March 1, 2017
MLTSS SubMAAC
Honor's Suite
333 Market Street
Harrisburg PA

>> **PAM MAMARELLA:** We're going to start this five minutes.
Good morning everyone we're going to get started.
Thank you.
So I'm going to call this meeting to order and let's get started
with introductions starting with Barbara.
>> **SPEAKER:** Good morning Barb Polzer liberty community connections.
>> **SPEAKER:** Good morning, Veronica comfort with PCOA.
>> **SPEAKER:** Jim Fetzner, comfort care, representing Pennsylvania
home care associating.
>> **SPEAKER:** Blair Boroch,.
>> **SPEAKER:** Jack cane at large.
>> **SPEAKER:** Good morning, Rucc McDade, with the Pennsylvania health
care health.
>> **PAM MAMARELLA:** Pam ma'am recommend la,.
>> **JEN BURNETT:** Jennifer burnet.
>> **FRED HESS:** Fred Hess.
>> **PAM AUER:** Pam auer, filling in for Theo.
>> **SPEAKER:** Ray Prushnok.
>> **SPEAKER:** Arsen Ustajev.
>> **SPEAKER:** Zachary Lewis disabled in action.
>> **PAM MAMARELLA:** Can we hear from the people on the phone?
>> **SPEAKER:** Tanya Teglow.
>> **SPEAKER:** Estelle Hyde.
>> **SPEAKER:** Brenda Dare.
>> **PAM MAMARELLA:** Anyone else?
>> **JEN BURNETT:** Anyone else on the phone?
>> **SPEAKER:** Steve announce himself?
>> **PAM MAMARELLA:** Steve are you on the phone?
Must have stepped away.
>> **SPEAKER:** Andrew is also on the phone.
>> **PAM MAMARELLA:** Drew, are you on the phone?
And must have stepped away.
Okay.
So let's start with Fred reading our evacuation procedures.
>> **FRED HESS:** You guys know this but we have to do it.
[laughter]
In event an emergency, evacuation today with the power going out, it
may help we never know.
We will proceed to the assembly area in the left of the Zion church

on the corner of fourth and market if you require assistance to evacuate you must go to the safe area located right outside of the main doors, OLTL staff will be in the safe area and stay with you until you are told you may go back into the honors Sui.
E, everyone must exit the building take your stuff with you and don't use your phones don't try the elevators they will not work.
We will use stairwell 1 and 2, to exit the building for 1, exit the hain doors on the left side near the elevator, turn right go down the hall by the water fountain, it's on the left.
For number 2, exit honors side Suite through the side doors on the right side of the room or the back doors for those exist exiting from the side doors, turn left, number 2 is in front of you, from exiting the back doors, turn left and left again, stairwell two is right there, keep to the inside of the stare well merge to the outside, turn left and walk down nuw bery, turn left on fourth and Blackberry across Fourth Street to the train station.
>> **PAM MAMARELLA:** Thank you Fred, I'll -- I'm -- chair recognizes Jessie who just joined us good morning.
>> **SPEAKER:** Good morning.
>> **PAM MAMARELLA:** Great weather we're having isn't it? Okay.
I'm going to go over the committee rules then I want to call the fact the attention of the committee the fact that our agenda has changed today, we're going to move right from the committee rules to govern answer in an attempt to give Secretary Dallas some time to speak with us today, at some point.
So as always, language and professionalism is something that the committee needs to be aware of.
Point of order, if you could direct your comments to me and wait until you're called on and keep your comments to two minutes.
The meeting minutes and transcripts of the meeting are posted on the Listserv which is the bottom of your agenda.
We have a captionist here today, as always.
Please tell -- turn off your cell phones clean up after yourself.
The public comments will be at the end of the meeting.
And from has already gone over the emergency evacuation procedures.
So we're moving up next, to the committee governance part, as everybody probably knows this committee, was formed in August of 2015.
People had either two year terms or 3 year terms.
So we're coming up on our cycle.
I'm going to read some of the rules and regulations that govern this committee to make everybody aware where they are. And where they want to be in the future.
This committee was formed as a resource to the medical assistance advisory committee, enabling the committee to advise the department on

issues regarding access to service and quality of service, as we move from fee for service into a managed care arena.
When the committee was established and MLTSS subcommittee member terms were randomly scattered between 2 and 3 years.
From September 12015 to August of 2017, or 3 years, September 15 to August of 2018.
The members include co-chairs and other members.
The terms were staggered so that we could have the committee, could have a continuity and efficiencies in operations, so essentially that means that when we come up to the first rotation there will be some people left that have been on the committee and know what has happened and some new people will join us.
Since the committee has been in operation for more than a year the MAC operating guidelines regarding terms will standard for renewals and appointments going forward, standard appointment of two years no more than two consecutive terms will be in effect an individual may be appointed following a two year period of nonmembership.
For the members who will a pointed, for a two or three year term, or a member replaced a member that redesigned, consideration will be given for a second term of 2 years.
For members with term dates expiring on August 31, 2017 the office of long term living deputy secretary, Jen in conjuction with Ralph and I will look at attendance and absence records and determine if a member has a pattern of unexcused absences.
If a pattern is identified, the deputy secretary of the office of long term living has the authority to terminate a member's appointment after 3 unexcused absences or upon the committee's recommendation.
Jen will consider attendance and absence records and member's knowledge and interest in serving on the committee to determine whether a member should continue for a second term.
As we all know, membership, attendance is a fundmental aspect of our committee business.
For members who plan to attend a committee the meeting, and cannot attend in person a member is expected to attend it the meeting, via webinar and dial in.
The webinar piece is really important because much of what we do, in this room has to do with presentations and documents that are up and so we deem that very important.
However, if there's an emergency situation, where a member cannot participate via the webinar, dialing will be acceptable.
Just let us know in advance.
Also, if a member anticipates an absence the member must notify the committee chair ex-officio or MLTSS sub-MAAC coordinator of the absence in advance in order for the absence to be considered excused.
So if you're going to be absent let us know in advance.
Jen wants me to ask if everybody knows who the coordinator is.

I'm going to take that as a no.
>> **JEN BURNETT:** Marilyn Yocum, Marilyn.
>> **PAM MAMARELLA:** Okay.
Let's see.
An excused absent member will may send alternative in his or her place, alternate should not act as a replacement or proxy for the member over an extended period of time.
Excuse me.
If a member determines that he or she cannot continue to fulfill his or her commitment to the committee, the member should consider, resigning,.
Does anyone have any questions so far on this?
It's pretty straight forward.
>> **FRED HESS:** I have a question who has the 2 and 3.
>> **JEN BURNETT:** RRandomly assigned, if what happens -- just one standard term like a 2 year term at the end of the two years we have a real big turn over it just causes problems, operationally.
So it's two years or 3 years you're ranked am openlily assigned Marilyn can get you the list if you would like to see that list and then, after that first 3 year term, is expired, it reverts from then on it's just a two year term.
So we just have a staggered term.
Expirations.
>> **PAM MAMARELLA:** I believe you told us up front when we first got appointed if we had our two or three.
So, we're going to reiterate again that member attendance is important and needed for formal motions and votes introduced at committee meetings a member's alternate has no official voting rights cannot be counted as part of the quorum.
Term expiring continue -- term expiring continue for a second term those members recommended to continue for a second term will be sent an email in June.
Explaining that their term is coming to an end and asking if they would like to continue for a second term.
Those who wish to continue, must conterm the desire, to continue as a committee member, and submit an updated resume.
If you don't want to continue, please also send a resignation letter to the chair or to Jen.
If a member is not recommended to continue for a second term, the member will receive a letter to thank them for serving as a member of the MLTSS sub-MAAC.
Nominations will be taken -- will be accepted and if needed and Jen will announce whether they are needed, by July 7, 2017.
If it is needed then the office will solicit from other sub-MAAC members first and then from various associations and those interested at that time, if Jen calls for those nominations must shit their resume to the MLTSS sub-MAAC, either to myself or Ralph or through their

association no later than July 31, 2017, you should probably start thinking about what that might look like at this point in the event that we do need nominations from the committee.
So I'm going to open this up to committee members for any questions at this point.
Not hearing I'll pass the meeting over to Jen bur nut for a budget update next.
>> **JEN BURNETT:** We're going to rearrange the meeting a little bit as Pam mentioned at the outset, Secretary Dallas will be coming around 11:00, and, he would like to provide some information on the budget that was announced on February 7th, I understand, I was not at the last sub-MAAC meeting and Kevin Hancock was here on my behalf.
And at that time, that meeting was held before the Governor announced the budget but after the Governor announced the reorganization of government and creating a new Department of Health and human services, that would include the department of drug and alcohol programs, the Department of Aging, the Department of Health and the department of human services.
So that information was out there and I understand many of you did have questions.
I have not had a chance to look at the transcript to see what those questions were but the secretary will be here, he will do a small presentation then he will entertain questions as well.
On the reorg specifically we'll ask peggy to talk more specifically about the actual numbers that are in the budget.
Do you want to give that now.
Okay.
I'll let her do that now.
>> **PEGGY MORNINGSTAR:** Good morning everyone.
I'm peggy morning store, from the office of long term living, chief financial officer and director of finance. And so, I believe if you might have heard this presentation up to 2 or 3 times I apologize.
Eventually it will get more detailed because, the public now Department of Health and human services budget is online, so got a little larger than it was last week.
So -- we'll get a little more into details in another month.
After the budget hearings and everything what I have for you today is basically a summary of what you want to look for in these documents, that are posted.
So this first page is, the general fund expenditures by agency and the page for Department of Health and human services as it has been described W*ed as you can see the health and human services budget up above is 12.9 billion that is just for the State general funds.
Which, throws it up and above education's state funding as well.
As all the other departments.
So it will be the largest department in the State when it comes to

funding purposes.
Next slide.
So as Jen talked, the secretary is going to talk more about the the organization.
So I'm not going to go into more details about this, other than, you can scroll.
>> **SPEAKER:** I can make it actual screen or.
>> **PEGGY MORNINGSTAR:** If you're looking for the off of long term living's budget information, you need to look for what is called aging and adult community living.
There were Ge. On rgia is pointing the deputy secretary for adult community living what is proposed within the office of long term living's budget now is, part of aging's budget.
On the next slide, there's a chart description of, on the third bullet of the department, deputy secretary for aging and adult community living. And it lists divisions we have come up to how we want it organize the office of long term living with community HealthChoices coming forward.
Again I'm not sure how detailed the secretary will get into this and, this has not been officially approved so as you can -- I just wanted to give you some information, that you can then refer to but also know that you're not going to find office of long term living you'll find aging and adult community services I call it AACL.
No.
ACL.
I'm not used to name changes I always say I kept my morning star name for a reason.
So, the next couple of slides, see the -- so, this -- this slide I wanted to show you under aging adult community living, there you go.
That's good.
You'll see that our actual the first column of 6.1 billion was the prior year's fiscal year actual expenditures for the office of long term living only.
Our current year, available, that we're working with as you know, a projected amount that we need for this year is, 6.7 billion. And then, that again, is just, office of long term living's current year's budget.
But the 7.669 billion includes aging's funding that is expected to move to office of long term living.
So I just I wanted to make you aware that the current budget that is out this year, for aging and adult community living includes a portion of aging's funding.
So it's no the just OLTL you're not comparing apples to apples.
And then again this is all on the web site.
There's the budget brief, the Governor's executive budget and these slides also have page numbers so that you know where to go I don't know

I assume this will be up -- on our web site for you to look at.
So if you will move through two more.
Yeah.
So here it gets into more of the program.
Again, not going to get into details I don't want to take away from Secretary Dallas' speech today.
So I'm not going to talk about this, I wanted to show you down further on the page, it shows you the pluses and minuses we take into consideration when adding our subtracting to our appropriations from one year to the next.
So you can see, you know there's the long-term care we have five appropriations for office of long term living. And we have long-term care, home and community based services, long term managed care services to persons with disabilities, and attendant care.
Then you'll see the break down of lottery fund, caregiver Alzheimers grants for senior center and Penn care they're the aging piece that are coming into our budget at least in paper at this point.
So further down this page, it shows you, then again the budget but just for our state general funds.
Which I wanted to, again, explain that you know the top are the office of long term living appropriations. And the bottom shows you the lottery funds that OLTL has had 184 million and 120 million, but there were other line items with zeros and 15-16 and 16-17 have zero they were in the aging budget in the prior years.
These dollar amounts then tie into the PowerPoint that we have as well that I'll talk through.
So you can see the numbers a little better.
So we'll start with long-term care the long-term care appropriation, is for payment to our nursing facilities, our operations for our programs . And, now community HealthChoices.
So I want you to keep in mind that, when you are looking at negatives within our other appropriations, on the pluses and minuses, some of those negatives are because we're moving participants from the southwest, starting January 1, 2018, into the community HealthChoices therefore, they're moving out of one appropriation into another appropriation.
And so sometimes, those negatives may out weigh the positives.
Does it mean we don't have enough funding? It just means we have moved the funding.
So, you can go to the next slide.
Yeah.
Okay.
So again like I said this ties into the numbers into the executive budget that the Governor put out approximately two weeks ago, for a long term ago you can see that, we spent 968 million in the prior year and, we are expecting to spend 1 billion this year and we're asking for

1.2 billion next year.
And again that, houses our on community HealthChoices initiative.
The home and community based services, is our aging waiver and, it shows you like I was talking a decrease for next year's request.
But keep in mind, you know we have a group of people in the southwest that are moving to CHC. And so the -- in that case the negatives out weigh the positives for that particular appropriation.
Long-term care managed care, you see an increase we're increasing our expansion of our life program to 9 more counties so that people that do move to community HealthChoices also have the option for our life program.
Services to persons with disabilities is an increase that is our independence waiver, our OBRA waiver and currently our COMM care waiver however next year the COMM care waiver becomes our community HealthChoices waiver.
So again, that piece moves to community HealthChoices and, individuals in the COMM care waiver will be transitioned to community HealthChoices or the OBRA or independence waiver with no loss of services.
Put that out there.
And then there's the attendant care which is our Act 150 and our attendant care program.
That shows over all slight decrease and again that's because of those that are in attendant care that will be moving to CHC.
So really that's all that I have for you.
This is the Department of Health and human services budget that just came out on the web site I believe two days ago.
And will be discussed at the budget hearings next week I'll have a more detailed presentation for you in the coming months, so do I have any questions.
Yes.
>> **PAM AUER:** Wondering if there is a break up under the attendant care line item for Act 150, what will Act 150 look like in this year's budget?
>> **PEGGY MORNINGSTAR:** So Act 150 shows you know stabilization of the current individuals, and, increase of 840 additional individuals.
I'm sorry, that was attendant care.
Actually I have to break that down I have to get into the details of this book.
>> **PAM AUER:** That would be great to know it's in the same line item I'm wondering how you draw the money out for the attendant care waiver still maintain.
>> **PEGGY MORNINGSTAR:** I can get back to you before the end of this meeting.

