Department of Human Services, we report on a quarterly basis to the Governor's Office metrics around employment. All of the offices, (stating but cannot hear).
We all gather data on employment and we have to report that.
Our data is, actually, is weak we haven't zone a lot. We are highlighting it now and established five new services. We are really excited about that. The order directed agencies working together.
For example, the office of administration was involved, to work together to develop that plan and address the implementation of the goals relating to employment first; so that's what we did.
I think when Dave De Notaris comes here today, he will be able to give us more details on where we are going with the plan.
Is the plan was establishing employment -- competitive integrated employment for Pennsylvanians with disabilities.
It can be found under the Department of Labor and Industry's website right there off the homepage.
When David comes, he can talk more about the plan. He was very involved in putting together this plan.
We had folks that were involved in it, but David is really in the heart of the plan.
I wanted to talk a little bit about the labor approvals on the additional services.

So those amendments were -- we actually had amendments approved.
About two weeks ago he we had a bunch of good stuff happen. CMS approved a few things. We are very excited about is that. They are amendments to aging and ComCare waivers including adding new employment services to independent ComCare waivers.
The services are benefits counseling. So last week I was at -- I just want to talk a little bit about benefits counseling. Last week I was at Pennsylvania provider coalition association meeting. People asked me, How are people going to find jobs? Will you be out looking for jobs? Perfect bringing employers in?
It is out there as a service. We will be connecting our system with counselors, people who really know how to counsel people on MAWD which is medical assistance for workers with disabilities and counsel them on all of the benefitses available to them.
Also job finding. We will be able to pay for job finding. There are agencies out there that do job finding. We will be able to pay for it for people that are in our waiver to be able to do that.
Job coaching, which is really important. Job coaching could be periodic. It could be ongoing or it could be one or two times only and the person doesn't need job coaching anymore.
Employment skills development is another area and career assessment. Those are five new areas that are in those two new waivers manage as I mentioned CMS approved the -- retroactive July 1st.
We had that waiver approved before we could amend it but we will amend it to include those employment services that I just discussed.
>> **CAPTIONER:** Can the volume be turned up at all? I am having trouble hearing.
>> **THE SPEAKER:** Before I turn it over to Kevin I want to talk about -- tool. We are issuing the bulletin very soon and, actually, we reissued it on our August 15th bulletin we will issue a bulletin detailed instructions on how to use it.
Services coordinators, will begin using the tool on October -- service coordination entities do at the time they meet with them.
It's to be administered face-to-face in the participant's home. Protective services records should not be checked prior to a visit because that information is confidential.
The participant's signature on the application is required. We have an electronic signature in the software that we are going to be using, but that does not -- the attestation form is going to need to be signed.
We have frequently-asked questions. I have a website -- (sneezed).
>> **KEVIN:** Bless you!
>> **THE SPEAKER:** It's off -- if you go on to the DHS website, www.dhs.pa.gov and click on provider tab, there is training in there that you can go to and look at training for the participant review tool.
With that, I am going do turn it over to Kevin Hancock to give us an update on the procurement and where we are with [inaudible].
>> **KEVIN:** Thanks, Jenn -- [inaudible] quick updates on.
>> **CAPTIONER:** I cannot hear him. His voice is garbled. You.
>> **KEVIN:** September 23rd.
Through this process we received what we call protests or letters that have been submitted to under the circumstances by offers regarding -- with questions about why the offers were selected and some questions about the procurement process.

Through this time period, we received 6 protests. They were from the following plans: United, well care, Geisinger, gaitway and Aetna. Since the submission, Aetna withdrew their protest so we are left with 5.
What will happen next is, these protests will be reviewed thoroughly to make sure that all of the questions associated with the process that -- are answered in full detail.
At this point, we I am not expecting additional protests, but they may be received 7 days after the award agreement. It is very possible we could receive more protests at this time we are not anticipating any more in the immediate future.
What that means is at this time we will not go into negotiations with selected offers.
That's where we are at at this point. In terms of a time line, the Department of Human Services has 15 days to -- that's what we are working on right now. Then the offers -- 10 days where they can respond with additional information or questions.
Throughout this process, there could be 35 days to evaluate the protests once all of the information is received and with permission we could ask for more time. At this point, we have not made the -- additional time will be requested for the process.
That's where we are at on CHC procurement. Does anyone have questions for me?
>> I have a question about the overall general process. My question is -- technical terms and I don't really care.
My question is this: When you chose those three choices, are they supposed to be able to be active in every region all three choices or is it going to be one established choice per region?.
>> KEVIN: -- in three phases the expectation is that managed care organizations selected offerers will be -- by phase on implementation days. By ready they have to go through process of readiness review they have o to be certified that they are ready to perform all of of the requirements of the contract.
We certify that they are ready months before the go live date.
In addition to that, readiness review certification, the department also certifies that they have an adequate network to provide the services in that region as well.
All three of the managed care organizations will be providing those services and have to go through network advocacy certification in all five zones -- by the dates that they are listed.
The implication date on live date they would be ready to go.
>> Because, like, I know that in my region right now different doctors will take one or two different types of the Medicaid plans and maybe more of them. It's not just because it may say it's primarily -- it doesn't mean that they won't work with other Medicaid options.
What I am wondering, is that still going to be the case? If not, what you will have throughout the entirety of Pennsylvania is anything that isn't PMC directly -- any other hospital or networks that do anything, how are they going to survive that?
>> KEVIN: Health providers are very well-versed in the requirements for what is needed to build network.
Pinnacle Health providers like primary care physicians and hospitals, et cetera, have a long history working with imagined care organizations developing relationships with managed care organizations.
Community HealthChoices organizations are trained to work with the providers that are very familiar with the managed care and making sure that their networks are adequate.
Where we happen to see a lot of attention is on the long-term services and supports side of Community HealthChoices.

Managed care is new to a lot of the long-term services and supports providers, but long-term services and supports is the critical part of Community HealthChoices and they have to prove to us that they have a network of long-term services and supports that can provide adequate choice to participants who need those services throughout this process will be checking in with the managed care organizations and the Department of Health will be checking in with managed care organizations to make sure that they are on track in building up that network.
Just speaking in general, I think it is probably safe to say that managed care and long hitch term services and supports are in frequent contact.
I feel safe saying that is will be already in the works.
>> [inaudible] -- how do I say this? Do you already know that this --
>> KEVIN: Another great question.
The long-term services, we have been very progressive when it comes to the early forms of communication for communities health choices.
This period we we he evaluate protests. We want to make sure we focus on protests.
That being said, once we are in a place where all of the questions procurement pro invest are.
>> I have a question. In number of days clarification. I end up with -- not being able to talk to MCOs. During that period, are the MCOs doing anything?
>> KEVIN: We can't communicate with managed care organizations while reviewing the protests.
Managed care organizations can be engaged in activity surrounding Community HealthChoices communication and outreach, certainly, but it's not something we can be directly involved in.
>> Okay. To build on what Tanya was talking about regarding the case reviews. A couple things I wanted to make sure -- ombudsmen being established is that discussed in the review? Is it part of it?
>> KEVIN: I think service like that will probably be discussed separately. It may take place at the same time southwest but it can be discussed separately wherever that service is.
Just speaking -- correct me if I'm wrong, Theo -- required --
>> THEO: [inaudible]
>> KEVIN: That's correct.Ing.
>> I would like also for the record -- someone joined us.
>> Good morning.
>> KEVIN: Any more questions for me?
>> All right. Thank you.
>> Thank you.
>> JEN: Next on the agenda is a presentation by Marissa, who is the director of office of integrated care innovation and center for care programs United States administration for community living.
She manages the interagency efforts to build capacity of state and community-based organizations for delivery system reform.
She also identifies and analyzes emergency policy issues and trends related to healthcare, aging and disability, advances, innovative program strategies technical assistance related to the Affordable Care Act.
>> THE SPEAKER: Thank you for the everyone I have takings to be here. Good morning.
I am the director of the office of integrated care innovation, which is part of the center for independence programs at the administration for community living.

