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DATE: March 19, 2018

EVENT: Managed Long-Term Services and Supports Meeting

>> **FRED HESS:** We're going get started in a few minutes.

It's already 5 after, so let's get started, everybody have a seat, please.

Good morning everybody I would like to start with the talking points.

Committee rules please keep your language professional.

Direct comments to the chairman which today will -- I guess will be me or Kevin.

There's another meeting in the honors suite right after our meeting make sure you exit the room at the end of the meeting.

And by the way, just let everybody know, we have had issues with the people sitting in front of the doorsant question not do that.

Okay.

Those are fire escapes.

So make sure there's a pathway through there.

Meeting minutes transcripts of the meeting documents are posted on the Listserv.

At HTTP Listserv.dpw.state.pa.us, MLTSS

meeting minutes they are normally posted within a few days of the meeting the captionist is documenting the discussion please speak clearly and slowly turn off your cell phones or at least mute them.

Clean up after yourself we're not slobs.

Public comments will be taken during presentations instead of just being heard at the end of the meeting however there will be an additional 15 minute period, at the end of the meeting for any additional public comments.

MLTSS sub-MAAC meeting dates are available on the Department of Human Services web site.

And the emergency evacuation procedures are as follows -- in event of an emergency evacuation we'll proceed to the assembly area to 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 doors of the honors Suite, MLTSS will be in the safe area and stay with you until you're told to go back in or you're evacuated everyone must exit the building.

Take your belongings with you do not operate your cell phones do not use the elevators they will be looked down.

We use stairwell one and two, to exit the building for 1, exit through the main doors on the left side near elevator, turn right and go down the hallway by the water fountain it is on the left.

Stairwell two, exit the suite through the side doors on the right

side of the room or the back doors for those exiting from the side doors, turn left and 2 is directly in front of you.

For those exiting from the back door exits turn left, and then left again and stare it is directly ahead.

Keep to the inside of the stairwell, merge to the outside, turn left and welcome down Dewberry to Chestnut Street, turn left on Fourth Street and turn left on Blackberry across Fourth Street, to the train station.

Let's do the introductions I'll start on the other end, just for you.

>> **SPEAKER:** Good morning, Linda Litton, participant.

>> **SPEAKER:** Good morning barb followser liberty community connections.

>> **MALE SPEAKER:** Jim Fetzner.

>> **FEMALE SPEAKER:** Good morning -- Carrie Bacl I'm sitting in for Tanya telling low, I wanted to point out I have her questions, because she asked me early this morning.

>> **FRED HESS:** She could not hear you because you're mic not on.

[Laughter]

>> **FEMALE SPEAKER:** I have to do that all over again.

Carrie Bach I'm here for Tanya Teglo I want to put on record I have her questions printed out she asked me early this morning she can read the transcript and know.

>> **MALE SPEAKER:** Blair Boroch united health care.

>> **KEVIN HANCOCK:** Kevin Hancock, acting deputy.

>> **FRED HESS:** Fred Hess advocate.

>> **MALE SPEAKER:** Steve use excel, Philadelphia corporation for aging.

>> **MALE SPEAKER:** Drew Nagel, brain injury association.

>> **PAM AUER:** Pam Auer, in for Theo Brady, central Pennsylvania.

>> **MALE SPEAKER:** Jesse Wilderman, made Ray Prushnok, UPMC.

>> **FRED HESS:** Okay.

I'm going to turn over to Kevin.

I think we have a couple of people on the phone.

Coach question ralph, Denise and Brenda, can you introduce yourselves.

>> **FEMALE SPEAKER:** Denise Curry, representing Pennsylvania health care association.

>> **KEVIN HANCOCK:** Thank you Denise.

>> **FEMALE SPEAKER:** Brenda for independent living.

>> **KEVIN HANCOCK:** Brenda right?

>> **KEVIN HANCOCK:** Is ralpl is on the line?

As well?

Ralph Trainer?

Okay.

Ralph we're pretty sure he is on the line.

Okay.

Thanks.

>> **KEVIN HANCOCK:** Okay.

>> **FRED HESS:** I'm going to ahead and turn it over to Kevin for OLTL updates.

>> **FEMALE SPEAKER:** Luba Somi ts, with bayata home health care thank you.

>> **FRED HESS:** Now we can go to Kevin.

>> **KEVIN HANCOCK:** Good morning everyone.