>> **PAM AUER:** I appreciate that.
I have another question.
Well, I guess one more.
CSPPPD the services to people with disabilities, budget -- the specialized services and the DME program?
And/or is that under CHC? What is --
>> **PEGGY MORNINGSTAR:** What was the service.
>> **PAM AUER:** Money in there for it the community services for programs for people with physical disabilities.
CSPPPD.
Specialized services, DME.
>> **PAM MAMARELLA:** I'm going to ask peggy if you would restate the question before you answer it, for the people on the phone.
Jen understood the question better than I did.
>> **JEN BURNETT:** The CSPPPD program has not been in our budget for a couple of years we'll continue these -- the specialized services and DME those are going to be built into community HealthChoices.
>> **PAM AUER:** Okay.
Is that is that going to be something, that the MC works are going to do there was a question I was going to ask later.
>> **JEN BURNETT:** Yes. Oversee, what we do with specialized services and DME.
>> **PAM MAMARELLA:** What does that mean?
>> **JEN BURNETT:** They're going to be responsible for it, they're going to have to pay for it and it's going to be, available to the consumer that's are under community HealthChoices.
>> **PEGGY MORNINGSTAR:** The prior cost we spent on those programs has been built into the rate setting for the MCOs which means they're required to pass that money along as they feel needed and, will oversee the MCOs to make sure they're doing that properly.
>> **JEN BURNETT:** I want to make a clarification on something peggy said which is that the new office of -- Office of Aging deputy secretary for aging adult community living I mean I don't know if I'm going to be the secretary, deputy secretary for that we don't know.
These are all unknowns a lot of unknowns in this whole reorganization but it is -- it is a combination of some of of the Department of Aging's program that's really align with what we do in the former office of long term living we're looking at this as an opportunity for better alignment, for seniors, and how they receive their services.
And, everything from transferring between options and the aging waiver, to this really doesn't have anything to do with -- this is more of a broader picture of the Department of Health and human services, Steve you might be able to speak to this Steve Horner is here from the Department of Aging.
There are a number of programs they do around wellness, that really align nicely with the Department of Health as services they don't

work together, they don't currently speak together. And I think it will be a lot less confusing for providers out if we can align those kinds of programs we're looking for all these kinds of opportunities throughout our programs, throughout the Department of Health's programs and throughout the department of drug and alcohol programs and, the department of human services.
Many opportunities for alignment.
Another one that the Department of Aging talks about is that they license one thing which is adult day and, what is the opportunity for that licensing to be partnering and be using systems from other licensing entities so those kinds of things are really being talked about.
We're viewing this reorg I think the secretary will talk about it as an opportunity to make things easier for consumers and also,
easier for our important providers that are out there.
So, he will have a much better explanation how that is going to be done, but I just wanted to let you know that our offices the department of human services, the Department of Health and the Department of Aging currently, have set up a basically an infrastructure for really kind of deinstructing what we do, and figuring out the alignments and putting them together.
I think we'll have an opportunity to have, at the next -- after the budget hearings at the next MLTSS sub-MAAC we'll have more details on that.
So do you have -- any other questions on the budget?
>> **PAM AUER:** Not budget related.
>> **JEN BURNETT:** Put your microphone. >> **JEN BURNETT:** That doesn't exist anymore. It's a Passe, no longer.
>> **PAM AUER:** I'm old school.
So -- it was just the you know, who is going to handle the PASARSs.
>> **JEN BURNETT:** Will state will oversee the PASSAR process we'll have we'll work closely with office of developmental programs, office of mental health substance abuse programs and contractor who helps us with specialized services with other related conditions.
>> **PAM MAMARELLA:** Okay.
Thank you peggy.
We're going to turn this back over to you Jen for the office of long term living update I do want to mention that Ralph has joined us.
>> **JEN BURNETT:** Great hello Ralph.
>> **RALPH TRAINER:** Good morning.
>> **JEN BURNETT:** Good morning.
Fred did the evacuation procedures better.
>> **FRED HESS:** I don't sound anything like you, they knew it wasn't you sorry.
[laughter]
Push bur okay.

We're going to talk a little bit about the community HealthChoices and our time line I'm going to turn it over to Kevin for that, before I do that I wanted to spend a little time reflecting on some of the, things that came up during this meeting this the past and, some of the things that have been done between meetings, that we're working on in order to continue addressing those issues that do come up here.
One of them, that has been brought up by Tanya Teglow she sent us information subsequently is the ongoing discussion of the employment and benefits counseling.
And the challenge that she is facing is that the people who do benefits counseling don't necessarily know how to tie in and address benefits other than social security.
So they're not thinking of benefits, for example, if you have a housing voucher or if you have a -- if you're on SNAP or L&I HEAP if you get benefits these counselors are not taking that into consideration.
We really appreciate that feedback and we will be working on it.
I have already started working closely with my counterpart in ODP Nancy Thaller and her team we have reached out to the Virginia Commonwealth university who does -- is the only, social security administration authorized trainer, for benefits counselors.
But what we want to do is make sure that we build in an opportunity in that kind of training, to include other benefits that people might be taking advantage of, so people understand what the impact of having higher income will be on whether or not they continue to be -- whether they will be able to continue in that benefit.
So that was really, very good information from Tanya, so what we've done we reached out to the Virginia Commonwealth we've asked them tousle us with a proposal since they're the only entity in the country that are authorized to do this training we don't have enough counselors in the State that's one thing I would say, there's only 3 entities throughout the State that are able to do this training so we would like to be able to have the training available here, for benefits counseling and in a more broad way.
So EVCU is going to submit a proposal to provide two trainings a year for counselors and, also for providing ongoing technical assistance to those counselors in between the training.
So that -- we have, we're going to have that conversation with them around those other benefits that beyond social security what other benefits whether or not they could built into their training that kind of information.
So we really appreciate that Tanya we're partnering with ODP to make these trainings available.
So that is moving forward.
We continue to do a lot of other work on our employment agenda.
Employment of people with disabilities agenda, including training that we just held last week. And there's -- I can, from time to time,

invite our staff who work on employment issues and employment of people with disabilities to the meeting to give you an update.
So just as you would like me to, let me know I can, make sure that we invite them.
I also wanted to mention something that I did not attend as you know we are in a bit of budget crunch and we can't attend out-of-state functions, very readily or easily.
There was a Medicaid managed care summit world Congress held in near Washington, DC I believe it just ended a day or two ago.
I wanted to let you know that, one of our partners attended, and shared their notes.
This is one of the people that works for one of our consultants, shared her notes with me. And I want to share some of the things I think we can learn from them and, we're going to take a look and make sure we link to the world Congress's Medicaid managed care summit information, because they do have all of their slides put up there and they had a whole like a track on managed long-term services and supports it's broadened the MLTSS and Medicare and Medicaid, they have a pretty strong focus this year on MLTSS.
There is definitely, a focus at this summit on the State's shift about value based care and value based purchasing models.
And, um, but the MLTSS track, really did lie light some things I think we can learn from.
There was a presentation by someone from the add hundred strayings for community living on MLTSS strategies for seniors I think we can glean good information from.
But I do think these -- the way that he framed it, these issues apply to all of our populations.
Not just for seniors but, his focus was on seniors.
But that's expanding community options for seniors, including those with complex conditions, there's an opportunity in managed long-term services and supports to do that.
He also recommended the inclusion of caregivers or and family members as we think of them as partners in health promotion and even health maintenance tasks.
There was a lot of research done that he cited in his presentation around the fact that family caregivers make up about 85 percent of care for seniors in today's world and they really have a stake in the game as a partner in caring for seniors.
So that was an interesting focus as well.
I have heard secretary Osborne from the Department of Aging talking about her mother being discharged from the hospital she and her siblings having to do some significant health maintenance tasks that were very highly skilled having to get trained by the hospital how to do that.
That's an example of a pretty high level here in state government of

how, care giving really does spill over into families.
There was also a presentation on the value of person centered care from the perspective of a health plan which I thought was really, really great and, this health plan presented on how they're focused on person centered care through attention to specific quality measures and they kind of laid those out we can learn from those things. And promoting hiring policies around and training around person centered care.
So really, having focus in the, actual culture of the managed care organization on person centered care that is a really great way to take a look at that.
Another one, presentation by an area agency on aging in Ohio that talked about improving case management to reduce minimize home health costs.
This really discussed the importance of engaging the entire community and really, connecting between social services and health care, making those connections strong.
And then, creating wrap around services and they have some formal things Ohio through the contracting services, wrap around services around the comprehensive assessment of needs and organizing support, within the context of the whole community as opposed to just okay here's health care, here's our long-term care.
And, really blending the two.
So another thing that we really found out from this -- from these notes that were presented to me is that MLTSS managed long-term services and supports continues to grow throughout the country it is a really, the direction that long-term care is taking. And we're really seeing a lot of growth about it, growth in it and that was really evidenced by the attendance and the presentations that were presented at the world Congress.
I'm hoping next year our budget will be better so I can go.
[laughter]
I'm looking at peggy over there.
So this is I think it's really great and again we're going to be coming through the information that was presented at the Congress it's really state-of-the-art there was some brief information although there's so many unknowns as to what is happening at the Federal level with Medicaid in general.
But, this is really considering that we're just going it continue along the way we do things, but we'll have to see that, it really remains to be seen what is going to happen.
I also wanted to say, to follow-up on a presentation we had two months ago, which was our presentation on the LGBT elder initiative and also, we had a presentation on the long-term care council.
I wanted to reflect on both of those things for a minute.
As a follow-up to the presentation by Heshi Zinman on the LGBT elder initiative I had one of my staff do some research and did a really good

job about it on some of the things that Heshi presented on. And, because we are interested in expanding in our information gathering beyond just male and female and gathering additional information because of what Heshi said about health disparities for people in the LGBT community. And so, we're just doing research at this point.
But, one of the surveys that is a national survey conducted by the Department of Health is the Brifus survey it has really nice questions around gender identity and sexual orientation. And so, we're taking a look at those trying to figure out whether or not they are something we want to explore in terms of, information gathering and there's also, there was also some research done, that, that -- we took a look at.
So we're continuing -- that continues to be something we're interested in Hes hi was at the long-term care council last week and I talked briefly with him.
He again at that council talked in-depth about his experience and the work that they're doing down in the Philadelphia area around the elder initiative.
So that's some follow-up that we're doing.
Then the other thing I wanted to just mention was the long-term care council which met last week.
It had a lot -- a the lot of conversation about the reorganization.
That council actually includes members of the legislature and there were a varying opinions about the reorganization presented by those legislators present at the counsel will meetings.
It will be interesting to see where this lands.
Another thing Iwanted to mention -- I'll ask Kevin to talk about the status of community HealthChoices and time line we'll talk about a request that is -- has been pretty consistent this this meeting which is to have the managed care organizations attend these meetings and, be able to talk with them I know Fred you've brought that up.
But Kevin do you want to join us here.
here.
>> **SPEAKER:** Sure.
Good morning I'll be very brief, we just to go through some of the dates I've talked about in the past.
On November -- we announced our selected offerers on at the end of August, 2016.
The P selectors offers for community HealthChoices were Pennsylvania health and wellness which is the Pennsylvania subsidiary the Centin e corporation, UPMC for you and Americare we went through a period of debriefs with the MCO and not selected offerers we completed those, debriefs at the end of October.
Four protests resulted from the debriefs the protests were resolved in favor of the department on November 28th and, from those protests, the disappointed offerers were in a position where they could seek

additional relief through Commonwealth Court.
We had 3 appeals submitted through Commonwealth Courts, two of the 3 disappointed offerers also requested the stay to continue,
we're not in a position we're able to communicate with the managed care organizations.
Two hearings on those issues were held one at the end of the December and one in January.
Both of those hearings were found in favor of the department.
So we're in the position now we're able to the stay has been lifted we're in a position where we can communicate with managed care organizations, we've been doing that very slowly, to be very honest.
Largely, to be mindful of the HealthChoices procurement which is also active right now.
There have been a lot of activities associated with the HealthChoices program we want to make sure that we're not in any way, making the situation anymore difficult for the entities that are involved with the HealthChoices procurements and in addition, we also had to have recalculation of the rates because we postponed the implementation date tore community HealthChoices.
And those rates are not yet available we are expecting them in draft very soon.
So we have limited our engagements with the community HealthChoices selected offerers.
We're hoping in a very near future that will be able to have much more full engagement with the selected offerers but in the meantime we've continued a lot of activity around the build up of our own capacity for community HealthChoices and, we have certainly continued our IT related activity and other types of activities such as rate setting developing the waivers we need with the centers for Medicare and Medicaid services that are essential for the approvals for managed care program for MLTSS managed care program.
And also, our communications strategy.
With that, I will be happy to answer any questions.
>> **PAM MAMARELLA:** Jack?
>> **MALE SPEAKER:** Thanks Kevin, if you can, answer -- have you entered into contract negotiatings with the successful bidders.
>> **SPEAKER:** We have not.
>> **PAM MAMARELLA:** Can you repeat the question for the people in the room.
Sure.
Mr. Cane, at large --
[laughter]
Had --
[laughter]
Mr. Kane had asked, if -- if we had entered into contract negotiations with the selected offerers for community HealthChoices the