For those who may not be familiar with ACL we are within the Department of Health and human services.
Our mission is that we seek to maximize the independence while being in health over adults and persons with disability across lifespan as well as family [inaudible] that's about us.
I spent a lot of my time over the past few years working on an issue of where the community-based organizations fit into forms happening around the country such as what is happening right here in Pennsylvania with the advent of managed long-term services and supports.
So -- next slide, Georgia?
I do eye lot of speaking on this in different places around the country and had good fortunate to meet Georgia and other colleagues here at the state at a meeting out in Pittsburgh a few months ago where we were talking about this issue.
Where I start with all of these sessions is, Why does this matter?
For Is at ACL is it started with questions that caism to us after the passage of Affordable Care Act
The question we often got from community-based organizations -- we at ACL work with both states, as well as community-based organizations that serve older adults and persons with disabilities.
We kept getting the question -- ACL's role in the Affordable Care Act was very small, particularly as compared to larger HHS and in particular the centers for Medicare and Medicaid services.
The question we kept getting from community-based organizations is where do we fit into healthcare reform, to what we now call delivery system reform to the integration of healthcare and long-term services and supports?
The short answer we had is we think that community-based organizations play a really vital role in ensuring the strong delivery of services to older adults and persons with disabilities that they can play a vital role in the implementation of delivery system reform.
So what you see up on the screen behind me is sort of what we came up with our answer to this -- what is the role of community-based organization? What you see in the blue boxes up there, managing chronic conditions, activating beneficiaries of diversion or avoiding long-term stays preventing not only hospital readmissions but admissions to begin with.
We know those are issues that are not only of major concern, both to health plans and more importantly, to the populations they serve, their major screwdrivers of cost, lots of utilization of services under all of those, but we think the services that the community-based organization serving older adults and persons with disabilities provide can help with all of those in terms of helping to help health plans achieve their quality benchmarks, but more importantly to lead to improved health and quality of life for the population that we all care about.
So you take one example of that, let's take the one at the bottom with regard to diversion and avoiding long-term residential stays.
You will see the kinds of services that the community-based organizations that we work with on a daily basis provide that can help with that, whether it's transitions from nursing facility to home or back to community person-centered planning, assessment, information and referral systems navigation, caregiver support, environmental modifications and so on.
All of which we think can help to avoid long-term residential stays. Just a little bit of long-winded explanation of where we thought community-based organizations and received evidence in the work we do that community-based organizations fit into this work.

We also know that community-based organizations have a long -- typically have a long history within their community. In some cases decades of experience serving older adults and persons with disabilities.
There is trust that can help with these relationships, particularly if people are moving into a new system; that's why.
For us, at ACL, we have been working -- our history of working on this actually goes back many years but really in a concerted way, we have been working for the past four years in terms of building the business capacity of community-based organizations that serve older adults and persons with disabilities.
What we have been trying to do, recognizing that for many, this is a huge shift in terms of going from being largely funded by grants, in some cases, to now potentially being a contractor to a health particular or another health services type of organization. That can include health system hospitals and so forth.
We have been trying to partner with foundations is provide aging and disability organizations at state and local level with the tools that they need to partner and hopefully ultimately contract with healthcare providers and payers, all within the context of delivery system reform.
So we started in 2012 with a couple small national organizations to help their business capacity to provide broadbased technical assistance. We engaged with public and private partners, I mentioned some of the organizations engaged in the work.
We quickly realized that while broadbased communication to organizations was important -- if you don't mind, I will shooter E community based organizations to CBO. What CBOs often needed was targeted technical assistance helping to meet their individual organization's needs as well as the needs of networks.
I will talk about that concept, just for a second. What we increasingly heard while beginning this work from health plans and other integrated services type organizations -- I will -- that's a big blanket category that includes health plans, accountable care organizations, health systems, different types of organizations seeking to integrate healthcare and long-term services and supports.
What we were hearing from them was, when they went into a state or region, they did not want contract with dozens or hundreds of organizations within that area. They wanted their contracting to be more centrally focused, lens the network of community-based organizations.
What we realized from the early work we were doing in partnership with national partners was the needs were great, first of all; and that community-based organizations and networks of CBOs. Had specific individual needs.
We went out with a call, not for grant funding but for organizations or networks of community-based organizations that wanted to be part of what we called a learning collaborative that would focus on building their business capacity.
If you could go to the next slide, Georgia.
So we have now done two rounds of what we call our business active learning collaboratives. These learning collaboratives allowed us to leverage existing grants and contracts we have within ACL as well as the public/private partnerships I talked about before to target technical assistance to build community based integrated care network or integrated service networks.
Our aim was that each network would have at least win new contract with service entity at the end of the collaborative for the first -- as I mentioned, no grant funding, this is purely active on technical assistance we selected 9 networks of community-based organizations for first round of collaborative. We selected -- that took place over an 18-month mered between 2013 and 2014.

We selected 11 networks of comint based organizations to be part of the second collaborative, which actually just ended or is in the process offending right now. Also went on for about an 18-month period.
What the networks that were selected to be part of the collaborative had access to was one-on-one technical assistance from grantees and contractors. I will get to the list of organizations we did have a group, two groups from Pennsylvania within the first round of collaborative.
So what they received was access to one-on-one technical assistance peer-to peer. We were fortunate enough to have supported -- in-person peer-to-appear and virtual learning opportunities and so forth.
I mentioned the aim of the collaborative was primarily focused on contracting.
The second that emerged as doing this work was community-based organizations will be able to establish networks, as I talked about before, through which they could do business.
Next slide Georgia.
In some cases the networks qaim up with network names. In some cases you see the name of lead organization each network designated lead organization who would be their primary contact with us. You will see that one of the networks included in the 2013-2014 collaborative was out of Pennsylvania and, Georgia, if we could move to the next slide, you will see the 11 networks that were part of the 2015-2016 collaborative.
So how does this work? We really were not sure at the outset of this work how it -- whether health plans were going to want to contract with networks with community based and disability organizations.
We were not really sure whether we would ultimate mally be able to achieve the aim we set forth in partnership with means networks for the group.
Where are we right now? We saw the names of the 20 networks that have been part of this work over the past three years or so.
These 20 networks have achieved at least 28 signed contracts.
I say at least because we believe this is a little bit of an undercount. We are primarily counting contracts achieved by the network, but we also recognize individual organizations within those networks have also achieved some contracts as well.
So we think it is a little bit of an undercount. Such that it is --
At least 10 more under negotiation. You see up there on the screen the kinds of services that have been included under the contract, these contracts may be for primarily for one service, for a service package.
So -- what you see are -- at the top of the list are the ones that are most often included under these contracts, you will see services such as care transition, in-home assessment lings evidence-based programs whether medication reconciliation programs or other similar types of programs in care coordination.
In terms of the payers, many of the networks you see are in states that have one of the -- what is called the dual financial alignment initiative programs going on where states are working with CMS to better align and coordinate services and payments of Medicare under Medicare and Medicaid.
We see dual plans. Plans serving people who are duly enrolled in Medicare and Medicaid, as well as accountable care organizations or ACOs.
Medicaid health plans that primarily serve people with -- who have Medicaid, physician groups and more.
On the next slide, I want to talk a little bit about what we learned as a result of this work.

We learned a number of things. Forgive the cartoon. I love them as parts of my presentation. If you can't see the type, because I know it is very small.
It says, you know the opportunity we have been waiting for turns out they have been on sale the whole time.
When we started this work, we initially thought -- there still is say sense of urgency to this work. It needs to happen fast. Changes are rolling out fast. We need to do the work and we need to do it now!
There is still the sense of urgency as I mentioned, but we know there have been a lot of policy changes at nation l a and at state levels within the past few years.
Sometimes that window of opportunity opens, sometimes it closes. Sometimes it closes partway and reopens.
There are a lot as new initiatives keep rolling out as part of new initiative reforms we believe there are new contracts.
We received recognition on the part of health plans and integrated services and entities.
The importance of social determine nans of health, making sure that people had a place to live, food to eat, that they can afford their medications they have the supports and services that they need to be able to live in the community.
We have seen that increase in recognition of this and attention paid to that, particularly within the past year or two, which we are very happy. What we see and think often points towards the community-based organizations and all of that.
We have learned a lot, as I mentioned, through the course of this work. One of the things we learn, it is so paramount is how critical organizational culture is to all of this.
If you have ever heard sort of gurus (name unheard) culture is one -- one saying is culture eats strategy for breakfast. You can have plans, strategic plan, if your organizational culture from the staff level to the management level to executive level to the board level and among your partser ins, if that organizational culture does not support that plan, it won't happen.
Similarly, within the health plan, you may sign a contract. An organization -- community-based organizations we work with sign contracts with healthcare organizations that have been working at top levels but there isn't the same level at staff level, which can make implementation of that contract a challenge; those are things that we have continued to work through as the work evolves.
Culture is critical. The shift as I mentioned before from being grant funded to being operating in a more entrepreneurial way.
It is a huge shift. We have had some very thoughtful conversations with CEOs about how you go about balancing being mission-driven and being in this work because you want to work where older adults and persons with disabilities with the need to generate sustainable revenue sources and margin that allows you to inflow vat, support organization and serve more people, most importantly, in all of this.
So culture.
We learned that networks and individual organizations not only need to know what their strengths and weaknesses are as an organization and as a network, but also know where those strengths in particular match up with what a payer needs or what a payer --
I will give you an example of this: One community Batesed organization we work with, a member of their senior leadership was at a conference of patient-centered medical homes in Massachusetts. What they heard was, a physician practice talking about how 50% -- they had a 50% no-show rate for people in terms of follow-up appointments after hospital discharge. That is