So, today, March 19th follows two weather cancellations for the MLTSS sub MACC in the beginning of February and March we appreciate the flexibility of the people in the room especially the committee members for us allowing us to reschedule the March 2018 session obviously we had tory schedule it, because of the, circumstances that were outside of our control we didn't want to go two months without ago an MLTSS sub-MAAC, in view of the fact we were actually in launch of community health choice ins the southwest.

So the topic that has been on the agenda was pushed off for too long , there's been a lot of work-related to transportation, but there's a lot of outstanding questions related to the transportation we really wanted to have the opportunity to be able to talk about it, so we appreciate everybody's flexibility, and, we're looking forward to a good

conversation today about this topic as well as anything else related to the community HealthChoices launch.

So I'm going to jump into the OLTL updates about the launch itself, as we discussed welcome questions as we go through the individual parts of the update itself.

So and we're going to be kind enough to walk us through the presentation.

Because it's in my back I have no idea which slide I'm supposed to be on I'll start with, CHC launch updates.

Move to this slide that talks about what we continue to focus on during the launch period.

We have talked about the this many times.

Our focus for launch for community HealthChoices this will be truth for all 3 phases is to assure there's no risk of interruption of participant services and assuring no risk of interruption of provider payments I'm going to and we have actually already done this, at this point we're often the calling the launch a success I know we have problems I know we're going to hear about problems today.

But the way we define launch a success at this point, is by the fact that the volume of, participant interruption of services has been low.

It's been low to the point where it's actually below what we would have expected to see with the fee for service waivers and when we talk about participant interruption of services, it can relate to the

specific services such as transportation which we'll be talking about today.

But it is most likely related to most threateningly related to missed shifts for direct care workers for people in the participant directed service system.

For home and community based services.

We have had reported interruptions missed shifts the CHC MCOs have worked with the service coordinators to and with the participants and their caregiver those make sure the back up plans have been executed so that the risk to these types of situations have been minimized and that from what we are seeing, so far and addressing these systems of interrupted services, those risks are being addressed so that is our number one concern during launch.

The next part of this, moving into the next phase is to make sure that -- the services are actually working for the participant in the way that their service plan is defined as appropriate for the participant.

So that will be a next measurement, launch is really focused on making sure there were no service interruptions based upon the change.

The other part is assuring no interruption of provider payment we have had a lot more problems in this area and somebody made this discussion I'm going give Lester credit it was suggested to explain a little bit about provider interruption I'll go into a lot of detail a little bit later on.

But we've had a lot of data related issues that have been issues associated with providers getting paid.

Especially on the home and community based side.

Those data related issues are largely related to information that was coming from our -- of you are Legacy case management system most specifically with the SAMS case management system.

I'm just going to get into the leads here a little bit.

What we're expecting to be able to deliver to the managed care organizations and what was delivered ended up not necessarily matching an appropriate file layout that could be easily consumed by this system all 3 of the MCOs are using to develop their prior authorizations.

So what that created was the situation where there were, gaps and prior authorizations had to be rebuilt either through a lot of different data pools from the same systems or the 3 CHC MCOs building the records themselves this was a definite lesson learned for the southeast it is caused by the fact that our legacy systems both HIXUS and SAMS, more SAMS allow for data entry to be not necessarily in a mandatory format. And that lack of consistency, doesn't make necessarily make for a standard record that can be used to pay against.

Claim ins our systems whether it's the fee for service system, and clearly managed care need to have something to pay against an authorization to pay against the to demonstrate the service is legitimate that is a requirements, for a fee for service

program really a requirement for Medicaid and the MCOs are carrying forward with that requirement and we found that some of the data challenges we had, early on in the launch especially with home and community based services in most specifically out of SAMSs have created gaps.

All that being said, the MCOs have worked aggressively to try to address them, they were also working with providers and the providers were willing to work with the MCOs, the MCOs have really done a great job in making slur that the providers were getting what they need.

Most specifically, getting provider payments.

If there are any, any outstanding issues on the part of providers when it comes to payments, they have to let either the department know or let the MCOs know directly.

If you feel like you're not getting responses from the MCOs let the department know we've been able to address them very quickly.

I still am getting cases where providers have waited two months for payments, don't do that.

Do not do that providers please do not do that.