answer is we have not at this point.
>> **MALE SPEAKER:** Let me raise a topic maybe this will be worth discussion at another time.
But when you get into contract negotiatetions as part of those negotiations will you be taking into account how you will oversee the sufficiency of the payment rates that MCOs will be establishing for their provider network?
>> **MALE SPEAKER:** Yes. It's part of -- it's a consideration for network adequacy.
It's -- invested interest on our part it will be part of the way we assess they had work adequacy I have a feeling the provider community in the long-term care environment will make sure it's very clear to us if there's any concerns.
>> **MALE SPEAKER:** Thank you.
>> **MALE SPEAKER:** I just have a feeling.
>> **MALE SPEAKER:** No -- obviously.
[laughter]
It's, um, you know, access to care, is critical.
>> **MALE SPEAKER:** A Absolute ly.
>> **MALE SPEAKER:** But quality of care and, at the same time, we all have to be concerned about with respect to the persons who actually on a day-to-day basis provide the services are getting ate living wage and that's something that has to be taken into account.
>> **MALE SPEAKER:** Generall y, I agree completely and, it's -- built into what we know we have to certify as part of network adequacy, it takes into consideration not only are there sufficient number of providers in a given area to be able to meet the requirements of the program but also had, the quality of those providers the way those providers are being monitored on the part of the MCOs and, also, the recruitment efforts it's all, relevant to network adequacy thank you for the question.
Thank you.
>> **PAM MAMARELLA:** Pam do you have a question?
>> **PAM AUER:** Yes. I guess -- will the -- when you have a draft, will that just go out to the providers or will it go out for other people to look at to see how it's broken down, the rates that kind of thing when it's in draft form.
>> **MALE SPEAKER:** The question is whether or not the rates will be public? They will not.
They will not be public.
>> **PAM AUER:** Is that -- is that --
>> **JEN BURNETT:** Standard with HealthChoices.
We're following many of HealthChoices practices and that's a standard of theirs.
>> **PAM MAMARELLA:** Question from Russ.
>> **MALE SPEAKER:** I have a clarifying question to that I

mean, clearly an individual rate that you negotiate with the plan is proprietary that's part of the negotiation is there an opportunity for some type of education or information to this group around how rate ranges are kind of designed what they look like? Kind of magnitude to give people, Pam and others some kind of sense what this might look like and have it not be as much of an information void.
>> **MALE SPEAKER:** You're talking about the rate setting methodology.
>> **MALE SPEAKER:** Just arrange 150 to $300 that kind of stuff, knowing you're going it land on a number an individual negotiation you can't share publically that's going to be part of a agreement with the plan.
>> **MALE SPEAKER:** I don't think -- I think, we have had conversations about the methodology used for setting rates I think we can certainly, continue and provide more information in that area.
At this point I don't think we can commit to sharing specific numbers that's correct.
>> **MALE SPEAKER:** Okay.
>> **MALE SPEAKER:** Okay.
>> **JEN BURNETT:** We can get a presentation on sort of a 101 on the rate setting methodology and how we're going about -- how we're going about that.
>> **MALE SPEAKER:** I would think the type of things that goes into cells how you look at populations -- sorry.
I'm just -- the types of things, as close as you can walk up to that line and be comfortable to demystify, what you look at, how many rate cells, how they climb up a ladder stars an amount of money based upon resource allocation from a population that kind of stuff.
You know, as much as you can do, will be helpful.
>> **MALE SPEAKER:** We'll have that as a take away for a future meeting.
>> **PAM MAMARELLA:** We have a follow-up question from Pam I know Jack you have a question.
>> **PAM AUER:** Thanks Russ I really appreciate that.
When I hear rate setting methodology, it's -- big and breaking it down, I mean, you know our biggest concerns are our direct care workers our -- we're going to be in a certain range are they going to go below what they are now? Other things you know, that care, how much the cost per person those kinds of -- is there going to be something in any of this, that is going to effect the consumer, however you can break it down basic as possible.
What Russ was asking for.
>> **MALE SPEAKER:** Sure, yeah it will be helpful to know of some your questions we'll if you want to pull together some questions you would want to have included in the presentation we'll let you know if we can can or cannot talk about it, it's -- that's certainly a fair point.
I should have repeated the question I apologize Pam.

Pam Auer had asked, if you could provide information that would be consumer specific for example and, my reply was to if you, would be willing to provide some questions we'll, do our best to be able to answer them we'll be able to do that type of presentation.
>> **PAM MAMARELLA:** We'll take a question from Jack then from Fred.
>> **MALE SPEAKER:** Kevin will you approve the MCO provider agreements?
>> **MALE SPEAKER:** I think that we -- the question -- very good.
Mr. Kane asked whether or not we would be approving the MCO provider agreements I'm actually not sure, we are -- we will be receiving allest provider agreements.
I'm not exactly sure how, we articulated our role in the approval process can I get back to you on that I don't want to misspeak.
>> **JEN BURNETT:** I would ask Jill to come to the microphone and --
>> **SPEAKER:** Hello, we will receive the templates from the MCOs, based on the different agreements they would have by provider type. And those templates is what we would approve.
>> **MALE SPEAKER:** Not the individual provider agreements but the providers.
>> **JEN BURNETT:** That's Jill Devaces, provider area in OLTL, many years years of experience for working with HealthChoices and bureau of integrityive with a vast amount of knowledge through Jill's support.
>> **FRED HESS:** We'll see that rate? We'll get to see the template right?
>> **PAM MAMARELLA:** Hold on Fred.
>> **MALE SPEAKER:** Obvious follow-up will we get to see the templates.
[laughter]
>> **PAM MAMARELLA:** You go together as a stereo question.
>> **MALE SPEAKER:** I don't see why not.
>> **FRED HESS:** Okay.
>> **MALE SPEAKER:** Nor do I, thank you.
>> **MALE SPEAKER:** We just to be care to the managed care organizations we'll have the conversation with them make sure there isn't anything on that document, that they will want to be consider to be proprietary as long as it's something that has to be redacted in some way I don't see why not.
>> **PAM MAMARELLA:** Fred, another question.
>> **FRED HESS:** I have another one from Tanya I see Jack over here going -- I'm waiting for his follow-up.
I know he has one.
>> **MALE SPEAKER:** I would like to make a comment.
I do think, that Jennifer and her staff, whenever they have the opportunity to go to a out-of-state conference, that deals with these issues given they're responsible for overseeing the expenditure of billions of dollars, this is --
[laughter]

>> **SECRETARY DALLAS:** The first time Jack has been rendered speechless.
[laughter]
>> **MALE SPEAKER:** I'm hopeful -- okay.
I'm hopeful that peggy can find some money to enable Jennifer and her staff to go to those conversations because they can be quite, informative and in the long run beneficial to the progr program.
>> **SECRETARY DALLAS:** I heard Jack was advocating for you, galavanting across the State.
[laughter]
>> **MALE SPEAKER:** Actually outside of the State.
>> **SECRETARY DALLAS:** O Outs ide of the State, spending the taxpayers money on travel, I think she should be able to travel I think, I always do exactly what you say, Jack.
[laughter]
>> **MALE SPEAKER:** 's said, except when you don't.
>> **SECRETARY DALLAS:** T That 's right.
That's right except when I don't.
>> **PAM MAMARELLA:** The committee would like to welcome secretary Ted Dallas to talk to us today, about community HealthChoices and changes in the department coming up.
>> **SECRETARY DALLAS:** Thank you very much.
Thank you very much.
What I want to really -- I hit the wrong button sorry.
What I want to do is talk to you all about the consolidation of the Governor's proposed and get feedback and input hey Ray, how are you doing.
All right.
Just -- saw Ray for the first time and, get your reaction to it and, talk a little bit why the Governor proposed it and where we think the opportunities are, with regard to CHC I think that we have already talked about the implementation date of January 2018.
We can talk about that as well.
What I was hope to go do is give you a little bit of information about why the Governor proposed it why I think it's a good idea but also get your feedback about things you like, things you might be concerned about, questions you may have, that I can hopefully answer, and -- most importantly start a dialogue.
Right.
A lot of what we're talking about here is a process that will be ongoing and many ways begin the real work would begin in July when the budget is passed.
So to back up I think as all of you know the Governor proposed a consolidation of the human services agencies that DHS, DDAP, aging and health and create an agency that is I think it will be called the Department of Health and human services to me the reason I think the

Governor is on the right track about it is, it puts the first and foremost puts the focus on the consumer where, it should be.
Right now, we have a system that's -- it's, it's still functioning largely along the lines that were drawn a long time when the world was a different place and, can create issues for folks along the way so one example, that I use is we had I think it was Kevin or Jen or both of you put together a list of all the services that folks for the seniors receive from the four agencies.
Right. And if you look at it, we did the haj, there are 21 separate types of services, that at least, two out of the four agencies provide.
And some cases, it's 3 out of 4 agencies some cases it's four out of four agencies.
Now, when I think about that, if you're in that one example if you're a senior trying to access services and we're telling you, okay, you know, you have to go go over to the Department of Health for that and, go to the department of DDAP for this and sometimes, we provide the exact same services, but we do it a different way. And there's different requirements over here, different requirements over there.
So, Fred I'm getting an Amen from Fred that's good.
[Laughter]
But for us, we think that's not good enough.
We think, that when you look at the level of services we should be providing it should be easier for people to do that.
That we should be thinking about the consumer when we're making those decisions.
So Yes, sir.
>> **FRED HESS:** Yeah. Ted I have a question real quick.
When we swing over is it going to be basically like a one-stop-shop finally so --
>> **SECRETARY DALLAS:** T That 's where we want to get to, do I think it's going to happen overnight, do I think it will happen without inP put from folks in this room, no.
But I do think that's where we can get to.
I think we can get to a place where it's a lot easier to access those services it's a lot, we can do it in a much smarter way.
So, some folks have focused on the savings associated with the consolidation.
Right. And the budget shows $94 million worth of savings and it's a strange sentence to come out of anyone's mouth but, some folks have said, well, when you look at the science of the deficit or state budget, $94 million is not a lot of money I would they have say $94 million is not a lot of money I think that, one thing I would agree with those folks on is, it's going to be more than that.
That a consolidation cannot be about saving money, consolidation has to be about providing services in a more coordinated

manner about, providing a better level of services, reducing the bureaucracy we have. And I think if we do all that, you'll see savings as a result of that.
Ultimately as we're talking about this, there are some folks focused on whether or not that's enough money or this or that, my response to that is, you're missing a huge part of the consolidation if you do that, what you really need to look at is can we provide services in a better way and efficiently, can we do that work by saving money, the answer to that I think is quest yes. If you're a provider you're licenses by multiple agencies, you have health department, DHS, DDAP, whoever it is all coming to your door asking for the same information, at different times.
Giving you maybe I know, it will be a first time this ever hand in the State government, giving you conflicting guidance, if you're a provider.
About what we want, the State level.
If you think about that, I had the life providers came in and said to me, we on average we spend 30 days a year or a full month, complying with state licensing requirements licensing requirements are important, they're important for health and safety, but do I think it should take 30 days, every year, a full month of people's time be taken away from providing services, to answer multiple agency he's questions, especially when they're asking the same question?
No, I think we can do better than that.
And then when I said the same story to the RCPA board they looked at me and one of the drug and alcohol providers said well geez if it was only 0 day 30 days I would be happen i that's the opportunity and level we have here.
That's to say, I think this consolidation is the brass ring for social services right.
This is the once and a life time opportunity for us to say, everything that we thought was dumb about the way the State has been doing business for 20 years, except for you know, a few folks think the State is a perfectly well oiled machine right now.
Right.
This is our chance.
This the brass ring this is the opportunity to say, you do it this way, it's never made sense to me.
Rye.
But we'll need all your input to do that.
But if we do that, can we have a world where services tore seniors or people with disabilities, they're more consolidated easier to get to. We spend less money on bureacracy each of those agencies the more money on providing services.
Can we do that? Yes. Can we make it easier for providers to -- so they can provide services in a safe setting that the State has deemed

safe, yes we can do that.
Can we make those changes yes. We can't make them without everybody in the room we need all the folks here to raise your hand and it's not a challenge it's a extraordinarily difficult to insult me, but maybe except for Jack right you can tell Jack to -- I'm having fun with Jack.
But it's no a challenge to try to do it, let's have those conversations on the table.
Say, why does the State do it this way, why do they make it harder for us to do it that way, can't we make it easier, can't we spend more money on providing the services? To me this is the opportunity, that is better us.
Now is it going to take some curage to change? Yes.
It is.
But, when you look at the opportunity, that is out there, right now I think it's worth giving it a try.
Second is, the thing we know is, we can't keep doing it the way we're doing it.
We are facing a 3 billion-dollar deficit right now.
The number of folks are going to need services continues to rise.
And there's no appetite out there for more and more revenue to provide services the same way even if we could I would not do it in the way we're doing it now.
But, we have to find that way to change.
As the State ages we have to find that way to change.
Now, when the Governor was approaching his budget deficit he said well, you could just literally say, we have a deficit that's X percent of the money we have we're going to take, Hatchet out, cut every department by X percent he rejected that, he said there are things too important to do that too he specifically said, education and human services, which by the way, also happened the biggest parts of the budget by a mile for us, this is about finding a way to deliver that service, within the means we have but also it's about having the courage to change. I was walking through the capitol
yesterday they had a quote on a placard inside the office that said the most dangerous phrase is, we've always done it that way.
And it was attributed to someone, this is what was in front of us status quo the way we do things now, whether it's sustainable or whether it's honestly, good enough for the people that everybody in this room cares about.
I think that Jen and everybody else here would say we have to do better for the folks we have, and we have to find a way to do it within the resources we have that's what the challenge is in front of us that's, something I am -- I'm, you know, I'm energized by my bureau cratic Nerd heart is excited to do that.
The really important part of it, more than boxes on a Org chart is,