obviously huge implication foreperson who has just been discharged from hospital in terms of recognizing red flags, if anything is going wrong, making sure that they had the support to stay at home and not be readministrated to hospital.
No-shows mean they have open time slots, they don't see the patient. They don't get paid foreseeing the patient. It has huge implications for them not only for healthcare standpoint but also a business standpoint.
The representative went up afterwards to talk about you know what we offer medical transportation. We may be able to help you with this problem. From there that led to future conversations that ultimately led t okay contract.
It is those types of things matching needs with strengths that are important.
These contracts take time sometimes way more time than any of the CBOs who we work with thought they should and anybody else we worked with thought as well; that's because relationships change, personnel change.
We learned that flexibility is key in all of this on the part of the community-based organization, but also selectivity is really important.
We are -- our initial aim in all of this was, you know, any contract is a good contract.
Well, no, that is not actually the case. Sometimes there isn't say good match in terms of a payer or contract with the community-based organization for a lot of different reasons, whether because the organization doesn't share the same mission as community-based organization, they can't agree on that, whether there are terms of the contract that are unacceptable. This is an example from our work that want the organization to provide them with data about people whom they are serving but in turn are not willing to share data back using all of the -- putting HIPAA aside in terms of ensuring all of the business agreements are there and in place, the health plan is not willing to share data in return that allows a community-based organization to manage performance to give quality improvement we have had instances that has happened as well.
Community-based organizations need to be selective as well in terms of making sure the contract works for them and will lead to improvements in health and quality of life, hopefully lead to those among the populations among whom they serve.
We also learned that relationships and champions are critical. I think of the 28 contracts I talked about before, all but 2 of them were the result of -- only two of them were the result of, you know, a health plan going out with a request or proposal. Someone there knew someone at the health plan who could help get them the first meeting that would lead to another meeting that would ultimately, down the road, lead to a contract.
Having relationships and having champions within the healthcare forum is important.
There are still issues that need a lot more work and we are continuing to work on. I will talk about this when we get to the end of my slides.
Whether that -- among community-based organizations, whether issues related to continuous quality improvement, generating and managing volume under contracts. We have learned that, you know, if you sign it, they may not come in terms of having people there whom you can serve to be able to generate volume and staff up appropriately and serve the number of people that you think that community-based organization thinks they can serve under a contract.
So that is certainly an area we know needs work. Certainly that work infrastructure, information technology, in particular, is an area that still needs more work in terms of making sure community-based organizations are part of their state health information exchange and parts of health IT and can communicate electronically with potential payers.
Those are some of the issues that still need more work.

Next slide.
So the last part of my presentation really focuses on what some of the building blocks are to are community-based organizations or networks of community based organizations in all of this.
What does this contracting work mean for community-base ised organizations? It means having the right structure in place, the right people, systems, relationships and culture, as we have talked about.
Next slide.
I talked about organizational culture quite a bit already, so I don't want to spend a lot of time on this but the bottom line in terms of some of this is how much culture matters.
If you can move to the next slide, George expwrornlg.
As I mentioned, this is a fundamental shift for many community-based organizations.
As you can see the caption on the cartoon it says it shows a gentleman sitting at -- behind a desk with a personnel sign, someone is sitting there whom is interviewing. The caption says, what I would like to do is change everything about yourself and get back to me.
Some organizations that we work with, that's what this shift feels like in going from -- as a community-based organization.
The next slide.
That's because of the tension that exists here. As I mentioned before, in terms of balancing mission with margin on all of this.
I think, actually, we can -- if we can move to the next slide -- thank you, Georgia. One of the things if you ever heard no margin no mission.
[inaudible]
Who quickly rose to the ranks and kinded this phrase she was a nurse then administrator to being over the first president of daughter of charity's health system coined this phrase no margin no mission.
She said, in order to be able to deliver the services you want to deliver, you have to have a solid financial bottom line.
So what we have come to believe and what this work has shown us is that building your organization or your network's -- can help community-based organization be a better steward of resource or morning marriage inand serve the population they care about and achieve their mission.
I talked on the next slide. If we are can move to the next slide.
What kind of culture are we talking about when it comes to organizational culture it talks about expanded view of who your customers are in community-based organization.
It means your customers are, of course, first and foremost the clients whom you serve, the older adults or persons with disabilities.
The customers are payers in part. You often need to know who your competition and partners are and know what their strengths and weaknesses are.
Some of the other elements in terms of customer service focus, data driven decisionmaking, flexibility, which we talked about before, and understanding of your real costs. What it actually costs to deliver services to deliver a service, not purely what a grant will pay you to potentially pay to deliver a service.
There is an emphasis on speed and volume and focus on outcomes and results. Having the systems in place, I mentioned IF before, infrastructure being able to track and build (IT) so you get paid for the services you provide, having the systems in place to support the strategy.

Finally, as we have engaging in this work, we have gotten to work with some leaders and small fraction of the leaders that exist among community-based organizations, an important part of this work is having vision, innovation and excitement to be part of this work.
This work is about fundamentally changing the systems that deliver healthcare and long-term services and supports in states around the country.
Having the sense of vision is really important.
What are some of the building blocks? If you could move -- oh, you are already there. Okay.
First of all, market analysis, is one of the foundational pieces of the work.
Understanding the market doing homework about how the market looks now, how it will change in the future, who your customers are in terms of payers what do they want and need what are the strerchgths and weaknesses, as I mentioned before, who your compete ores are.
Finally, what regulatory and political factors fight possibly impact your ability and I am talking about community-based to deliver services and attain contracts.
Another fundamentalling about block on the next slide is on service lines and packages. What services does your organization or network have the capacity to deliver?
What is your history in terms of the delivery of those services?
What is your organizational stature in the market? We talked about the long history of CBOs have in the community.
The next slide focuses on ultimately delivering your value proposition. What is the business case for payer buying a community-based organization's services?
It involves being able to communicate the value your services can bring, clearly and consistently, both through data and certainly data on return on investment, also importantly through stories. Stoor f stories about people your organization serves.
How do the services you offer help to meet customers needs or solve problem or issue that they have.
How can a community-based organization's services help a payer to meet the quality requirement or benchmarks that they must achieve?
Is.
On the next slide we talk about relationships and champions that involves not only what I was talking about before having champions within the healthcare sector but also who is in your network? Who is there? Who isn't at the table right now? Who isn't part of your network but needs to be, because it will better serve the community, meet a payer's needs and so forth.
You will see at the bottom, the third bullet or I guess it is a subbullet in terms of who your potential [inaudible] in one of the community hitch based organizations we work with talks about that; that comes up in terms of, you know, contractors that are signed sort of at the executive level but at the staff level, there may be some resistance that a community-based organization may provide.
People feel like it has innovated their turf or something along those lines.
It's important to cultivate those relationships realize where people are derailing community-based organization is doing that you are able to manage that.
Okay. On the next slide in terms of building blocks you talks about network structure. There are a lot of different -- there isn't a one-size-fits all in terms of networks of community-based organizations.
It is important to know what your organizations are. Some states the area agencies on age some use brokerage model or memorandum of understanding or a different kind of arrangement it's

important to know how viable these options are, given your organizations or network reals existing structure ability to contract with services and capacity of your partners.
An important part of that is knowing what kinds of firewalls you might need in terms of the services you provide. Certainly meeting the conflict of interest guidelines that CMS is working on, questions that were set up in the home and community-based services rules and finally the contract deal is important.
Who can deliver a contract? For some CBOs, that may be part of county government. There are different sets of challenges when it comes to contracting with payers.
There are ways to work through the challenges but it is important to recognize what those challenges might be.
On the next slide we talk about network infrastructure. I mentioned how critical this was before and still a work in progress among many of community-based organizations whom we work with. What are the community-based organizations infrastructures in health plan or PAYer. What is your infrastructure for billing, tracking outcomes with regard to the people who need service. Health information technology is critical part of that.
It's impossible to dis endangle the systems needs from these data elements that you might want to collect is in community based organization.
On the next slide we talked about cash flow what are the organization's costs to deliver services? What can the market bear?
We talked about direct costses, the true costs to deliver services as well as indirect costs.
The value of the service to a payer is a really important part of this decision. It may cost you one thing to deliver win amount, the valet to payer might be quite a bit higher because you are keeping someone out of the hospital, helping someone transition home after a nursing facility stay and so forth.
On the next slide we talk about volume as a building block. How are you going to generate and sustain client volume to support so that you are -- you can -- you can do that in a number of different ways whether it asks for contract language in terms of the number of referrals that a health plan or another -- referral processes and as I talked about before, plan and provider buy-in at staff level.
Another critical piece adding how community-based organization will meet potential demand; that's through staffing, partnership and so forth.
Is there is the final building block we have been working on with community based network partnering on quality.
How you track the quality of the services you provide through process and outcome. What will you use? How will you use to what you collect? Managed performance? How will it factor into star quality ratings or other kinds HEDIS measures or other reporting systems how will you ensure the qailt of network partners; again, this is a work in progress. In many of the networks we have been working with would say.
Will you seek out accreditation. We have seen a lot of increased interest on part of the a crediting organization such as national committee for quality assurance which in the pasta accreditation of health plans and organizations; they have seen that, you know, there are an increasing number of community-based organizations looking potentially looking to be accredited as they seek out healthcare contracts.
I think among the contracts, that the networks who have we vrchts seen demand on part of healthcare organizations.

One of the networks did have a health plan that very much wanted them to seek accreditation and they did so for complex care management. It depends on services being offered.
Just so wrap things up and I will be happy to take questions.
As we move forward within ACL, I mentioned that the -- our 2015-2016 collaborative is drawing to a close. Actually, on Friday, we awarded 2 new grants focused on technical assistance for community-based and state organizations.
The first of those is called business action for disability organizations; that is a grant that is purely focused on organizations serving with persons of disabilities all ages and all types.
Tasks included in that are baseline knowledge contents of infrastructure needs serving people with disabilities as well as providing broad based training and technical assistance and utilized learning collaborative model offering 10-15 state-based learning collaboratives that community-based organizations that serve persons with disabilities of all ages and all types pz as I compensationed we just awarded this grant on Friday the awardee is 1250U9S united for -- they are literally just beginning on this in partner shy --
>> CAPTIONER: No audio
(Called back in).
>> THE SPEAKER: -- called national aging and disability business institute which was designed to provide technical assistance community-based organizations particularly related to healthcare piece.
On my sort of next-to-last slide you will see resources that we have for community-based organizations?
A The webinars and materials we have as part of learning collaboratives are available on our website as well as through a website that was developed by one of the national partners who worked on one of our early grants focusing on building the business capacity of community-based organizations for managed long-term services and supports.
On my left you have my contact information.
We welcome input as we move this work forward.
>> THE SPEAKER: In terms of where some of this work should go. Where you might need to, if you are a community-based organization, where you might need technical assistance.
With that, I am happy to take questions.
>> Any members have questions? [inaudible]
>> You are talking about the providers and all. What providers? Which ones are you talking? Are you talking about PAS services? Are you taking about service coordination? Are you talking about CILs?
>> THE SPEAKER: Probably, less in terms of protection and advocacy services in terms of engagement on some of this but more community-based organizations the such as older adult and persons with disability who may provide terms and supports or other kinds of evidence-based health promotion programs and other kinds of services caregivers and so forth.
It's a variety of different types of organizations, organizations offering behavioral health services. It depends on the network in terms of, you know, the organizations that are included in there. We were not -- it's particularly in the first round of our learning collaborative, we were not very appropriative in terms of whom you should be part of the network, because we wanted the community to come together, to figure out who the right organizations were and with whom they had existing relationships and commitments to pursue contracts together.

The second time around, our 2015-2016 collaborative we were more prescriptive in terms of saying these networks included networks serving older adults and people who serve people with disabilities organizations serving people --
>> The reason I am asking about the Centers for Independent Living, we are federally funded. We are federally granted. Correct me if I'm wrong, do we need to go into contracts or o do we are continue to be federally funded.
>> THE SPEAKER: -- existing federal grants that you might have. I think this is Center for Independent Living might have purely a recognition of the fact that organizations may want to seek out sis stainable organizations one of which might be contracting. By no means are a requirement that APL is setting forth. It is purely that we want to provide technical assistance for those community-based organizations who might want to go in that direction.
>> Got you.
>> Theo?
>> THEO: An example could be then if Center for Independent Living be to get technical assistance for developing evidence-based program?
>> THE SPEAKER: So the -- we certainly offer technical assistance related to development of evidence-based programs.
This is less about programs standing up with programs and more about sort of how you might be able to market and sell those services to a healthcare entity.
We do offer some separate technical assistance purely -- evidence-based program. I will be happy to get that information to you. **>> THEO:** [inaudible]
>> THE SPEAKER: We have engaginged on some of this work for a few years. The new grants are just ramping up right now but it certainly will be, like I said, we are pretty much on day 1.
The expectation, the requirement that was set out in the grant, particularly this is a document for disability organizations, with that the state learning collaboratives would be up and running by the end of the first six months. They will be offering technical assistance serve being the interim months as well.
The national businesses that I talked about at the very end, they are up and running right now.
I would be happy to supply contact information for all of these groups industry a Georgia to you all.
>> Blare. Oven one of your slides you had lessons learned.
There was a bullet in terms of issues or ongoing challenges managing volume. Can you explain more was there a mismatch -- service needed?
>> THE SPEAKER: Sure. I would be happy to do that.
Some of the Os are networks within whom we work. The assumption was, once the contract was in place, that they would be able to staff up as such.
Oftentimes the people who are the sort of targets for the services that community-based organization like the deliver under one of these contracts the referral need to be worked out.
So that Os were able to serve more people appropriately.
I think they found there have been more -- the marketing method included in this is not just to contracting organizations but then it is happy that people are in the door.
For example, how you go out and whether this is listed in the contract or something that gets work willed out at a later date.
>> Blare: So there is no shortage of work to be done, people needing help. I was curious, is this just say temporary growing pains of the organizations getting to know each other?

>> **THE SPEAKER:** I will just give one example, one of sort of the front-running community-based organizations that is parts of one of our early learning collaboratives they worked it out with the health plan that they would get sort of a registry of plan members, with the members' permission, of course, whom they could then reach out to to see if they would want to be part of the, you know, evidence-based programs that they were offering.
I think there were ways to go at this issue.
It is something that the organizations need to think about and to work with their payer to ensure that that happens.
>> **Blare:** Thank you.
>> **THE SPEAKER:** Uh-huh.
>> **Drew:** Would it be possible to understand the nature of some of the 28 contracts that have been made so far and perhaps an example would be helpful.
>> **THE SPEAKER:** Sure.
So the contractors are pretty varied.
I am trying to think of one. So some of the contracts have included -- I don't have a specific in front of me. A specific example. Some contracts have included a single service such as care transitions. Others have included a service package that might include in-home assessment as well as care coordination and so forth.
So other contracts have focused exclusively. We have seen two buckets on this in terms of contracts, some of which have focused more on care coordination including care transitions. Others have focused some of the networks we worked with adding programs. I am happy to provide. I have some more specific written examples. There are case you had is it Is and other grants that I mentioned either are or will be they are just starting out.
So we should have some of that very soon that we are able to share more in terms of specifics on individual contracts.
>> How much work can be done with college and Universities -- ability to be able to go to school and obtain education.
>> **THE SPEAKER:** We have not done much work with colleges and Universities -- again, our work has focused, really, on building the business capacity of community-based organizations we've been left to focus on education for persons with disabilities we have been more focused on how we can provide technical assistance to organizations that serve persons with disabilities. We are looking at -- I know some of the current grants are looking at how they might be able to work with colleges and Universities in terms of providing some curriculum related to community-based organizations in business capacity but that work is still in progress.
>> Okay.
>> **Ralph:** I have a question. I heard you mention earlier something in regards to transportation. If community-based organizations somewhere number of problems with transportation of consumers; is that something that you have been involved with?
>> **THE SPEAKER:** In terms of the issues?
>> **RALPH:** Yeah.
>> **THE SPEAKER:** We have more been focused on transportation as part of service staffages that community-based organizations might offer to a health plan. We have been left focused on solving the issues that may exist with transportation. There are resources within ACL and staff who are working on that. I would be more than happy to get that contact information to you.
>> **RALPH:** Okay.

>> From a health plan perspective, I guess, what would you see as some of the best practices that health plans have taken on and what are relations you have given to MCOs to establish the relationship.
>> THE SPEAKER: First, I think the need for flexibility exists on both parts in terms -- I think there is a lot that health plans -- flexibility in terms of health plans working with community-based organizations.
I would say that the health plans we have engaged with, you know, one of the national grants that we have have had for the past few years has been with national area agencying on aging they have a committee who are all sh dedicated to to foster relationships between health plans and community-based organizations.
They have offered some tremendous advice. They have engaginged in terms of helping community-based organizations to think through issues when when it comes to infrastructure.
It is an area that health plans need to be flexible with community-based organizations in terms of helping them to access systems, their systems, whether it comes -- when it comes to billing or how community-based organizations can feed data to them and populations they are serving.
Also, sort of the recognition of the fact -- and this has come up time and time again -- the world of healthcare and the world of social services or long-term services and supports sometimes speak very different languages.
You know, I think one primary example is a great example that emerged as part of our work. There was a community-based organization that went in to talk with a health plan. They were talking about -- they had wait lists for services.
The conversation was -- spinning around. At the end -- finally someone said, I don't understand why you have wait listed. Why would you want to weigh every single person whom you are serving; that's a really basic example.
It may sound silly, but -- what health plans think of in terms of care management and community-based organizations think of care management are two very different things.
Another example language is person-centeredness. What -- people with disabilities think of person-centeredness and what we at ACL think of and other organizations may be very different from what healthcare providers and pay eers think. They are examples in terms of language.
Infrastructure is a big one. Making sure that community life based organizations that it's a two-way street in terms of having the systems that they need to be able to communicate the information that health plans want and that they have access in terms of data as well.
You know, with all of the required permissions and so forth that need to be in place for that, but data is another big one.
>> RALPH: Does anybody in the audience have any questions?
Come up and please use the microphone.
>> Hi, my name is Dave from -- project.
My question has to do with the statement you said about no mission no margin. The issue of organizational culture.
I understand that concept. If the mission of the CBO is clearly a service mission; however, organizations like CILs also have an advocacy mission.
My question for you is it possible for a community-based organization who also has an advocacy mission to reconcile the inherent conflict between advocacy and becoming a business contractor, the very entities who is practices your advocacy efforts may challenge.
>> THE SPEAKER: Great question. I think that's one that we have been grappling with over the course of the length of the learning collaborative.