can we provide better services for people with the resources we have?
The answer to that is probably always yes.
But if we have the curage to think about it this way, think about it globally, not say, well, you know, we're worried about what might happen if the you know this wasn't set up the same way it is now but the focus on that opportunity, I think we have a once in a life time opportunity.
I hope, I hope we all take it.
So that's my pitch about the consolidation.
But I'll stop talking for a second.
I really want to open up to people, about what are your questions is this do you have thoughts? Things you're already thinking about or good ideas is this are there things you're concerned about.
>> **FRED HESS:** Why thank you.
>> **PAM MAMARELLA:** We'll start with Ray and then we're going to go to the telephone.
>> **FRED HESS:** Okay.
>> **SECRETARY DALLAS:** I got overruled already.
>> **JEN BURNETT:** We'll go to the -- Brenda, we'll go to you after Ray.
>> **SECRETARY DALLAS:** You get -- Russ has Scott Riftkin.
>> **SECRETARY DALLAS:** I'm sorry, Fred.
Can we let Fred go second.
>> **PAM MAMARELLA:** Let someone on the second go second Fred is third.
>> **SECRETARY DALLAS:** I don't have the pull around here I thought I did.
>> **SPEAKER:** Thanks for joining us Mr. Secretary I think reducing duplication making things more streamlined I see, you know, the logic behind the alignment my question is more you have a broad add jeaned a, this is a big undertaking, that takes significant leadership and how are you thinking about that challenge? As you, you know have this teamworking on CHC and many other initiatives with a major consolidation that takes a lot of energy.
>> **SECRETARY DALLAS:** I think that, it means I have to work harder than I am now, not spend as much time reading the newspaper as I do I think it's important to put some of it in context.
If you look at if you look at the size of that consolidated agency right.
Versus the size of the take DHS, DHS is, 16,600 employees right.
Consolidated agency would be 18,500 employees.
Right.
That is still smaller than DHS was by itself under Governor Rendell about 19,000 employees.
So, while it's a challenge in bringing all those things together it's a challenge it's also I think important to have that consolidation put into a little bit of context.
The reality is, we are doing a lot more than we ever have through

technology through you know, smarter working it's going to require a lot more of that.
But mostly what it's going to require is, folks thinking about things completely differently.
Right. And say, we can -- the mental boxes we put ourselves into are ones that are not there I think that when you look at it, think about this committee.
Do we need to have, add some people to the committee if it's a consolidated agency.
Do we need to have, folks from this committee, on other committees, that are there.
I think all those things are on the table.
But I think when you look at that consolidated agency you look at the resources we have there, you'll look at for example, the public health data, that could be brought to bare, to provide better office ises work on making sure everybody that needs substance abuse disorder services needs behavioral health services gets those treatments get those services.
Those are all up side and things that is going to take a lot of hard work I think we can do it.
>> **PAM MAMARELLA:** We'll go to Brenda on the telephone.
>> **BRENDA DARE:** Thank you.
Do you anticipate that this reorganization will lead to different uses for lottery money in the budget? And if so, what do you think some of those might be?
>> **SECRETARY DALLAS:** Well I don't think, in the short term the answer is no, I don't think it would lead to different uses for the lottery fund I think it actually would strengthen the lottery fund I think right now, there are changes that are, some of the things we're proposing as part of the consolidation will help strengthen the lottery fund the requirements for the lottery fund is being used for, won't change and in fact the some situations it will, efficiencies that we gain, will allow us to stop relying on the lottery funds for some things that folk he's don't want us to rely on the lottery fund for right now but the rules about what the lottery fund needs to be used from, the over sight from a General Assembly the certification that all the departments do, that use it for other things all that remains the same.
But I do believe that, with some of the efficiencies we have we will be able reduce our alliance on the lottery funds or other agencies will be able to, the lottery fund will be strengthened, right now, the -- I think the balance is something around 16 million, which is, not sufficient for the lottery fund over time.
Only way we'll get that balance up, I think, and in real dollars is within the research is we have being more efficient with the services that we're providing.
>> **BRENDA DARE:** Okay.

Thank you.
>> **SECRETARY DALLAS:** Sure.
>> **PAM MAMARELLA:** Fred?
>> **FRED HESS:** Ask Kevin Hancok when we'll be able to talk to the MCOs here.
>> **PAM MAMARELLA:** Fred, let's table those questions and -- direct our questions to the secretary --
>> **FRED HESS:** That's what I'm doing.
I just wanted to get that one out of the way.
She also wanted to ask the secretary, how they plan on changing these services around so people with disabilities can be empowered to live independent lives, while being economically viable without losing their services.
What changes are going to be made to make that happen?
>> **SECRETARY DALLAS:** So one of our big goals at DHS I think it would be a big goal for the Governor as well is serving people in the community when we can.
We have taken steps in every regard I wish we could move faster than we are in some situations we're taking every step we can to provide services, to people in the community.
I think it's the right thing to do.
To me, one of my tests is always, um, if we're making a decision at DHS, is it something that I would -- that I think would be fair if I was the one receiving the services? Or family member of mine would be receiving the services one of the things I always -- I bore my staff to tears all the time what if it was your mother or brother or kid? Would that be good enough for you the answer is no, it shouldn't be good enough for the people we serve that's to the heart of serving more people in the community, when you this I about how this consolidation might help us this that way.
There are things that will help us, community HealthChoices other things that we're doing.
But I'll do back to the example of 21 services that are being provided by at least 2 out of the 4 agencies.
In there, are things like home mods, in there are things that supports that help people live in the community and to the extent we're not doing it at the level we need to, because we have needless bureaucracy, that reduction will allow us to put more money into providing those services and make it easier for consumers to get the services the reality is, it's still, much easier to get into a nursing home than it is to get into the community. And ultimately the end of the day it's got to be about what is right for that individual. And what level of care they need.
But we have to make it at least as easy for those folks who want to be in the community get there as it is to get into a nursing home.
>> **FRED HESS:** I have a suggestion,.

>> **SECRETARY DALLAS:** Of course.
>> **FRED HESS:** Of course.
[laughter]
When you're doing this consolidation and everything, it's a pain for me to go and fill out the paperwork over here, go fill out the paperwork work over here, exact same questions and exact same words all going to you basically.
My suggestion would be to get the coordinators some kind of coordinator to come in, that knows every single thing that is available to a person with a disability that helps them stay in the community have that person with just one application be able to fulfill all of their needs.
>> **SECRETARY DALLAS:** Right I think those are the kinds of things that, will eventually, over time make things even better it may be that, you fill out name, address, whatever, it is for everything and there's -- you have to fill out a little bit of different information for one, different for the other, there's not any reason over time we can't get that information once. And have it, populate into systems and other times.
Doing that over on and over again is frustrating it's inefficient, every dollar and minute you spend doing those sorts of things is a minute or dollar that we can't spend making services better for people.
So, those kinds of things, right, there's the services and the opportunity to do that, all those things are forefront but at the same time too, there are things that are maybe a little more bureaucratic making the data systems work better.
Making the you know the data we have to make the decisions better. Right.
Those maybe not won't be as -- as sexy as some of the other stuff we're doing.
But ultimately I think that's the fuel for the long term benefit of the consolidation.
>> **FRED HESS:** One more.
>> **SECRETARY DALLAS:** Sure.
>> **FRED HESS:** Maybe one more you know me.
Seeing how we've been fighting for years and years for the years for the for community home choice option.
We're not getting any where, are we going to get something that will as you said earlier, everybody still got that stigma, just stick them in the nursing home type thing.
Okay that's the easy just do it.
When are we going to get something like that, going to be incorporated into this, not so much the MCO, where they have the home option first.
>> **SECRETARY DALLAS:** It's got to be that folks are, aware of the ability to live in the community.

Actually one of the best advocates for that I have seen is my boss, the Governor.
When I first talked to him about community HealthChoices, he said to me, he said you know my parents live in the -- I live in the house I grew up in, my parents live nearby and, they were getting up there at the time he said, they had that independence I can see them whenever they want they get to be part of the community and I think everybody should have that.
Right.
>> **FRED HESS:** I was in the room when he said that.
>> **SECRETARY DALLAS:** Yep.
I was thinking like, God I'm glad I'm working for this guy right I was proposing a pretty big initiative there and, I think that, when he recognized that immediately there are two things I thought were great he agreed with me which I always liked the second is, that he got it, at that level.
He also, said the same thing that I would love to hear every chief executive of the State say is this what my family is able to do, so why shouldn't other Pennsylvania families get the same thing.
So I think that, however we want to do that, we want to make sure that folks understand we are committed to serving people in the community I'm all ears on that, it's an important statement hopefully, we made that statement, so far, DHS we believe in that we could -P amplify it I guess a little bit I'm happy to work on it any way those do that.
>> **FRED HESS:** Okay.
>> **PAM MAMARELLA:** Pam?
>> **PAM AUER:** Thanks.
>> **SECRETARY DALLAS:** Y You' re messing with me everybody has different name tags.
[laughter]
>> **PAM AUER:** I'm filling in for Theo, is listening in.
>> **SECRETARY DALLAS:** Okay.
Hello Theo if you're out there.
[laughter]
>> **PAM AUER:** He texted me to let me know.
The first question as a follow-up to Fred's the community first choice option, one of the reasons that you know we've been fighting for it, is like he said the right to live in the community we get that, the administration today has a commitment to getting people in the community.
But without any thing concrete, that says, same entitle the to nursing home we should have in Pennsylvania for community, any following administrations since you're creating something new building on it, it would be the opportune time to do that, to living in the community.
>> **SECRETARY DALLAS:** We're on the same page I think, in terms of

the community first choice that I know folks have been working through that process.
I think, unfortunately when you look at that particular program, versus what we can afford to do right now I'm not sure if that's something we can do, I do think that community HealthChoices in the changes we're make egg there will help get us there I'm happy to work with you on ways we can make that I think, ultimately, we need to make it part of the culture here if I get hit by a flying bus or whatever or Jen decides to -- do whatever Jen wants to do next, right.
That we can keep that commitment going.
I think that ultimately it really comes down to leadership in any situation.
But I think the most that we make it part the way the system works here I think that's another, potential benefit of the consolidation is, if we can, have that system, get oriented that way, it is, certainly not easy to undo those things, if anyone
wants to do imanother not sure why.
Once you get it into the culture of the organization it's hard to get out of it.
>> **PAM AUER:** I'm thinking of the Federal add hundred strayings and think other future state administration.
>> **THEO BRADDY:** I'm here --
>> **SECRETARY DALLAS:** How are you doing Theo.
>> **THEO BRADDY:** I'm well how are you doing.
>> **SECRETARY DALLAS:** H Hang ing in there.
>> **PAM MAMARELLA:** Yes, Theo, can you go.
[laughter]
>> **SECRETARY DALLAS:** I got scold requested once already, I don't want to get scolded again.
>> **THEO BRADDY:** First of all I completely agree with everything that you just said.
Majorly.
My only concern is with the CHCs and what you're saying here that is the major initiative, there's gigantic initiatives I'll be concerned how much initiatives are needed for both until make that known that, both the CHC and new consolidation build up, basic initiative.
So just the very, um, be careful very careful on the planning and implementation.
>> **SECRETARY DALLAS:** It's a fair point Theo.
One thing I would ask you to think about as you're thinking through those issues are, you know, I think it will be I would be more concerned if I thought, that the consolidation and CHC were conflicting goals.
I think a lot of ways that the partnership we have with the Department of Aging and CHC right now, and a lot of the work that we're talking about, they're complementary goals so it's, I don't know that, every hour working on the son coolation is an hour we're not working on

the CHC or the goals of CHC I think a lot of the work we're doing is complementary, if not overlapping so I think a lot of the work of moving CHC forward will help further the consolidation if you think about those services that are across multiple agencies now if we find a way to streamline those things that will also, had help with CHC.
So, at the end of the day, um, I -- it's completely fair point.
It's something that we're going to have to manage through.
But the part that I think, is a good thing to think about, as you're working through those issues in your head is, a lot of those services are complementary and it's not one hour on one is an hour not spent on the other.
>> **THEO BRADDY:** Got it.
>> **PAM MAMARELLA:** James you have a question?
>> **MALE SPEAKER:** Yeah, one of the things that is exciting to me the potential for better alignment between program goals and licensing. Licensing structure I think the recent direct care worker policy clarification is a great example of that I'm just curious, how you would, prioritize that in the reconsolidation, given the fact that the licensing is in regulation and some of it in legislation how would you go about navigating that.
>> **SECRETARY DALLAS:** I think when you look at licensing one of the things we're envisioning in the consolidated agency is, an office of health care quality and licensing.
That would start to consolidate some of those functions it would start to look at it, so that, it's not, 3 different agencies coming up to you asking for the same things.
There will be under the proposed plan there's a deputy secretary whose job is to be looking at those things, if you're provider returning a nursing home getting multiple touches from multiple departments that's the business of moving it together you said something that I think is, so important, about licensing.
Is, licensing has to be related to the program goals and, a lot of ways, folks have I think sometimes get away from that, right.
I think that, maybe, even, some lawyers in this room have made the case at some point, that when you're counting how wide a hallway is or whether a trash can is covered, those are important things to do.
But far more important is, are folks getting the quality of care they need.
Do folks who are doing the licensing, understand the work that is going on in there, understanding what folks need and, also, what are the most important things?
I'm sure that every licensing inspector could find something wrong with every single facility that they went to.
I think the is issue, what are the things that you can correct through the normal course of business and what are the more serious health and safety things? What are the things that ultimately effect

people's quality of life and, that only comes by making sure that licensing is coordinated with those program goals, I think they consolidated agency will be in a position to do that more than ever, there's some independence, that you want to see sometimes, to make sure that folks are you have that good check and balance I think that the office of health care quality, and licensing that's proposed under the consolidation, is a step in that direction.
Regulations are something that, take an extraordinarily long time to do in the order of operations there are things you can do, moving in that direction I think that, when you're looking at regulations, you that's something that benefits a lot of folks have input and going through the process, it takes longer than I would hope it would, I suspect it takes longer than that for many folks when you're getting down to the knittygritty the satisfies Regs they have the comments and carefully considered, a lot of unintended sequences my answer is a long way of saying.
We look at consolidating the function in that new office, looking at the things we can do to make sure that, what we're doing for licensing aligns with those program goals and there's an understanding between the people who deliver the services and oversee the services, and what is being licensed, and I this that naturally flows into more detail over time.
Things like regulations but I don't think, I don't think you can, do that, at the start I think that's something that follows.
I hope that answers your question.
>> **PAM MAMARELLA:** Jessie you have a question.
>> **SPEAKER:** Building on that.
>> **PAM MAMARELLA:** We hear you Tanya we'll hear from Jessie we'll move to you.
>> **SPEAKER:** Building on this question, one of the things that is exciting about the consolidation is the idea of, better coordination between in service delivery and, but, one of the questions I guess I have is, how do we think about the mechanisms that are required for people to talk to each other who don't necessarily easily talk to each other? Um, and also, what is the training and support that is needed to the -- the service coordinator the direct care work force the sort of expanded group of people who are implementing these things on both the provider and the worker level that will allow them to, think about their work. And, their approach to care in a more coordinated and collaborative way.
>> **SECRETARY DALLAS:** So I think that's an important part of it I think part of the reason you know I've heard some folks say, how could you possibly get the consolidation done by July 1 the answer is you can't.
I don't think anyone is saying we're going to I think the way I thought about it, or we tried to communicate it we're just at the start

of the communicating is, is -- it is the framework in place, to do that.
And, I've said a lot of times that the a lot of times the real work begins in July.
Right, so I can do a framework we can do a couple of things we think will save, money.
In the short term but a lot of ways will real work begins there, is whatever plans we cook up in it Harrisburg and cook up sounds worse than at the probably should have, we come up with -- in Harrisburg.
Right.
I'll work on that for the hearing I won't say cook up.
Whatever we do there, right, that only works if folks understand it.
I got on the elevator this morning right? And I was walking in the office this morning and young woman was, walking in front of me she said what about the -- when are you going to get rid of the properties as part of the consolidation you know, the consolidation I didn't really -- I first I'm not like 100 percent sure what you're talking about she was actually talking about the Harrisburg state hospital grounds that DGS is surplussing and putting RFP to develop and, so on, about moving some of the stuff that is on there right now, out of there.
So, she had, she was you know, equate tag with the consolidation.
That had something to do with it, it has nothing to do with it I was struck by that, is that, no matter, as much talking as we do here, if we don't get down to that level, where folks who are providing the services, know what we're doing we get that messaging right the direct care workers that are doing this on a daily basis understand why we're doing it the folks when nursing homes understand where we're doing it any of those things, will have missed something I think some of that works there that is going to involve training it will involve me you know, all of the administration, communicating, over and over again, putting out messages reinforcing those messages.
Right. And finding ways to make sure it gets through there and to me when I think about that I think about, when -- the previous life when I worked in Maryland I came back in you know on the train to Philadelphia, you know the great City of Philadelphia, is, I would get to the train station in Baltimore right. And there would be an ad or something on a billboard in the train station there and then, I would get on the train and every step along the way, same billboard was there.
I get to 30th street station.
Right.
And I coming offer the escalator same thing huge thing hanging from the wall on 30th street station I P under the circumstances my head down, to try to get to the cab and ignore all that stuff.
Literally on the floor was the same ad, right.
And, what those folks know is, you have to hit people, over and over again with that message you have to get that message out there and it

has to be, from multiple channels if it's going to sink in, so whether it was Gillette Razors when I noticed at 30th streetization but it's the same principle, right.
If we, make the communication here the General Assembly, works with us to pass those bills then the work starts we have to say we need to talk to providers we need to talk to advocates and talk to stakeholders we need to talk to DHS employees and talk to all of the, I should DHHS employs that will be one to get used to, DHHS employees, but it also means we'll have to talk to consumers we'll have to talk to direct care workers everyone will need to find ways to do it I can't do that by myself part of the work here today is, all the folks that you have, the networks that you have, getting that consistent message out there and getting it multiple times so people do that that's another reason why this is not going it happen on July 1, that's where a lot of the work is there, it's a critical part of it, until those folks know, why they're doing things, just like the woman who I walked in this morning with walked in, I felt I was like you know -- man we really missed the opportunity there she is working on this she doesn't know why. Right.
So we have to make sure she understands why she is doing it and why it's important I think the same thing for direct care workers or anyone else, who is in involved in the delivery of services.
>> **PAM MAMARELLA:** We'll go to Tanya on the telephone.
>> **SPEAKER:** Hello.
I major secretary for Secretary Dallas is this -- what are you going to do to help ensure that the direct care workers start to better -- so care in the State of Pennsylvania can be more stable.
You just said something a little while ago about making sure people receive quality of care.
Well the one thing I think you need to do that is to make sure the people providing the care, are getting a more liveable wage across all models because depending upon what model of care is being used by the individual receiving the care it effects the amount at the worker is paid and if they want the participant to receive that quality of care, there has to be something done to make the worker, themselves, want to stay in this -- want to stay as a care worker and making it a career.
So the consumers life can be more like can be stable and they can grow and take advantage of the new opportunities that you want to give. But as long as, like, the wages for the workers stay at like bear bones minimum, like $9 or 10 an hour, that's -- never going to happen. You understand where I'm coming from.
>> **SECRETARY DALLAS:** I do, I think that, um, you hit on a very important issue.
That's one in order to resolve it it's going to require time and it's going to require increases in funding

community HealthChoices will start to move things in that direction, if you look at managed care companies they will have an incentive to provide services in the community, quality services so the folks don't go to nursing hopes that will require them to look at how folks are compensated I think you have to balance that, with you know consumer directed models where, consumers are setting wages for folks how we do things.
But I think ultimately we have to look at how folks are paid.
What protections they have for that.
But ultimately it is going to require more than a commitment I can give you I can't wave a wand and say I can be able to provide higher compensation rates that's something to the General Assembly is going to have to agree with, as well that's going require resources at the end of the day so, as part of that, I heard everything you said I agree with what you say.
But, um, what I would say to you is, if you can help me out, by not just saying that to me, but saying that to members. General Assembly, saying that other folks who need to hear it, so we can get to folks, get folks to a place where they have a more liveable wage they do it in away that consumers still have the right to direct their services and, plan their care appropriately, if we can do all those things, that's not something I can do by myself.
It's something that I want to work towards it can't happen overnight but it also can't happen without the General Assembly working with us on that.
>> **SPEAKER:** Actually I have a suggestion.
>> **SECRETARY DALLAS:** Yes.
>> **SPEAKER:** I think that something like services my way, which is another model or type of care, that can be used in the State of Pennsylvania, that needs to be drilled into service coordinators so that the consumer themselves has more control over their budget because within that control, that's where if you choose to you can provide a better wage for workers and make your own work force more stable.
But, it is not something that is widely used at this point I think, more service coordinators and more service coordinating agencies, need to be trained on it.
>> **SECRETARY DALLAS:** So I think that your comment there I think is an echo of the point that Jessie made just a little earlier is, making sure that when we have the best laid plans and the best intentions, how we communicate that to folks whether it's, that particular form of training or other training it is a really, to me gets to the importance of making sure that it's not just something that is envisioned in Harrisburg but it's something that, people who provide services in Erie or Scranton or even potter, or
Sullivan county understand that mind set as we're moving forward it's a point well taken it complements the point that Jessie made just a

little while ago.
>> **SPEAKER:** Thank you.
>> **PAM MAMARELLA:** Thank you Tanya, do we have any other questions from the committee?
If not we have, some from the public we can take some from the public here in the room.
So I'll start -- Pam? Sorry.
>> **PAM AUER:** It's okay.
My question is, with the consolidation it looked like what I was seeing aging and physical disability will be in one office and physical or mental health and DD will be in another.
That accurate?
>> **SECRETARY DALLAS:** So, the way it's currently envisioned is the current office of long term living, the Department of Aging and some of the services that the Department of Health provides in that arena, would be in adult aging and community living which is very similar to the feds have something that is called office of community living or something close to that I think, that would be there.
The office of developmental programs which does ID and autism would remain largely as it is now. And then I think, what was the other question you had?
>> **PAM AUER:**
[inaudible]
>> **SECRETARY DALLAS:** Drug and alcohol program, would be part of the -- the behavioral health I think you look at the number of folks who are fighting a substance abuse disorder who may be dealing with Abe waiverral health issue we know 52 percent of them it's probably higher making sure we provide those services and coordinated to me one of the arises think the consolidation makes the absolute most sense is in the drug and alcohol world.
If you look at the number of folks who are dying from the opioid crisis right now and our inability to meet their needs right now.
This is, something that is crying out for change right this is an area where the status quo, can't be good enough, we can't say well, we created a department of drug and alcohol services and we're, we're -- you know we're -- we don't want to change the status quo, there are folks dying right now if we don't make sure those services are coordinated that's a real opportunity that is missed.
>> **PAM AUER:** I agree with that, but -- mental health and substance abuse working together.
I'm just wondering if, just since you're doing consolidations making all these big changes wouldn't be an opportunity to bring the waivers together and having the DD waiver still separate from the physical disability waivers and aging, is -- you know, why not bring them together?
>> **SECRETARY DALLAS:** So I think, for us, um, you know, when we were

talking through that, you know we were looking at all options for us.
You know some of the consolidation really is, is -- where you draw those lines or the consensus of the folks who run them with input from other folks, it was ultimately the decision was we thought those services, were different enough particularly with autism and other things that, we thought it was better to have them separated there are folks who could make an argument for consolidating them, ultimately, we thought that was the appropriate balance.
Of course, there are other folks who may feel differently but for us we thought that was an appropriate balance right now, based on where we are as I a state.
>> **JEN BURNETT:** Can I just say something.
Pam, with community HealthChoices we're making the aging and the physical disability waivers all into one waiver.
So, we are it's sort of like the first step in that kind of a consolidation of waivers.
See how that goes, gets some experience under our belt undoing that and, revisiting it in the future if we need to.
>> **PAM MAMARELLA:** I'm going to ask the first public question from Lauren Rooney with the housing aging committee.
While consolidation is expected to save money, what are the costs associated with merging the departments and when will the names be plugged into the organization chart?
>> **SECRETARY DALLAS:** Well I'm sorry, what was the second part of that?
>> **PAM MAMARELLA:** When will the names be plugged into the organization chart.
Oh, that's up to the Governor.
[laughter]
Right.
That's his call.
That's what he got elected to make those calls.
So, um, I think that he would make that, once we get through the consolidation process and, ultimately I think, he believes, until we know what the consolidated agency looks like or whether, it occurs at all, he would defer that decision to that time and, obviously you know, of course I -- I follow my boss in terms of the costs of it I think the costs of it are, a the lot of is, what we I was in the private sector we used to call sweat equity which is hard work I'm not sure that we're talking about moving people from one location to another.
Building another building.
Or, doing the sorts of things that tend to add costs I think that a lot of that is, a lot of that is at least initially is, that hard work and folks thinking about how to provide services better.
Over time.
For example as leases expire, we may look to move folks to

consolidated areas and that's something you can do within the normal constraints of the budget.
So if you look at for example, you know, 18,000 folks, the turn over the normal turn over of people just taking new jobs moving to other places there are a lot of folks who will just on regular basis move through.
That provides an opportunity to make those changes too if we, if a position opens up here, because someone moves onto another job, what do we do with that position this the consolidation, do we have that person instead of sitting in another building sit in this building those are things that you do in the day-to-day management I don't see I think the major costs of the consolidation, are that hard work but I think that the ultimately the savings will more than compensate for any of those costs that we have.
>> **PAM MAMARELLA:** Thank you so we'll open up to the public please be sure to tell us your name and where you're from.
>> **JEFF:** My name is Jeff Iseman, Pennsylvania statewide independent living council, two questions, one you mentioned little bit about the budget earlier.
Understand there was a cost of, living adjustment for folks in the ODP but not in the OLTL or, OHMSAS I'm curious if you could offer some comment, it some years some of the previous secretaries have done it across the board to basically all community based systems.
>> **SECRETARY DALLAS:** So the increases that are associated with ODP are related to waiver renewals and, it's part of a process that I can't Jack probably knows how often do we have to renew the waivers? Every five years right.
Okay.
Jen beat you to the punch it was associated with that.
Other increases or something we could not afford at this time.
It reflects the fiscal situation we're in. And I think part of the reason we're doing those consolidations is getting the system, to be in a place where those types of increases can be supported.
I think that, I would love to be able to give increases across the board, it's the process of renewing
the waivers is what is included for ODP I wish I could do it for everybody it's something we cannot afford right now I do think when we get to a consolidated agency, we get to a place where we're running more smoothly I think the opportunity to start addressing some of those inwe can at this timies grows.
>> **JEFF:** Okay.
Second question I have is on the employment.
And, I have heard more about this in the ODP I've not heard much about in the OLTL, 75 percent and 25 -- rule is that exclusive to ODP would that be applicable to folks in other OLTL or OMSAS programs.
>> **SECRETARY DALLAS:** R Rela ted to sheltered works.