I do think there is a way to -- I think all of the community-based organizations that have been part of this work still first and foremost see themselves as advocates on behalf of their clients; that being said, I do believe, you know, there certainly needs to be firewalls in place between sort of the mission, service provides and more advocacy oriented mission an organization may have. They need to be -- they are -- there are fundamental conflicts that may exist in terms of planned selection and some of that service provision organizations have to be sure that they are complying with the requirements that the CMS has set out in the settings rule and they are working on refining.
So I don't -- I believe it is possible. It's not without a lot of work.
>> **Are you familiar:** David, I would add to that that it's the culture of the organizations.
I would like to say not all states --
>> I know that.
>> **RALPH:** Anything else?
[NO RESPONSE]
With that being said, thank you very much.
>> **THE SPEAKER:** Thank you.
>> **RALPH:** We will make sure we get stuff online. Thank you.
>> **THE SPEAKER:** Thank you.
>> **RALPH:** Is David De Notaris here?
Are you good to go?
You don't need a break after all of that? That was a lot of stuff there.
>> **DAVID:**
I sent over a PowerPoint. Do we have that up?
>> **General gin:** Yep.
>> **DAVID:** Good morning, everyone.
I hope you can hear me. Can you hear me okay?
>> **JEN:** Okay. >> **DAVID:** My name is David De Notaris I am privileged to serve as executive director of the office of vocational rehabilitation and work in government and ref we are here to help.
[LAUGHTER]
I know many of you are familiar with OVR. Dana Baccanti here?
>> **DANA:** Yep, I am here.
>> **DAVID:** We put together a PowerPoint presentation for you today that is based upon our annual report and this is our annual report [inaudible] we did it in a calendar format. The reason we did it in a calendar format is like many of you, I have had the privilege of going to meetings in the past in after meeting with people and sharing information, this is what I heard when I was leaving the room. [inaudible]
Did she just throw that on the coffee table? They are, like, yeah!
I am, like, that's going to be cleaned up pretty soon and you know it's going to go to file 13.
I really -- I want to come up with a way that we could could make our annual report functional so I made a calendar.
I want to run through the calendar of the annual report. Then I am going to answer -- Dana and I will answer some questions on the annual report.
So let's get to it.
I am totally blind. So if you have a question and you do this, you might need managed care services sooner than you think.

[LAUGHTER]
You may get a pinched nerve or something. If you have a question, say my name and I will be happy to call on you ?rks that's how I do it at Sunday school.
You will see the spotlights, which are QR codes, the quick reference code, so if you have your smart phone, you can scan those QR codes and you will get over 2 hours of videos within the report of interviews with employers, elected officials, customers, talking about their experience with OVR.
Certainly, we use only the good ones, of course!
[LAUGHTER]
Of course, right on the first page, Dana, we have the Governor's welcome. Right?
>> **DANA:** I think maybe Connie and you and I -- [inaudible]
>> **CAPTIONER:** I cannot hear Dana. She is not close enough to the phone microphone.
>> **DAVID:** Maybe someone can help me.
Here we have the Governor Wolf's I apologize for the technical difficulties.
He use ised to write the letter, this year he sent out an actual message for us, recorded a video and encouraging employers to work with OVR on hiring students and individuals with disabilities.
We are excited about that.
Then after that -- can you help me with this? Is that okay?
>>: Sure.
>> **D**David: This is Governor Wolf reals page and secondly secretary Manderino. This is a super cool video by the secretary. I don't think we ever had in my time here over the past nine years a secretary who is more dedicated, concerned or committed to helping people with disabilities as secretary Manderino as secretary Dallas in DHS as well.
After secretary Manderino, there is my page with a welcome message for me and also a Ted talk I did at Gettysburg college.
After that, I'm sorry we don't have this on the PowerPoint for I. I do apologize.
We have our page on the Pennsylvania Rehab Council, who makes recommendations to us and the Governor on services and programs for persons with disabilities.
After that, we have our statewide independent living council, with whom we are partners. Matt seally, the executive director is featured there.
OVR buys the numbers.
This is a great recommendation. Here is the bottom line. OVR assisted over 8,700 persons with assistive individuals -- [inaudible]
Moving on to May, we have our -- success for I from our Altoona BVRS office. Josh dean who got a customer service job at Highmark. It was awarded at the Hershey lodge.
I guess I should have done this before as I was rushing through, the high level of OVR. OVR has four bureaus: Bureau of Blindness and Visual Services, bureau of vocational rehabilitation services with 700 staff; Bureau of Central Operations where Dana works; and Hiram G. Andrews Center with 190 staff in Johnstown.
So we left off in May. We are going on to June. June was our blindness -- yes?
In June we had blindness awareness expo, which is sponsored by bureau of blindness and visual services we always have that event in June certainly because that is when people are at the capitol and hearing about our budget.
[inaudible] -- that is accessible by voice control.

July is celebration of the 25th anniversary of the ADA. Time sure does fly. Right? We have come a long way but still know we have a long way to go.
Moving on to August. August is our summer program. We partnered with the Pennsylvania Department of Education Bureau of Special Education and Penn State University. We had 25 students from all over the Commonwealth for camp to learn technology, braille, daily living skills. Of course, they were introduced to as many individuals with disabilities who are competitively employed that we could find.
September. September is our Starbucks inclusion academy in York, PA. Not very far from here is Starbucks large plant in the country. They get the beans for -- Canada we developed with them a program called the inclusion academy. We partnered with non-profit agency to assist us. In the morning they work on soft skills, time management, customer service, getting along with others, appropriate behaviors and actually working on other jobs.
We started this program last year, 16 people has hired every single one of them. We are really proud of that partnership at Starbucks. They say they like that a lot.
Everyone knows October is national disability emawareness month. Office of facilities program ODA.
Last October, we participated in a lot of different eventses. One of the events that we are really excited to participate in was a STEM event at Carnegie Mellon University. It was an interesting event. The reason I wanted to do something there is that -- did you know that only 2% of individuals with disabilities are working in STEM skills?
What are we doing to increase careers in those fields? We also have fairs. Career fairs.
If you follow us on Facebook, just yesterday we posted all of our October events. All of the different events that are going on in October like a student event the Deloitte in Camp Hill where we will be bringing in students to be mentored on the job.
The PADES event on October the 17 fnlg in Erie, the Pennsylvania disability employment enempowerment summit. There will be over 50 employers there for that event. Certainly all kinds of interesting events going on.
There will be -- I just encourage you to share that information as well as get involved.
Moving on to November, November is an article about older blind project. Pennsylvania has third-highest population in the country as you probably know.
We received $1.5 million of federal funds to assist individuals 55 years and older who are -- we are provide variety of services availabling people's microwave, teaching them to cook to keep people in their home and communities where they want to be.
So this is an interesting story about a World War II vet who lived in Altoona. We had macular diversion. He wasn't able to read his mail anymore.
The first thing he wanted to read was an article about himself that was in the Altoona "mirror" about him being a World War II vet; that's what he wanted to read; I thought that was pretty cool. He wanted to see what they said about him.
[LAUGHTER]
December is really exciting. Dana has really been a champion in Pennsylvania for making this program possible. Projects -- there is Project SEARCH and over 300 locations right now in 17 or 18 in Pennsylvania
>> **DANA:** We have 15 in operation and a few in the works.
>> **DAVID:** Project SEARCH is a program for adults as well as students. A student with a disability could -- we have -- one is mainline health and Hershey medical.

So what we have done there is students will go to, again, work with the community partner and they will go to a job site like Hershey medical or rehab and do a one-month rotation. They find out what they are good at. They find out what they are not good at.
Sometimes the organization hires them and sometimes they don't. Sometimes the community partner of that organization hires them. Sometimes they don't.
We are getting people moving. We are getting people -- I am a firm believer in the law of in irinertia. Asking questions, encouraging, ideas. We can all attack -- we are all parts of that greater force.
Project SEARCH is what WIOA is workforce innovation opportunity Act. WIOA talks about work-based learning experiences and Project SEARCH and the Starbucks inclusion academy are all great examples of work-based learning experiences.
This PDF they are showing rights now, this is on our website. I did bring some hard copy reports with us as well.
If you would like to look at that and take one home with you, you know, watch some of the videos. My job has been hearing from employers resources for you consider. -- [inaudible] -- it's one thing for us to say, now critical shift for other employers encouraging other employers.
>> **CAPTIONER:** There is tapping near a microphone that is interfering with the audio.
>> **DAVID:** January, success stories from Allentown office. We helped a individual get a job at Crayola; that's a great story. We are really proud of that nice article there.
Moving on to February, success stories from our Johnstown office, supported and customized employment.
Dana, can you support about customized employment. >> **Dana:** Good morning, I am chief of special supports division.
Part of the workforce innovation opportunity act is command caying employment services whereby the person is provided support in the form of job coach or job trainer on the job and also to expand supported employment services to include discovery, which is a formal but non-standardized -- so that they could can be considered in development of custom osmized form of employment.
Customized employment is looking at needs of employer and match willing with specific talents and skills of an individual.
An individual may not be able to compete for a job with other members of the community, but they may have some really spectacular talents in one particular area.
That could basically be a job or it could meet the needs an employer has. In fact, if I could use an example, David, Project SEARCH in Cincinnati, they found that they have a need to sterilize the pulse ox monitors they put on your fingers in the hospital; those request be sterilized and recycled up to three times.
So they created a position for a young man who has Cerebral Palsy, who has limited use of one side of his body. They created a place to clean and repackage them. It ultimately saved the hospital hundreds of thousands of dollars each year. It was a value-added task for the employer. It was something that he was able to do. Working 40 hours a week in an integrated setting. He was earning $15-$20 an hour. He was self-supporting.
He wasn't -- that wasn't a job that existed prior to identifying his abilities and talents; that's just an example.
>> **DAVID:** Perfect, Dana. Thank you.