>> **JEFF:** Sheltered workshops segregated employment.
>> **SECRETARY DALLAS:** We went through a comment period for that we had the initial percentages that were out there.
Deputy secretary Thaller has done I think a good job of going through those comments talking to folks.
We are going to be announcing some changes in those percentages, the target is to do that on Thursday.
I will not steal her thunder I think when she is talking to some folk he's what those changes are, and they are, specific to sheltered workshops, those I think, a lot of every person she has talked to, believes it's a reasonable compromise that meets the Federal mandate from the final rule but also is something that is, reasonable this terms of transitioning folks, particularly folks, new folks to the system from sheltered workshops a little bit of a teaser there but on Thursday, and unless you know, unless we got our act together it comes out on Friday it will be sometime this week, that message comes out.
I think what you'll see is something that, um, enables and, preserves choice for families. And also, I think helps meet with the Federal government did in a way that, is more intune with a lot of the comments that we heard.
>> **JEFF:** My last question was on adult protective services.
I understand there's some money in the budget for that a number of folks in this room were apart of the group that helped to get that through.
We're still waiting for regulations. And was passed in late 2010, so we're going on 7 years now, which is a long time for anything.
Do you have any comments on that? Or where we're at?
>> **SECRETARY DALLAS:** So I think, unless Jen or Kevin knows more about that I think you've officially Sam stumped me I don't know the answer, Jen has a little bit shell be my phone a friend on this one I don't know the answer to that one but hopefully Jen can do better your bur we can invite Jackie Rowan and Kathy to give us more of an update to give us an idea where we are adult protective services there's been a executive review process at the DHS level of the draft regulations so, I don't know the details of where it is, I do know that they're moving because I read them about two months ago.
>> **JEFF:** Okay great thank you.
>> **SECRETARY DALLAS:** We'll get a summary together through the committee and get an update that's a little more detailed than this one for everybody, we'll try to get that update out there for you.
>> **SPEAKER:** Dr. Scott Snyder represent vice president of several home care agencies across the State.
In regards to Tanya being the policy being on the PHA subcommittee for public policy, the aging had their budget hearing on Monday.
Secretary Osborne was at the hearing and if you go to the last two minutes of that hearing, representative Saylor specifically used

his closing comments to tell, secretary Osborne to work with Secretary Dallas to figure out how we can fund direct care workers, to the new minimum wage that may be coming as well as a living wage, because him and Governor Wolf have an understanding, that both of their mothers need help.
And, some of it has to do with the PHA we have been working with representative Saylor and Christian son to educate them on the importance of getting our direct care workers, to become truly health care workers and be I ren buskerred that way.
Just quick aside talking from the PHS, the $94 million you save, if you gave 10 percent, increase across the board to the waivers, in the State of Pennsylvania, that is $84 million, we actually could give our direct care workers a 10 percent increase, from the money that saved from your consolidation.
So there's a lot of
opportunity to make that happen, if you go to that hearing at PCN, 1 hour, 47 minutes please pay attention, because he is hot on
this and we have an opportunity to make this happen, for our consumers and our direct care workers.
Which is extremely, extremely important.
Thank you.
>> **SECRETARY DALLAS:** So I don't know what it says about you or me or us as a group I actually I saw that, actual moment in the hearing as well.
And, I think it was, it was telling to me when chairman Saylor was, was -- saying many of the same things the Governor said to me the first time I talked about community HealthChoices with him.
I would add one thing is when you look at that $94 million, that is, $94 million that would plug the current budget hole we have.
Right.
So while there's certainly a temptation to you take that $94 million to spend on that, what it is the $94 million will go to now is getting our existing budget and our existing bills into balance.
So, if we were going to take the 84 million that you talked about, we would have to come up with another 84 million.
>> **SPEAKER:** I agree I'm going to be self-serving for the moment look out for direct care workers and ask tore wherever we can, the biggest take away was, for once, the administration, our home care agencies and now the legislature are on the same table for the first time and we could make this happen.
This legislative session.
>> **SECRETARY DALLAS:** I was very heart ended to see this I'm very looking forward to working with him.
It was -- I you know I didn't know I necessarily incompetent somed the chairman on Saylor to close with that argue am I was very glad to see he did.

>> **SPEAKER:** Something at PHA we met with representative Saylor several times those points were the talking points we shared with him he is on board, so we need to get this group to make stuff happen now.
So everyone that you Secretary Dallas.
>> **SECRETARY DALLAS:** Good work on that, have are there we go.
>> **PAM MAMARELLA:** I like the energy very much we have a question or actually a comment from Mata Anne, I'm concerned with having licensure enforcement and contracting for services in the same agency.
In the past, we had horrible -- we had a horrible condition in personal care homes, while payment was this the same department.
>> **SECRETARY DALLAS:** Ah, well, I'm not sure I understand that question, exactly.
The -- I mean it's, I think those things have always been in the same departments I'm not, I'm not 100 percent sure about that, especially with personal care homes I guess the, I can talk about it generally in responding to Anne's question is is that, it is important to have those checks and balances, but no matter where they are, whether it's, all reporting to the same secretaries or, reporting to different secretaries, the importance is, having those institutional checks and balances having transparency about it, I'm not sure that having it in one agency, versus another, makes a difference I think it's the processes that you have in place, within that agency or within that state government that make the difference.
Just like when they set up the Federal government they set up the State government we have he can whichs and balances with the General Assembly versus, a Governor or a president versus Congress.
It really is how those institutions workings I'm not sure that the important thing is the dividing line between having them being in separate agencies.
I do think it's important to make sure that those checks and balances exist, I just am not sure I agree that, it has to be in a separate agency to ensure they exist.
>> **PAM MAMARELLA:** Thank you.
>> **PAM MAMARELLA:** Zach do you want to go first?
>> **SPEAKER:** Steve Gamble Delaware County AAA how do you envision access to services, as critical? And there's a lot of, difficulty in navigating the system.
People will still have, how do you envision people accessing services, for instance they have to go to the county assistance assessment and independent enrollment so -- how do you envision it being more efficient?
>> **SECRETARY DALLAS:** So I think that, from our perspective the you know the phrase that we always use in social services is no wrong door right but behind no wrong door is getting to a place where whenever someone enters the system we can help them guide them through the process if there's a back office part of this, CAO does something and

independent enrollment does the other thing the key you want to get to is making that as seamless as possible getting that work done, for the consumer as opposed to making the consumer go from place to place to place I think that opportunity, exists with the consolidation.
I think that is something that, you get better at as time goes on I don't, I think that one is, is never a finished product I think every day you try to figure outweighs to make it easier for folks to access those services I think the consolidation gives the opportunity to do that, to say, when a consumer comes for help, we don't tell them they have to go around the corner or, to a different place to get that help, we're able to make that connection for them and get that service, get those services for them, no matter where they show up in the system.
>> **SPEAKER:** Zach Lewis executive director for.
[inaudible]
In action the DD services are the same as OLTL and aging waiver, wouldn't that go along with the purpose of consolidation?
>> **SECRETARY DALLAS:** So I think similar to the question that Pam asked.
My response would be, I think there are similarities there are some differences, right now, I think we're going, moving along that road to consolidate those, one set of services. And it may be down the road that there's, further consolidation, that is there but, right now, given where we are, our best judgment and it's certainly open to interpretation, or criticism, is that, keeping ODP as an ask exists now, is the appropriate place for the State that may change in the future.
But I think when you're looking at the OLTL, aging and some of the health stuff being consolidated, along with some of the things that are happening in ODP, our best our best judgment at this time is let's consolidate those things first and think about the other things. Certainly, people will have a different opinion, that's where we ended up as a group on that.
>> **JEN BURNETT:** I also wanted to just point out that, the ODP system is, is vastly different than the OLTL system.
It relies on, it is very engaged with the counties, the OLTL system is not necessarily we do have some area agencies on aging. That are part of the county government but that's, that's it.
So the other thing I wanted to say and Jeff Iseman brought this up which is the question about the, 25/75 percent that is speaking to sheltered workshops that's a a perfect example of a service that is very heavily relied upon in the ODP system that OLTL simile doesn't use we don't have sheltered workshops we don't have to address it the systems are, right now, quite different.
So, as we move move together towards the consolidation, it's the first step of, connecting, aging and health and, OLTL, and then some other parts of the, DHS with other parts of the health and DDP, is, sort

of the first blush at it I think we need to see how that works.
Learn from it and then, make improvements in the future.
>> **SECRETARY DALLAS:** Well said Jen.
>> **SPEAKER:** Rebecca cole with the association of area agencies on aging what I found to be encouraging, secretary you said earlier was the --
>> **SECRETARY DALLAS:** P Plea se called me Ted, secretary -- okay.
>> **SPEAKER:** Sorry Ted.
>> **SECRETARY DALLAS:** I always feel like I'm in trouble when they call me secretary.
>> **SECRETARY DALLAS:** When they use your middle name you're --
>> **SECRETARY DALLAS:** T That 's when I'm in trouble.
>> **SPEAKER:** Yeah. I was, interested in hearing what you said about us being involved.
Involved in the process of, whatever changes may be happening.
Can you tell me anything about you know, we have this opportunity, but will there be concrete opportunities, will there maybe work groups to talk about, specific issues, like how, like we're ready let's get going let's work on this, how can can we, be helpful as the AAAs and other groups, you know, scheduling meetings, you name it, we want to get going.
>> **SECRETARY DALLAS:** I think, little bit of a balancing act right, the first is obviously as you're coming with an initial plan you have to talk internally come up with that plan put it out there.
There's also a little bit of a trick in that I don't, I would not want to do anything that would, make it seem like we're presuming the General Assembly is going to choose to act on one thing or another, I think that you know part of, working with them partnership and talking about those things is important.
I think today, as a -- is hopefully taking as a sign of our commitment to begin that process.
One of the things I really wanted to hear from folks today is what is the way to do it, is there a way to get, those you know, get those work groups together to start talking about these things? You know look if it were up to me I would do it tomorrow but you know I think we need to make sure we're mindful of the General Assembly they have a chance to weigh in on it as well I don't think that prevents us from having conversations I had a cup of coffee with Rick Flynnn, who is the PEMA director yesterday can we
work start working with original emergency spanses the health department does a lot of emergency response, the sheltering stuff I said to him I would love to get together start talking about those things I guess, you know I turn it back to you, is what is the way that you want us to work with you? I mean, to me the work group pro dress, as yielded a lot of, good results, so far.

But I don't want to presume that all of you think that's the best way to do it.
So, I'm -- I guess, my response to you is I'm willing to engage our folks in that conversation, and as soon as we can.
But I'm also looking for you all to say, what is the way you want to do it? Do you want to do it through the work group process? Do you want me to, go to all of the other committee meetings we have and I'll probably wind up doing that any way, having the same conversation, what's the way you want to do it? What's the way that would be most beneficial to you as we move forward.
So -- if you have thoughts on that, that's one of the things I really want to hear today.
>> **SPEAKER:** I think, initially, just off of the top of my head what I've been thinking lately is, maybe having a work group that starts, pulling things into different buckets, um, not that I want to continue silos of course but, you know, however we need to, but you know, to focus on a specific issue or concern and then have a committee around that.
Or have, all of the various different advocacy organizations in -- associations this is the question, or the issue, now give us your feedback.
Very structured this kind of thing is helpful I think, it is you know, having the ability to just, everybody kind of say what comes to mind but having, allots of structure I think, would be helpful and, and especially, in something like this, that -- you need to have buy-in and -- so -- you know that structure I think would be important and as far as you know, we're, our associating is meeting weekly trying to come up with recommendations, what we think, would be best to the seniors that we serve.
So we will be, in touch.
>> **SECRETARY DALLAS:** If you want to invite me to one of those meetings I'll be happy to go.
But hopefully after you call kick me out of this room, you have a conversation about what is the way that would be most helpful for everyone in the room, to engage you say we would love it if the departments, the administration does this
and, said this is how we engage with folks you know, I'll -- I'm happy to sing for my meeting to I'll be happy to do, if you all, if you all come up with an idea, we can figure out a way to make it work I do think that some of the work groups we put together have been enormously helpful if that's the road folks want to go down I'm open to that.
>> **SPEAKER:** Only thing I suggest it needs to be more than once a month, that group that meets once a month we need to do work in between, it's this is through this structure we need to did a love work.
>> **SECRETARY DALLAS:** G Gett ing to your comment about certain issues, what happens to your toot?

>> **SPEAKER:** Surgery.
Exam daily surgery, okay.
Is -- not only, um, not -- I agree with the once a month, may not be the way toe do it I also think looking at a particular aspect opposed to just report of we'll meet and talk about the consolidation as a whole which is extraordinarily big topic which is a good as a starting conversation but, especially as things move forward, post July 1st you know, prejuly 1st then we can start getting down to some of the, um, different aspects of it.
>> **PAM MAMARELLA:** P.m.
>> **PAM MAMARELLA:** Ted we have a question from the representative chuck Miller from the Pennsylvania house.
>> **SECRETARY DALLAS:** Hello representative.
>> **PAM MAMARELLA:** When are the top he department heads told about the consolidation and AAAs given any advance notice of the merger before the Governor make the public announcement.
>> **SECRETARY DALLAS:** We had conversations along the way as administration the exact date, when everybody learned I don't have the slightest idea I can't even remember the first time they asked me about it but -- I know that, the Governor's office did talk to all of us, they -- had -- some consultants made all the papers come meet with us about it, we have conversations internally as administration the exact date it start I don't have a clue, when it first was, it's been awhile now.
With regard to with the AAAs, um, I have no knowledge of some advanced heads up that, I can't speak for everybody in the administration all that but I'm not aware of any advanced heads up for the AAAs over anyone else.
>> **PAM MAMARELLA:** Okay.
Thank you.
Do we have any other questions from the public? Or from the committee?
Or on the telephone?
>> **SECRETARY DALLAS:** I'm actually going to get out of here without Jack asking me a question.
Come on man.
>> **PAM MAMARELLA:** Come up with something.
>> **SECRETARY DALLAS:** Come up with something.
>> **MALE SPEAKER:** Actually I think you did okay.
[laughter]
>> **SECRETARY DALLAS:** B minus Jack or whatever -- where do I get in this.
>> **MALE SPEAKER:** You did so without a teleprompter.
[laughter]
You did use the word opportunity quite a bit, maybe a thousand times.
Maybe -- we can go back and count.