Let's continue to mover on here. Success story from our Washington office on OJT, on-the-job training. This is another example of a technique that we have to help an employer consider an individual for employment with a disability.
It gives the employer an opportunity to try someone out and see if it works. It worked great. You know? If it doesn't work, you have time, you know, learn all about getting people experiences and we hope it works but if it doesn't, you know, it seems to be a more comfortable way for an employer to give someone a chance; that's what we are about. Giving people a chance.
Next slide. Success story -- bureau of blindness from our Wilkes-Barre office. Pan individual lost their sight. Didn't think they would be able to work they worked with orientation instructor learned technology skills and they were able to go back to work.
There is another great success story with another employer in this video, talking about, hey, what a good idea it is for other companies, I encourage people to hire people with disabilities, et cetera. They are an untapped job market.
May our SSP program Living Well with a Disability. Theo is a wonderful partnership with OVR, the SCIL.
Marsha Drenth makes Helen Keller proud.
There is environmental information -- they can make their own decisions. They could go to the supermarket. They can do their own shopping.
We had focus groups. We asked people who are deafblind. What do you wish in Pennsylvania to be the 23rd state -- we are a little bit late for the game to have this program but we made it happen.
What do you want for SSP? Some people said I need help getting to the pharmacist. I need help getting taxes done. I need help when it comes to, you know, going to the store.
So Shelly [inaudible] is a neat example. SSP don't make decisions for you, but when you go to the store they will tell you, look, there is orange juice, orange juice with calcium, vitamin D, with pulp, orange juice with vodka -- not really. Just kidding.
[LAUGHTER]
Providing them with information as well as doing things like providing tactile information. Drawing on people's backs okay, we will go into the room. I have done this with Shelly. I am not deafblind but we were meeting with the Senator who had a complaint -- Shelly drew on my back. They goes -- in front there are two chairs a couch and coffee table. Then I was able to walk that the room and the Senator said, now, how did you do that yourself?
I said, well, I just did! What is the problem? What is the problem?
So, you know, for providing people with informational cues about their surroundings is huge. We are really proud of that program and the work that Theo and his team has done to make that program. We serve over 55 people statewide currently to help people access their community.
Moving on, I apologize this is getting long. June is early reach program. Our early preach program is a wonderful program where we hire individuals -- the working class and social workers that we hire social workers going into high schools and let people know about OVR. We let people know about the services that we provide. We interview presentations.Ing about we know -- statistics say when we help high school students with disabilities find summer, weekend or evening employment they are 200 times more likely to have a job after high school.
We teach individuals with desirabilities at an earlier age to also help them maximize their high school experience.

We know it's the same skills, right? The same skills that allow a person with a disability or any person the same skills that allow a person with a disability to be successful in college and work are the same skills that allow them to be successful in high school.
Why not make sure they are utilizing their skills? The skills to take notes and retrieve those notes to read them later. The safe travel skills to travel from where you are to where you need to go. To work independently and with groups. It's the same exact skills. Helping people maximize their high school experience and benefit from services, we know will help them later in life. We are privileged to be able to working with individuals.
July Office of Deaf and Hard of Hearing Sharon Behun is director there. It is a small but mighty office I like to say. They provide information, advocacy and referral services to individuals who are deaf and hard of hearing.
They are done a lot of work with PEMA, Department of Corrections, PennDOT and helping access help for individuals who are deafblind.
This is a great story on August of Shane Burkoff he is from our Allentown district office. He is a speaker and presenter and it's laughing at my nightmare. Great speaker. He is a huge social media following. He has 25,000 followers. A really good entrepreneur. We helped him with obtaining some hand devices for navigating his vehicle to drive to his presentations independently.
September, moving on to September, here is another great success story, her name is Alicia. She operates a food service facility in one of the buildings near Harrisburg. She is deafblind. She benefits from SSP services. If you get a chance to watch her in a five-minute video how she uses technology to get her job done. It's absolutely amazing. She is an inspiring young lady. I am proud of her.
Moving on to Hiram G. Andrews Center and technical institute. Alex is from BVRS office. He went to HGAC. A really great video here if you have a chance to watch the videos, if you are online or if you get a calendar code and have a QR reader.
Alex came to HVC and got a job at Signa and was recently awarded their outstanding customer service award. We are proud of him.
After that we have our director's page, Denise Verchimak, Ryan Hyde, Strechay.
On the back is more QR codes.
So that's just a snapshot of OVR that's what we have done and we are just really excited about the new opportunities. Workforce Innovation and Opportunity Act.
We have begun to work on next year's annual report and so if I was to have done that report for an employer or an organization -- that's our annual report so what ideas do you have so we can feature you in next year's annual report? What are things we can do together?
Next year's theme will be the three Cs, [inaudible] coordination and collaboration.
We developed with the office of developmental programs, which allowed ODP to transfer some state funds to us. $500,000 we were able to take the money and leverage it through our federal dollars into $1.8 million with 4:1 match with the federal government.
For a total of $2.3 million.
We began to place staff in each BVRS offices to focus on individuals with intellectual disabilities and helping them and then through OVR's training and services so that they could get the services that they need so they could be independent.
So I love that partnership idea. This year we also in the summer we worked with SAP, the company, and ran a six-week apprenticeship program for individuals on the autism spectrum to work at a company. In six-week apprenticeship which began July 17th, 12 individuals went

through that program. The reason we call it apprenticeship so you can have it on the resume. They went through a six-week apprenticeship.
They went through the training program: I said at the commencement program I said, out of those 12 people, just curious, how many would you have hired? He said he would have hired 7 of the 12. So that was pretty darn good.
I thought that was cool. They will finish their degree. If they want to go and come back and work, I think they have a door open there.
So I love being in partnerships. I love embedding training opportunities right in with companies like Starbucks inclusion academy.
We are meeting with Sheetz to develop similar initiatives with Sheetz. I love -- there is nothing more that I enjoy doing helping people get a chance to go to work.
My first job out of college was a job developer. I don't think that there is a more fun thing to do than helping someone do something they once believed they couldn't do and get a job that maybe they didn't think they could get maybe their parents or teachers or someone told them they couldn't do and help them do that; so that's what winds my clock and really gets me excited.
That's what we have been up to. You know, we continue to think about how we partner and come up with opportunities to leverage other groups/organizations expertise and knowledge. I am very glad to be invited here today.
I would be happy and Dana too to take questions.
>> DANA: I wasn't sure how familiar folks were with WIOA and changes that it is bringing forth in terms of services to individuals with disabilities, specifically students with disabilities and individuals who are engaged in the minimum wage employment?
So I guess I would just throw that out that we are very happy to entertain any questions or information you want to share with us on those matters.
>> Any questions from the committee?
>> Yes, I have a question, it's drew Naugle on the phone. Can you hear me?
>> DAVID: Yes, sir.
>> DREW: It looks like we are presented with a lot of great opportunities especially for students with disabilities.
Specifically, in terms of the work-based learning experiences, I am wondering if any of your district offices have been -- could talk about a successful example of learning experiences.
Hearing from some of the approved providers that it's kind of difficult to arrange a temporary period of employment like 10 hours in 10 weeks because employers have a very high bar for having someone in the workplace. Their liability insurance, worker's comp. smurches and background checks to do so for a temporary period of employment is a pretty high bar.
For example, my employer, 50 hours of orientation someone has to go through before being on the job.
Have you had any feedback from the field about that? How would it be proposed to deal with a that.
>> DANA: Drew, this is Dana Baccanti.
Not everybody has to have a clearance. In terms of supervising the youth on that work-based learning experience, it would be the provider who is doing the training and supervision of work-based learning experience they would be required to have the cleansers.
The person who would be directly supervising them from the place of employment.
I just want to clarify that for you.