But for the word cook up, a comment I do have,
Mr. Secretary, is you do have an opportunity here and as you well know,
when opportunity and opera preparation meet, good things happen.
>> **SECRETARY DALLAS:** Can I steal that Jack.
>> **MALE SPEAKER:** You can.
>> **SECRETARY DALLAS:** All right I'm definitely buying the first
drink the next time, right is this.
>> **MALE SPEAKER:** Okay.
>> **SECRETARY DALLAS:** Fair enough, now my time here is complete, all
right.
So, thank you Jack.
>> **PAM MAMARELLA:** Ted thank you for coming here and talking to us
and giving us feedback on the important change in government, seems to
me the feedback we're getting is really positive and, I think, when you
said it's not just the what -- the talking to us about the why's and the
thinking is behind that is a really important thing to hear.
I'm going to encourage the committee, to use our Listserv to
continue to ask any questions, that they might have, about this.
Or any comments, so that we can organize it as a committee.
Around anything, that could effect potentially CHC as we move
through this reorganization thank you very much Jen, do you want
to add?
>> **JEN BURNETT:** I'm going to use the word opportunity again and, I
would just say that I would like, this committee to continue because, of
what Ray said earlier about the question of having the band width to
make, to bring up the community HealthChoices, while concurrently also reorganizing in such a
magnitude we need your help to do it.
So, I think that that's I would open up and would like this
committee to have a conversation about how we go about this I appreciate
what Rebecca May Cole offered in terms of I don't see you I gesture
behind a post over there.
Okay.
Offered, around I think, you probably a lot of the members here as
well as the members of the public, echo those sentiments that you want
to be part of the part of the change and we welcome that.
So thank you, thank you very much Ted for coming.
>> **SECRETARY DALLAS:** Thank you for having me and I think the one
thing I hope everyone understands is, a lot of way that's is really the
start of the process, this is not the, my only visit here.
Not my only engagement in the process so, hopefully addition that
the saying the word opportunity a thousand times, um, hopefully the
other thing that will stick with folks is this is the start of a process
and, one that is going to take, that will go on for awhile and some
cases will be more about the journey than the destination at the end of
the day.
>> **JEN BURNETT:** Okay.

Before you leafy just wanted to take, one minute to comment on the press release that was issued by the Governor earlier today, today is the 20th, this month is the 20th anniversary of HealthChoices. And the press release, really talks about the magnitude and the impact that HealthChoices, has had on Pennsylvanians for so many years I want to say thank you for your leadership in continuing to first of all the Medicaid expansion, but then also to continue to run a really good program.
So thank you.
>> **SECRETARY DALLAS:** Thank you all for listening.
>> **PAM MAMARELLA:** Let's feel free to give Ted a round of applause.
[applause]
I think we should, pick up where we left off, and I think, Kevin you were up here with us at that point.
And there was, question from Tanya, that Fred you had. And, so --
>> **FRED HESS:** Yes.
>> **PAM MAMARELLA:** Okay.
>> **FRED HESS:** Yeah.
Basically it's almost the same question that I had asked, but, she wanted to know base eastboundly, when we, as the when are we going to be able to talk to the MCOs on the subcommittee? What day, what year?
>> **MALE SPEAKER:** So as soon as -- my question great question is when will when will the MLTSS sub-MAAC be able to have a presentation or discussion with the selected offerers.
If we are given a green light for full engagement, we'll certainly ask them to even participate as soon as the next MLTSS sub-MAAC.
>> **FRED HESS:** I would appreciate a little heads up on time wise so I can get some questions together from all of the people, out there in the southwest.
>> **MALE SPEAKER:** How much time would you need.
>> **FRED HESS:** About a month.
>> **JEN BURNETT:** This actually was one of the things I was going it talk about briefly, before Ted came.
And the opportunity for the MCOs to come to this meeting and hear from you all and get input from you and talk about their vision what they're going to plan to do.
And we will I mean I don't know -- if we're able to do it in April I would rather have even if you can only get two weeks advance notice I think you would rather start talking sooner than later if it can happen this April, it may not be a whole month that we can give you in terms of the advanced notice.
>> **FRED HESS:** Anything after April, correct?
>> **JEN BURNETT:** Yeah. After April probably I would advise you to start collecting questions right now.
Yeah.
So I mean I think that, that can't start soon you have enough.

>> **FRED HESS:** Yeah. Yeah.
>> **JEN BURNETT:** Okay.
So what we'll do, when we do have the MCOs whatever next meeting I -- I have my notes the May meeting it could be the April meeting as
Kevin just said.
But we will be asking all you to send in all the questions to the
resource account, RA-MLTSS@PA.gov, send those into us so we have a
chance to review them and share them with the MCOs and get, be we will
prepared to have a conversation with you.
>> **PAM MAMARELLA:** Any other questions for Kevin?
James?
>> **MALE SPEAKER:** I was curious if there was going to be any value
based purchasing requirements in CHC in the initial contract.
>> **MALE SPEAKER:** Great question.
Yet was, will there be any value based purchasing as part of this
initial CHC agreement.
We made the decision for this initial agreement it's the stand up
agreement we would not be include egging value based purchasing
requirements.
At least in the initial year.
We have allowed room to have that, potentially be revisited during
the term of the agreements.
It will not be initial value based purchasing requirements in CHC it's something we're going to be very much interested in including in the future iterations thank
you for the questionment.
>> **PAM MAMARELLA:** Okay.
Pam has a question.
>> **PAM AUER:** Where are we at with the readiness reviews?
Maybe someone else was going to talk about that.
What is happening with people involved?
We still not able to see the tool online?
>> **MALE SPEAKER:** So the question was, what is the status of readiness
review we have not begun the readiness review process we have not,
been given a green light for full engagement with the managed care
organizations the planning continues, when there was some discussion, in
the last meeting about consumer participation in readiness review we've
had an initial meeting with the Pennsylvania health law projects to help
identify individuals that could be part of that process and, I believe
that there's going to be an additional meeting this week on Friday with
some potential program participants who would also be engaged in the
readiness review process as well.
There's going to be a lot of different opportunities for that
participant engagements, the heaviest focus will be network
adequacy as we talked about before.
>> **PAM MAMARELLA:** Okay.
Thank you very much Kevin.

Jen do you have more on your OLTL update.
>> **JEN BURNETT:** No, I think we covered, pretty much all of it, I -- had for now.
>> **PAM MAMARELLA:** So, then I believe next up on the agenda is the CHC evaluation plan update?
Howard is on the phone.
>> **HOWARD DEGENHOLTZ:** H Hel lo everybody this is Howard from the University of Pittsburgh.
I'm looking at the screen.
Okay.
I'm going to show my screen and put up the slides.
Everybody see what I see.
So I was asked -- how much time do I have?
>> **FRED HESS:** You have 30 minutes.
>> **HOWARD DEGENHOLTZ:** All right --
>> **FRED HESS:** I'm sorry.
>> **HOWARD DEGENHOLTZ:** I'll --
>> **FRED HESS:** You have 45 minutes.
>> **HOWARD DEGENHOLTZ:** I will try to keep my -- comments, to about -- 15-20 minutes we have plenty of time for questions.
So I was asked to give an update on, the evaluation.
And, what I'm going to do is start first of all thank you for the opportunity to come back to the address this group I think my third time.
Addressing this.
This committee.
It's always been, very fruitful and, rewarding to me and to my team to hear what everybody in this group has to say about CHC and your feedback on our work has been, really quite valuable.
What I want to do today is, -- I'm going to remind everybody, of the evaluation design.
I'm going to give an overview of our of course accomplishments over 2016, we have some preliminary mindings it's very a teaspoon tell you where we're going next, over the next 2 days.
So -- as you know, we you know the Medicaid research center, was, engaged to conduct what, is full-time line is almost 7 year evaluation, of the implementation process. And -- outcomes of community HealthChoices.
We are, tasked to look at all of the major program outcomes, with regard to opportunities for community based living service coordination, quality and accountability, program innovation, efficiency, and the effectiveness and, as I'll review over the next couple of slides remind you we're using a wide range of, data sources and methodologies in order to triangulate what is going on, no one research method or data, source, is -- perfect or complete which is why we use, multiple pieces of information, to try to get at the answer what is going on.

As you know we worked very closely with the department of human services, with the -- valuation work group, that operates on the design. They provide continued over sight, through monthly meetings. With Will marie Gonzalez as the chair of the committee, as not surprised, we presented, provided regular updates to this committee, we have incorporated your feedback and, one of the things to point out which I put at the top level, which was, one of the major accomplishments over 2016, was the completion of the evaluation plan which was then, published, open for public comment, and received over 200 comments, and then, we revised, republished the plan on OLTL web site.

Just, so people are aware we treat that as a living document, there are -- there are when there are changes we will update that evaluation.

So -- everybody in this group, is familiar with the major goals of community HealthChoices.

And, I just put this up here to remind everyone our evaluation is designed to address the major program goals, CHC.

This -- this map, we keep this around.

Because -- we really need to think about the on a daily basis.

Start dates for each phase of community HealthChoices.

And, what I'll be referring to as I'm talking about phase one our initial data collection is this southwestern Pennsylvania region.

I sometimes will refer to that as the active program area.

And then the, green area, phase 2, will be for some parts of our work will be used as the comparison group and then, phase 3 and and -- um we also are, um, obviously going to be collecting data in the phase two, Philadelphia region as well I'll show you how that work is staged.

In a couple of slides.

So -- just to remind everybody, of the major sources of the information for he will have a weighings, it's not everything.

But this is a high level summary, and, what I'm going to do is, um, in the next few slides I'm going to to be going through each of these data sources.

In turn, so that, you'll understand what we're doing in each of those boxes and what we're learning in each of those boxes.

So, without reading through it, I'll move to the first one which is the, key informant interviews the key informant interviews are, qualitative open-ended structured conversations.

With representatives, from a range of different individuals and organizations that are stakeholders in the CHC program.

We people are probably familiar with the slides I've presented it before.

Our goal is to be broad and purposeful, in terms who we speak to under this arm of the study it's not designed it's not designed

to be, exhaustive it's designed to, get multiple per correctives in a rich qualitative way.
We have other approaches that are broader and comprehensive from a statewide point of view.
So what we have been doing is, conducting these interviews, essentially on a rolling basis.
We started some as I'll talk about on the next slide in summer of 2016.
And, we are continuing them on an ongoing basis primarily in the program, active program areas of phase one areas but we're also conducting some in the, phased 2 and phased 3 areas as well.
So update on this area, of the evaluation, we've completed interviews with 84, organizations and 16 individuals you asked me to figure out that number which we got, and some of the organizations we interviewed, just key individuals, CEO or head of the program.
And then, some we had 2 or 3 or 4 people in the meeting at the same time.
Types of organizations, represented were AAAs, CILs, home care agencies nursing homes and adult day care.
Some of the things that we learned that, probably not too surprising to people in this room, that the AAAs have been in discussion with the MCOs on a couple of different dimensions and aspects of the implementation of the CHC.
Issues include, service coordination, um, what the AAAs role will potentially be with regard to service coordination. And, also, how the new level of care determination is going to operate.
Another idea we had in talking to the different direct care providers was that, some providers, seem to be more aware what is going on and some providers seem to be less aware what is going on.
And, from a very, very preliminary point of view, it occurred to us, that providers, that have been that are involved with various trade groups or societies were much more aware what was happening with CHC.
Whereas those that were not very connected or involved in any of the various public process, that are going on, and discussions -- and, into a presentation that Jen has given can have very limited information about CHC and it was offered because I was interviewing them and they were asking me what can I tell them about CHC? And which is not very much, I can't tell them anymore than, what is on the web site.
So -- um, but in some cases that seems to be, news.
The other -- the other kind of preliminary finding was that providers had very limited contact with the MCOs which is not completely surprising all though a few had been approached by some MCOs to join their network in a preliminary sense.
One of the things that -- so coming up we are, we have introduced schedules with AAAs and CILs in rural communities we obviously want diversity in terms of the informants we talk to.

We put a pause, a strategic pause on interviews with, direct care providers -- until, things get -- little bit more active. Because we're, we're finding as I just mentioned, we're finding that there's not a lot of action so we're going to hold off spending more time interviewing people until we know there's something that there's something, to actually, talk to them about.

Because as of right now it's kind of business as usual and they're vaguely aware of the things are changing. And our purpose in this task in this sub task is to understand what are those early implementation steps if there are no early implementation steps going on, there's nothing to ask them about, so we put that on a strategic pause but we'll be continuing to -- to interview, what I call lead agencies, AAAs and CILs and, statewide trade groups.

So the next task is related to the perspective interviews with participants and caregiver and family caregivers unpaid caregivers.

So, this is a part of the evaluation, where we will be enrolling individuals and interviewing them multiple times over the first 3 years of their experience with community HealthChoices.

And in order to design our interview, what we have done is conducted some focus groups with participants and caregivers, and we did this because we want to make sure that we are asking the right questions, when we go out, to evaluate the community HealthChoices.

So the purpose of what we called instrument design focus gups is to help us improve our research design by having some direct contact with the people who will be affected by the program.

Without getting into all of the nitty gritty of it, we conducted, I'll turn to the next slide, review it there.

We conducted 11 sessions, with about 100 people.

We conducted focus groups in urban and, what I call rural/adjacent communities in western Pennsylvania and Eastern Pennsylvania.

And we have additional groups planned in the rural northeastern corner of the State.

Some common themes we have identified, these have to do with communication that is language and literacy barriers where program participants, they have barriers and terms of understanding their benefits or communicating with workers or communicating with service coordinators.

We found that there's varied limited awareness of community HealthChoices.

Amongst general -- the target population.

This is not entirely surprising because, there's not much out in the public domain besides what's been in the newspapers and, the information is, fairly limited.