Still, you know, it is another step, if you will, in terms of the hiring process or the employment process.
I think what we are asking providers to do is seek out employers who are able to assume those responsibilities.
Obviously, every employer isn't necessarily going to have the right set of circumstances to engage students in a work-based learning experience, but, you know, we are looking -- the way we set it up was to allow as many students as possible is to engage in a work-base the setting. We have the 90-hour parameter but can easily go beyond.
The situation that you explained, whereby 50 hours is required for orientation, we could extend that so that they might get an additional 50 hours of work-based learning so that they could, actually, engage in that.
>> **DAVID:** So to further which shall.
>> **DREW:** I would like to know some examples of employers who you found who are willing to have the student in their workplace without an employed status, which would require a background check and the insurance as I mentioned? That's the problem we are running into. If you can give a concrete example of an employer who has allowed this, that might be helpful to find a way forward.
>> **Daiferred:** Who do you work for, Dew.
>> **DREW:** Woods services, incorporated.
>> **DAVID:** Okay. To answer your questions, where we have had success, we have had success in organizations like Tenner Drive. There is a video on you're website. That is with the York district office and intermediatey yat unit where students get opportunities to work there in the morning and then have their regular classes in the afternoon.
We had success in Allentown some of the initiatives with Dorney Park as well as Hershey entertainment. We have had those experiences.
We had good experiences with the Pittsburgh -- the town of Pittsburgh hiring people for summer jobs. We have had experiences like that that were positive. We feel we will only build upon them.
>> Dane art. Lancaster general has also been an employer we worked with and are expanding their work-based learning experiences.
>> **DREW:** Thanks. I would like to get in touch with them and find out how they dealt with these issues. >> **DAVID:** If you would like to send myself or Dana an email we would be happy to help you make those sections.
>> **DREW:** Thank you, very much.
>> [inaudible] good afternoon.
The particular question is, would post-secondary programs like after June high school. [inaudible]
>> **DAVID:** Richard, I am not sure of your question, but I will give it a shot because I think I know what is is.
>> **Dana:** OVR awarded a competitive grants to dream partnership to help develop post-secondary certification programs for individuals with intellectual disabilities.
Post-secondary education across the Commonwealth.
To date, there are Penn State has a program up and running but has not --
The benefit of achieving CTP status is that those programs are then eligible for PELL, which is a federal form of financial aid.

We are hoping that we will also have those programs approved to receive funding through PHEAA, the Pennsylvania higher education assistance agency.
So that's another way that we are engaging post-secondary institutions of higher education.
We recently issued some opportunities for competitive qualifications to engage post-secondary institutions to become, basically, places for work-based learning so that they would serve as the employer; that was -- expose people, not only to employment in post-secondary education but also to the whole environment and the whole idea of post-secondary education.
>> Thank you.
>> DAVID: Thank you, Richard.
>> Sounds exciting.
>> DAVID: It is exciting. The fact that we have opportunities to work with, you know, colleges and Universities and -- I really want to move the needle on the 2% of people with disabilities working in the STEM fields.
I would just love to hear whatever ideas that people have about, you know, creating opportunities in that area. That would and great.
>> I have -- [inaudible] -- to provide programs -- Millersville University initiatives as well. Continuing the good work you do.
[inaudible]
>> DAVID: Thank you, Richard. Any other questions?
>> Yeah, I have one. Yes, sir?
>> You know with CHC the MCOs now part of the RFP they received was help integrate employment for people with disabilities how are you working on or planning on working with the managed care organizations to do this?
>> DANA: So we would in all likelihood work through the supports coordination organizations to coordinate those services; so that's typically how we have worked with the office of developmental programs; that's, actually, how we have been working with the Office of Long-Term Living in the OLTL waiver program.
We certainly recognized the need to increase our collaboration with the Office of Long-Term Living and their waiver program, but we have we are continuing to work out the Wrinkles, we are in a much better place than five years ago. What we would be seeking to do is replicate that as much as possible with the Office of Long-Term Living.
Certainly to work to replicate some of the methods and the strategies that we are employing in the resource sharing agreement with ODP, looking at doing the same with the office of long-term living.
>> Do you have ideas on --
>> On top of working with them? Yeah, actually, if you would reach out to MCOs, let them know what OVR does. A lot of them, especially? In out of state may or may not be familiar with what OVR does.
I would reach out to them to get a list from them on who is going to be on the new CHC managed care services so that you can help to get OVR understand what is going on and help people get working more jobs.
>>: Dana: Let me clarify. The provision of the service, does the supports coordinate a -- service coordinator -- okay. Thank you.
The service coordinator would make the recommendation for the services in the service plan. Correct?
>> Yes.

>> **DANA:** Then it goes to the MCO for approval of funding. So, basically, the -- I guess we could, certainly, reach out and do that in terms of educating. I will work with Jenn to get the information that we would need to reach out to those providers.
>> Great.
>> **DAVID:** We would be open to any type of training.
>> **RICHARD:** If I could make a quick commen
>> **DAVID:** Sure.
>> **RICHARD:** If it is written in service coordination can work in conjunction employment initiatives I think it's important that the MCOs are aware of that; that's all.
>> **DAVID:** Thank you, Richard.
Just to kind of, you know, circle back to that, Fred, if there is, you know, you are aware of trainings or things that are coming up, you know, I would be more than happy to make staff available to deliver trainings to the MCOs or whomever would benefit from such a presentation. We could do online training, if that would be viewed at a later time.
We are open to, -- you know, I think I said when I started, you know, certainly we don't have all of the ideas and we are absolutely open to what we can do to leverage everyone's expertise and resources.
>> **DANA:** Conversely, we would be open to training for MCO plans.
>> **THEO:** I have a question. [inaudible]
>> **DAVID:** I wouldn't think so.
>> **DANA:** We can contract directly for pre-employment --
>> **THEO:** Not necessarily OVR but -- [inaudible] --
>> **DAVID:** Do you think it's a good idea -- what idea might you have, there? [inaudible >> **THEO:**
[inaudible]
>> **DAVID:** I think so, Theo. I think, you know, a curriculum for one group could be modified to benefit another group. So I think you are absolutely figuring the right way. I think that, you know, as far as OVR is concerned what else can we do with CILs to make sure that we are continuing to stretch everyone's imagination, the customer, family, employers' imagination regarding the people we serve. I think it is worthy of, you know, continued thinking around that topic. I think there is something there.
>> **THEO:** Thank you.
>> **DAVID:** Yes, sir.
I think Ralph is about to throw me out. I am extremely grateful to be here. I wanted to leave everyone with my contact information and my email address is ddenotaris@PA.gov.
717-787-6176, which goes straight to my assistant Connie Noonan. Don't think I gave you the wrong number if it doesn't go to my voice mail.
[LAUGHTER]
We are extremely grateful. I value the partnership that we have with, you know, a great time to figure out how to use everyone's resources to help as many people we can get a job who want a job.
I am grateful for this opportunity. I have some business cards I can give you those as well.
I am privileged to be with you. I loved being with the advocates who are truly making a difference in people's lives thank you for inviting me
[APPLAUSE]

>> Jenn. Thanks so much, David. I just want to emphasize two things David mentioned early on in his presentation:
one is PADES, which is the Pennsylvania disability employment empowerment sum mit in Erie. It will bring together employers, people with disabilities, related government agencies to engage in this year's national disability ememployment. This year's theme is inclusion work
I encourage you to go to the PADES conference. There will be a lot of guests speakers, breakout sessions and a huge job fair as well
it's at the convention center in Erie
I just want to give a plug for that
you mentioned inclusion works. He mentioned it has gone on their website the national disability employment awareness monthcal he Darr of events. Almost every day this month all around the state is something going on and there is a calendar of events telling you where you can go and what is happening
so we are going to send this out.
his assistant Connie Noonan sent it to me this morning. We will make sure it gets out to all of you have after the meeting.
I wanted to give a plug for those things
we still have a few other calendars here if anyone wants one. He gave win to me last week.
you should know that OLTL and OVR are real in ey partnering. We will need the partnership as we roll this out to get it right
>> RALPH: Thank you.
Are you ready? You will be speaking good independence and give us updates on that.
>> Thank you. Before I start on the IED. This morning, I was at our first face-to-face service coordination training that we have scheduled. There are several more scheduled around the state over the next few weeks.
I just wanted to tell you, I am really excited about it. I think that the interactive part of this just from the hour and a half, couple hours that we were there, we already had gotten great feedback and the majority of the people that were there are new service coordinators that have been in the field from four or five weeks to a year.
If you have people there, at this training or if you are -- if providers are sending people to trainings, I am really interested in hearing your feedback on it.
I am also, certainly, going to be pushing up to repeat those things next year, just because I think it is incredibly valuable.
So in terms of the independent enrollment broker, we have been very busy. We recently earlier this year, had a transition -- two transitions, actually.
In March we made changes to the way the actual process rolls out, then in April the enrollment broker became responsible for handling the enrollment of aging participate hants. Those will been handled by the Area Agencies on Aging before that.
It has been a very rocky transition to say the least.
>> FRED: Up the hum! Uh-huh!
So I believer that we have there are a lot of things we learned, one in terms of communication. Communication with our partners. We have, I think, learned a lot about the process that the AAAs had been using we had to modify some of the actual process with the IED, just to give you an example.

A lot of individuals who may be interested or eligible for the aging waiver will come to the AAA and oftentimes they have a level of care determination completed as one of the first steps in the process.
While it is under 60 waivers to kind of win those -- when those things happen are a little different.
In order to accommodate what are referrals from the Area Agencies on Aging, we have developed a referral form that is something that any agency can use now so that a lot of the folks are coming through as actual referrals.
There is a process set up where they are accepting those referral forms, there is a whole part of their process that we have developed that is different. I think it is starting to work for everyone who is coming through this process.
There have been also considerable problems with the call center and the level of busyness there in terms of call a abandonment rates. We work on a regular basis daily with the staff to address the issues.
Again, I think that as we continue through it, we are recognizing what some of the things are that we need to, for example, they have had to bring on and train additional staff.
So these are some of the areas.
The other thing S there are a lot of entities that are calling to follow up on application status, and agencies that are making frequent calls to IED to actually make those referrals.
So, again, those are -- we are trying to figure out, okay, is there another way that people can get that information instead of using the call center directly?
So we are working with agencies that may potentially have a high volume of referral to assign within the IED a resource person who could be the entity that they ask follow-up questions to IED if there is some kind of an issue if there is an enrollment that is possibly stuck in a certain position.
So as an update, these are some of the challenges we have been experiencing but also some of the fixes that we have been diligently working on to try to address it.
I know we also have a team of people within our office within my staff who are handling things, such as participant help line complaints, tracking and working with the IED to address each and every one of those situations as they come through.
In terms of numbers, we have it 1500 enrollments since April 1st in the aging waiver.
So we are about -- what is coming in per month now is very, very similar to what per month the AAAs have been doing prior to the IEB taking over. Some of that is definitely stablizing.
We have also heard a lot about people who have had the MA application, the PA-600-L sent to them.
They are also talking about how to direct those issues where somebody may need a level of assistance or support.
This is something that is different since March, because in the past, the IED would do an in-home visit within the first 7 days of contact. They would work through the person on the application materials and now that's not happening as an initial part of the process.
If the person doesn't have it already, that application packet is going out to the person. So we are recognizing that that is possibly another area that we want to address as we move forwards.
Jenn, Kevin, does anybody have any questions specifically that I can answer for you?
>> **RALPH:** From the members?
>> **FRED:** Like I would never have a question. Right?

I heard you will be putting out an RFP for an IEB? Is this going to be -- I believe I asked this before, but is this going to be in conjunction with maximus or to replace maximus or what?
>> Thank you for that question.
Yes, the department will be putting out a new RFP. I believe there is also talk about doing public comment regarding that RFP.
In the next couple weeks you will probably hear more about that as it is released it is open to any vendor who wants to apply for and put their proposal forward for that work.
In addition, there are two parts to this. That's the RFP.
The other part is, in order to prepare for work that is going to be coming after Community HealthChoices in the next year, we are amending the IEB's current contract to address those functions that we will add so that they can take on that work starting early next year; so there's two pieces.
>> FRED: Okay. Am there just still be one IEB or two or more?
>> That is something that we are grappling with in terms of how we are moving forward with that.
>> FRED: I would definitely suggest more than one.
>> KEVIN: Going out in three lots [inaudible] southwest, southeast -- we could have one, two or three vendors.
>> FRED: Oh, good. Okay.
>> DREW: I have a question on that. Can you hear me?
Is there any concern about the timing of that IEB implementation that would be in response to that RFP?
It seems, if they are looking at the calendar, it seems like the southeast region is still slated for generally 1/2018 I think that is what you were talking about implementation of the new IEB, the same dates.
I am just wondering how we bring in a new IEB provider at the same time that we have a brand new home and community-based program being implemented for the most populated region in the state?
>> Thanks, Drew. Yes, I think it will be challenging.
The new RFP we are working really hard, hopefully in the next several weeks, you will be both be able to comment on it and it will o go out.
We don't have hard dates at this point in time because we have to make sure it all lines up.
I think it will be certainly a challenge. We recognize that.
>> DREW: Is there any possibility to giving some thought to rolling out Community HealthChoices early before a change in the IEB system?
>> I don't think that will happen.
>> ZREW: I am trying to think from the perspective of the consumer. If a person needs to understand what their choices are in Community HealthChoices and one of the persons that will help them to go through that is the IEB. Correct?
>> Correct. Yes.
>> KEVIN: Dpriew, this is Kevin Hancock. To answer your question more specifically. We currently are required to procure this service. Right now we are working in procurement with the current enrollment broker.
We are required to -- [inaudible] -- timing is always challenging but it's still a service we have --

>> DREW: You've already expended the current contract more than once. I am trying to think from the perspective of the consumer how confusing it will be to them getting a new IEB and having to choose a new health plan and long-term services -- [inaudible]
>> Thanks for those comments, Drew.
>> RALPH: Any other member questions
>> RICHARD: Ralph, if I could say something to Drew's comment?
>> RALPH: Sure.
>> RICHARD: Going back to what was proposed earlier, a [inaudible] times when it's very difficult for people with intellectual disabilities are just the populous in general to figure this out. That would be my input.
Any initiatives they would be very helpful for the consumer to navigate with an independent Evan rollment broker or trainings, et cetera. >> **RALPH:**Thank you, Richard. Duly noted. Pam?
>> PAM: The groups that are going to get somebody they can contact directly with high volumes. How are you choosing them and when?
It will be hard when doing a transition and they are telling you that they sent it to the county person and it has to stay at the county where the person is residing. They are giving you all of that information and you get the supervisor on and they give you more information.
I would love to, you know, NHT to be able to have somebody to call. I think if you are doing is that, how will we guarantee the people who are calling and don't know their rights will know they are getting bad information?
That's just one example. I don't email you ever time but there are a lot of things that are happening still as of last week and still.
Who is going to be able to get -- [inaudible]
>> Thanks, Pam.
One of the way we address high volume has to do with how many calls the agency is making to the entity.
So there are standout agencies that are making a lot of phone calls; that's one area.
The other area is, we have a resource person within the IEB who is essentially supposed to be working on transition cases and any of those difficult kind of cases that could be considered more difficult or have more barriers.
So there is actually an RA box that we are going to have available for people when they have those kind of issues, especially if it has to do with transition because we know sometimes those have to be handled very carefully.
And then I do recognize that one of the issues has been lack of information or incorrect information being handled; so that is definitely one of the customer service barriers that we are addressing with the staff as we go forward. It is being addressed.
>> You already have the high-volume looked at -- [inaudible] okay. All right. Thank you.
>> Pam, we can talk further on transition to make sure you get the contact person's name for that. I know transition pieces are important.
>> Okay. Thank you
>> RALPH: Anything else?
>> We were informed under 60 waivers are backed being sent to providers because of the [inaudible] is this true? And then she also had a comment enrollment -- I am not sure what that was?

>> Let me address enrollment packets first. Another issue was the enrollment packets themselves there was a lot of counsel fusion about the information. We received feedback there was too much information not directly relatable to the enrollment; that was one area that we did change a couple weeks ago. We put together the actual application that has just a couple of documents, including a cover letter telling the person what they need to do with the application that rolled out a couple Mondays ago; hopefully that will address some of the confusion people had about the packets of information. It includes the MA, PA-600-L form and a couple other documents I think would be helpful to the person.
So the other issue is, did you say Brenda?
>> No, actually Barbara.
>> No, it's not something I heard but I would be happy if she could send a contact to me I would be happy to check it out.
>> RALPH: All right.
>> I think Pam has another question.
>> PAM: The other question I had was you said the process to help somebody fill out the application. When is that going to come -- the new application are we able to see? Are the forms online that we could access that?
>> They are online on the IEB website. You can look at them there. I don't know what information is being given about helping people with the application process.
So we are still looking at what that will look like and rolling that out.
We are having conversations with the IEB about if somebody needs an appointment up front to help or assist with an application to get it started, how they could potentially provide that level of support.
>> PAM: I appreciate it. We have been asking for that -- [inaudible] -- I appreciate that.
>> KEVIN: What we are talking about at this point is still working out all of o the details we are still working on the link -- [inaudible] -- a couple steps to introduce to the process. More to come. There will be a lot more information to discuss -- [inaudible]
>> PAM: I missed you may have already talked about housing RFP or last month we were told that we would soon be hearing what would happen with that housing.
>> KEVIN: The grant?
>> PAM: The proposals people put out for home modifications.
>> I still don't have an answer. I don't.
>> PAM: Okay.
>> It's in the secretary's office. Not with us.
>> PAM: Okay. Thanks.
>> RALPH: Thank you. I appreciate it. Kevin, we have a few moments for public comment and the gentleman down there has been very patient.
>> Thank you. I will be super fast. Thank you for all of the work that you do, Jenn. There have been times -- [inaudible] in terms of people in our office holding -- I have been able to send a simple email and telephone Jenny and Kevin.
Thank you for that.
[inaudible]
In the beginning I had questioned need to get clarification are you telling me because of this protest right now with the other MCOs that DHS ask not have conversations with the MC Os but the providers can? I just wanted to make sure of that.

>> **KEVIN:** Just to answer quick. The agencies cannot have conversations with the -- during the -- [inaudible]
We are not in a position to put prohibitions on managed care organizations or providers. I have been very clear in my language.
[LAUGHTER]
>> All right.
Also, it generally comes back to me -- MCO approved.
(CART concluded at 1:02 p.m.)