We -- I kind of skipped this detail but we spoke to many different types of consumers we spoke to people age 21-59 who are waiver service

users.
We spoke to people who are 60 and older who are waiver users and we talked duals, who are not LTSS users but are duly eligible we also spoke to caregivers and so some of the findings about medical care, come up more so, from the duals group than from the LTSS groups.
So, the access to medical care, this was one of the things that I wanted to highlight, and people told us is that just, having physical access to physicians offices can be a challenge.
Offices are supposed to be compliant to the ADA -- I know each preaching to the chair here but it's important to get these things reflected back up from the data.
And then, the last thing I wanted to highlight was, transportation.
Probably comes as to no surprise to people on the committee, that transportation is a tremendous challenge for people with disabilities and elderly, in terms of the quality, coverage of nonmedical versus medical transportation.
We found this -- this came up, constantly.
Okay.
So another issue had to do with service coordination.
This is an interesting and complex area where we had some paid caregivers these are actually paid attendants.
Who are telling us that, they're not, party to the service plan they may have suggestions or information that might be helpful for the service coordinator.
So, there's a -- there's sort of a communication gap in some of those circumstances.
The next issue, regarding caregivers, both paid and unpaid.
There's major issue with access to training and also some categories of service that people are not aware of.
Such as, RESPITE care which is under utilized I think we know that both in Pennsylvania and nationally.
And then, some differences in terms of, safety and training of in-home workers, where, there are some real significant differences between the attitudes of younger disabled people and older disabilitied people.
In terms of -- background checks and criminal background checks and training and this was -- this was an interesting issue that we had identified again, probably not too different that's probably not too surprising but, important to bring forward into our research.
So, some of the action steps we took out of this, was as I mention a moment ago with the duals especially in the minority communities that antitruster -- to serve as an issue we plan to incorporate that into our research plan as well as distinguishing between care coordination for physical health, from service coordination for LTSS.
And one of the things we observed with the duals with a pretty

significant burden, there was not really, a current experience a lot of care coordination at least as we, at least in the one or two groups where we -- where we asked that question.
Which is an important area for opportunity under CHC.
So I just wanted to update that -- that task feedses into the design of the interviews with participants and caregivers.
And, just to remind people the purpose and method of this, this of activity there are the evaluation, is to measure the quality life and satisfaction of the consumers as they are transitioned from their current care arrangements under waiver programs to the community HealthChoices program and we're doing this as a comparison group, longitudinal comparison study the technical language we're saying we're going to have consumers we're going to interview people, in the phase one area, where they go to -- we'll have a comparison group of people from the phase 2 region who are not going onto CHC for another year that we have the opportunity to see what is that change over time in phase one area, and how is that compared to people who are not being transitioned onto CHC.
And we're collecting this data among all of the major program groups. The younger community LTSS, older community LTSS, duals, caregivers, and also, nursing homel home residents.
This is a complicated chart that kind of explains what I just said if you can see what I called a treatment group.
It's in phase one, our plan is to start baseline interviews that's what the B stands for.
In April, of this year and that should finish up the plan is to finish up those interviews at the end of the third quarter before a notice goes out for the CHC transition.
And we'll have a comparison group in that phase 3, communities from the phase 3 region same plan for interviews. And then what the green bar shows you is, we'll be following up with them, soon after they are transitioned on CHC, and then every six months after that for 3 years.
Because we expect -- because the experience of people, and the changes that may come under CHC may take time to manifest.
One important thing to note about this is that, because of phase 3 regions, has become part of the program, once they become part of the program, down here, on this bottom row, they can't be used for a comparison group.
So, what happens is, as each region of the State comes into the program, we're going to pick up a new sample and follow them forward.
Okay?
All right.
So, where we are now? Is we are working on the interview tool and we are testing the interview tool, we're planning to begin those interviews April of 2017, next month we're real busy.

The third major component to the evaluation is administrative data analysis this is where the me and my team will have access to data, well we have currently have access to historical data on the CHC population or the people who would be eligible for a CHC. And that includes, Medicaid claims, Medicare claims, nursing home data, HCBS service plan data, and then, going forward we'll have the similar, similar sources of data from the managed care organizations.
Then, this is a fairly complicated chart but what I want to just point out is if you can see the colors.
We have this yellow area here I'm highlighting.
This is what we are doing to analyze the preCHC baseline.
And we are currently working on preCHC baseline data using 2013, 2014 and 2015 data, we'll be completing a report on that analysis at the end of this calendar year, as additional data becomes available for 2016 and 2017 we'll be able to expand what we call that phase line analysis that gives us information about the trends in the population, before CHC comes into play and then what you see on the green and then, I don't know what color this is, and the blue. We'll call it mauve. That is where we'll be analyzing data, from the active programs and using that, to calculate are there changes, in the utilization of different services.
Like hospitalizations readmissions.
As CHC comes into play.
Update on this -- a lot of this has been very technical.
But one important thing to note, and we put a lot of value and a lot of effort into making sure that everything we do with data is secure and that the privacy and confidentiality of consumers is, very, very strictly maintained.
So the data that we get from the Commonwealth from Medicaid and from OLTL, that has all of the names and addresses stripped off of it.
And then, that data is kept in a secure system that has very limited and restricted access so that no one can get to that data, without going through -- you have to basically stand on your head.
Pretty secure.
We have through OLTL, obtained and merged data, from Medicare which is very important because most of the CHC population both Medicaid and Medicare eligible.
So part of their health care experience is paid for by Medicare.
So in order to understand what is happening in that population, you have to look at the data from both programs.
The other thing we've done is obtained data from the nursing home MDS and we have merged that, we're requesting the historical level of care data.
Some of that activity that we'll be looking at, will be calculating population level chronic disease measures, that means, like, the rates of heart disease, diabetes and other chronic conditions.

And then, some of the outcomes that we think are, important.
Primary care, preventive care.
Hospitalizations and readmission rates.
Home and community based service use, in the waiver program that is in the, the current waiver programs. And then, um, and then, looking at, nursing home stays we talked about, will there be changes in the kind of people who are, being admitted to nursing homes both at the admission point and also, at the discharge point.
Are people who come to nursing home for rehab, more likely to go back to the community and stay in the community?
And are people in the nursing home for a long time are they able to transition to being in the community under community HealthChoices?
And some of the things we're also looking at are, changes in the network of HCBS providers.
So we defined that, by thinking about market share and, supply of home and community based services providers.
One of the things that happened is, consolidation in the provider market, at managed care companies, start to develop their networks.
Just to summarize and wrap up and give time for questions.
Major milestones are completion of the evaluation plan for 2016, conducted preliminary focus groups very informative, conducted interviews that revealed some important variability in the provider community.
Our next step will be starting our baseline interviews with participants and caregivers.
That, covers quality of life, satisfaction with the current program, and unmet need health status many other factors.
We'll also be conducting a survey of LTSS providers I think that I briefed this group about this, previously.
That is, planned to be conducted statewide, starting in late summer.
Baseline population statistics using administrative data, we're working on that and coordinating closely with OLTL to make sure that everybody understands our methods and measures that we're using.
We'll be working on some deliverables from that, from that analysis.
One of the things that I did not mention but that we will be doing, in the phase one region, early in the winter of 2018, so that's, pretty soon after the program starts, our plan is to conduct a hand full of rapid turn around focus groups.
So that is getting some consumers, together to talk about what happened in that very early transition? And the goal here is to be able to, to conduct those focus groups with a quick turn around, to get the information back to OLTL, find out what is going on, and are there are course corrections that are necessary.
We'll also be conducting interviews with nursing home residents.
And I'm going to put up my contact information and open it up for questions.
>> **PAM MAMARELLA:** So do we have any questions from the committee?

>> **FRED HESS:** No.
Pam people anything on the phone Pat?
>> **SPEAKER:** No.
Just a question about PowerPoints will they be available?
>> **PAM MAMARELLA:** So -- question about whether or not this PowerPoint will be available and, all PowerPoints that are exhibited at this committee, are always available through the Listserv that you have on your agenda sheets every week.
We still have that, we do.
Okay.
Okay.
So -- then, if no questions, we want to thank you very much Howard for that presentation and open it up to the public.
Someone is coming up.
No one is asleep.
>> **SPEAKER:** It's exciting as consolidations.
[laughter]
>> **PAM MAMARELLA:** Almost as exciting as consolidation.
Thank you.
>> **SPEAKER:** Hello.
My name is Kerri H echt ndrix from the office of income maintenance as a -- as a former business and lift,
I'm hoping in the rapid turn around focus groups in winter of 2018, perhaps that's the opportunity to study or, do a longevity study for individuals that start on out in the CHC plan in the community transition to YHC plan and waiver in the community and then possibly, CHC plan with a facility code and admission date and incorporate a study for the CHC plan with the waiver going back to the community.
Because I -- I feel that, data, will be beneficial, for our nursing home transitionals.
So -- we have.
>> **JEN BURNETT:** I don't know if you were able to hear that question Howard I think we have a volunteer internal DHC volunteer to be on our evaluation committee, because I think that's a great she had a recommendation on -- I didn't quite follow it changing facility codes what happens to people over time I think that will be great so -- if you want to talk to Will Marie Gonzelz you can get added to the committee we have different internal people from DHS and we have a member on this committee evaluation committee, evaluation committee is a robust group that's been really working very closely with Howard on the design ever this evaluation you're welcome to participate with us or give your suggestion and Wilma will relate to Howard.
>> **SPEAKER:** Okay thank you.
>> **FRED HESS:** Any other questions from the audience.
>> **HOWARD DEGENHOLTZ:** I was asking you if there was anything that

you would like me to highlight in anymore detail?
>> **JEN BURNETT:** We don't have any suggestions here does anyone want further detail? Or have any other questions for him, we have one question, from a committee member.
>> **SPEAKER:** This is Blair Boroch you mentioned the areas of physical access to offices of medical care provide ares do you know if that was limit today minimum ADA accessibility or specific concerns about physician you know, you know from an equipment standpoint or a training standpoint being able to serve me members with disabilities.
Do you have anymore detail in the type of concerns?
>> **HOWARD DEGENHOLTZ:** Yeah so, what we found to go into a little more detail you have to Bare in mind, this is you know, Annecdotal evidence from the focus group it's a consistent theme, but, you can't generalize this to all doctor's offices so with that caveat in mind, what people related their personal experience is that ADA accessibility, means, for the for most, like primary care setting, means you can get into the building you can get into the office.
It doesn't necessarily, mean, that you can once you're into the office or a waiting room, there might be -- a furniture and chairs and stuff, that really make it difficult to maneuver around. And you can get back to the exam room but there isn't always, the lift, to -- help someone get out of a wheelchair into on an examination onto an examination table or a wheelchair compatible scale.
Exam areas might be smaller than really practical or, to make it accessible for people in keel chairs and, anecdotally one of the consequences that I noted was that people when they have the choice, will go to a hospital based clinic, hospital based doctor's office, as opposed to a community based doctor's office, because a hospital based, doctor's office is in a hospital will be built to higher standard of accessibility. And availability.
So that's all well and good.
But it works really for people in urban areas with access to transportation.
And and it also in my opinion I think, it is, probably more costly way of delivering, primary care.
So the question, for us, in terms of forming our research is, the extent to which that type of accessibility that higher level of accessiblity shall we say is, taken as a goal for the MCOs, under community HealthChoices.
I'm not saying that it isn't a goal.
Now or is not on paper but the question is, is there any change?
Do we see a change? How is that that coming about, answer your yes.
>> **SPEAKER:** Yes, it does, it's helpful to the extent whether it's a requirement or a suggestion for the MCOs as a starting point you need to track it you know to though which much your doctors have limitations and

which ones don't, that doesn't solve the problem within a rural community there's not a doctor who can meet all the needs of the community but it's a good starting point to identify where the gaps are and, to extent that, it may not be part of standard medical provider credentialing and depth data, that MCOs collect I think it's the place that, that -- we want to head to.
>> **HOWARD DEGENHOLTZ:** E Exa ctly so one of the reasons why we these focus groups the way we do them is so that, when my team now goes do talk to the MCOs and providers that is one of the things that will we'll ask about.
We'll ask how are they, you know, how are they achieving this? How do they interpret it?
AD requiA requirements and accessibility, we'll be reporting those findings back to OLTL.
>> **SPEAKER:** Sounds good thank you.
>> **JEN BURNETT:** Okay.
Thank you Howard.
We have a couple of public questions if there are no more questions for Howard -- I'm sorry, Brenda, there may be one more question from Brenda dare.
>> **BRENDA DARE:** Yes thank you.
I just wanted to follow-up on the last question by saying, that there were just recently within the last two months, um, new guidance issues for diagnosing equipment and diagnostic spaces under the ADA it's not going to be, just a choice or just a guideline the doctor's offices have to follow and it's not going to be on the bee holden on the MCOs to find these accessible places hopefully they will be more creative as a matter of course but there's also a full team of advocates to get that information out to medical facilities to do what we can to increase the accessibility to the medical spaces.
If anyone would like a link to those new standards I would be glad to provide to Jen,.
>> **JEN BURNETT:** You can do that Brenda we'll send it out.
Okay thanks.
>> **FRED HESS:** We have a couple other questions Omar -- wants to know the time line for negotiating the contracts with the MCOs.
>> **JEN BURNETT:** It goes with the second question, which is, Barbara caring hearts is there still an appeal going on with the managed care applicants if so, how does this he incompetent it the process?
There is still an appeal, pending in Commonwealth Court with 3 of the disappointed offerers.
However, there is no stay we can actually move forward in our work?
Negotiating and working with managed care organizations e we have a green light but it's a very slow green light it's more like a yellow light to work with the managed care organizations, we have established, a place for them to submit questions to us, and we are in touch with the

lead person on each of the managed care organizations each of the selected offerers.
So we are slowly moving into I'm hoping after our, I'm hoping that after our budget hearings next week may be given more of a green light to work with managed care organizations we have a lot of work to do.
And in terms of, time line for negotiating contracts with the MCOs that is our time line we're, we have -- we have not started negotiating yet with them.
On the agreements we have not started negotiating on the rates but we're hoping to do so in the very near tutor if we do have the green light some time in the very near future we likely will invite the managed care organizations to come to the committee next month.
>> **FRED HESS:** Okay.
Good.
Are there any other questions from anyone out in the audience?
Any members?
No.
Anyone on the phone?
>> **SPEAKER:** Want to know if Maximus will maintain the role of enrollment broker will there be new or multiple providers for that role.
>> **JEN BURNETT:** The question is will Maximus retain the role of enrollment broker or there will be an opportunity for other enrollment brokers to become enrollment brokers the answer to that question is, um, we do -- we must under managed care have an independent enrollment broker.
What that means they're not associated with either providers they're not associated with other work we do.
do in the system and we are going to be issuing hopefully next month, it is through a -- gotten through -- going through a process with executive review right now.
But hopefully next month, we'll be issuing -- later this month I think that's our goal.
To issue a new request for proposal, on the independent enrollment broker so that is, um, moving forward at that point, um, any, any offerer that wants to come forward and submit a bid is going to be able to do so.
>> **FRED HESS:** We have one more.
>> **SPEAKER:** That's it.
>> **FRED HESS:** Next meeting is April 5th right here.
Meeting is adjourned]
Meeting adjourned at 12:57]