Come to the department, and, if -- find out what is going wrong, even on individual cases please let us know because we can't fix them and unless we don't know about them, we are more than willing to work with the MCOs, and with the providers and with the participants to be able to have these record issues addressed to make sure that everybody

is, is getting what they need, in services and in payments.

I don't know how much more I can stress that point.

We have been able to fix literally hundreds of cases and some cases thousands of cases when we knew about them if there are any outstanding.

So, data anomalies have been issue with provider payment we can address them when we know about them.

Another area we had particular challenges I want to lie light relate toss eligibility, that is a little different.

Also part of the lesson learned but if, bless you, individuals were in a certain status, as they were going through the eligibility process, it is quite possible that they might not have necessarily been picked up as part of any these of of these eligiblity transfer that's occurred during the launch of the southwest.

We, were able to pretty quickly identify, who these cases were and work through them to have them addressed most of them were addressed by the end of January we're still finding problems.

Another area where we can find problems is when an individual is transferring from one MCOs to another, they continue to have problems in that area.

And that is, something that we have to work with the MCOs to be able to address the MCOs themselves have to provide a lot of the information that transfers between them.

We're still working through the process there and that has been a

little problematic but the MCOs are beginning to work through it, much more quickly than initially.

Than before, we had a lot of cases just to be clear we had a lot of changes with participants moving from one plan to another that is very common when you have an initial launch that had a lot of auto assignments.

But, it is still an issue where we want to make sure that, that it is addressed as quickly as possible.

So those are the areas where we've had particular issues with regard to provider payments. And those are the area that's we continue to work through, we have a ton of lessons learned from the experience but, I'm going stress this, a third time, if you know of cases where people are, providers specifically are not getting paid or there's any risk of participant interruption of services please let the MCOs know and the department know we'll get them fixed.

Any questions about that?

>> **FRED HESS:** About the financial -- no.

But I'm sure you're going to cover this.

But attendants are having a really really hard time signing in and signing out via their telephones and computers and such.

Okay.

They're having massive, massive problems getting it in.

Like my attendant yesterday, and today said no you're not scheduled to work.

So you're not getting in.

Things like this, when they, whether she is.

So we're having massive issues with that right now.

>> **KEVIN HANCOCK:** Okay.

So, Fred is talking about, electronic version attendance, now and pretty much going forward with the community HealthChoices as well as all of our programs we'll have a requirements to be able to use having visit verification to validate the hours that they're using on their time sheets are appropriate for participant services meaning they were approved and, part of the hours for the participant service plan.

I will take that back.

>> **FRED HESS:** Okay.

>> **KEVIN HANCOCK:** That's an example something we need to know that's the first time I heard of characterized specifically that way you would know much better than I would, so that's we'll look into it.

>> **FRED HESS:** That's the billingest problem people being able to sign in and out and they're doubling back with the regular time sheets also you know, which is, catching a lot of it.

But it is not going to catch it all and I know, that some of the attendants are not getting the hours they actually worked because of the sign in and sign out.

>> **KEVIN HANCOCK:** Okay.

Not perfect, it's not happening but perfect to know about it.

Thanks.

>> **PAM AUER:** You may be getting around it later my first question is, whether we do report an issue that we're having an an individual case or whatever.

How long should we wait to after we report it, and to -- follow-up and say what's the resolution?

>> **KEVIN HANCOCK:** Depends who you send it to.

[laughter]

Just kidding.

>> **PAM AUER:** You.

>> **KEVIN HANCOCK:** Pam sends a lot of cases for me, you shouldn't have to wait any longer you're saying sending to me --

>> **PAM AUER:** It's just one particular but leads tolt question about AHT maybe you NHT.

>> **KEVIN HANCOCK:** That's more complex we'll respond we're working within it, those cases within the NHT, really depends on the case don't expect the answer in 24 hours.

>> **PAM AUER:** No.

I would -- we have not expected that.

You know.

Wanted to know how to move forward.

>> **KEVIN HANCOCK:** Two cases I have to say the two cases where I'm

finding to be very complex providing responses right away are home modifications and nursing home transition two areas, Shawna, sends a lot of cases but -- I think that we probably need to do often need to do a little bit more research there are much more case specific and much more related to the individual standards other cases like eligibility for example we should probably be able to find out what is happening with eligibility issue right away.

We should be able to explain the current status and if there's anything that is being worked on we should be able to provide a same day response to that, it really depends on that case, and circumstance.

I will say that, once again that NHT and, home modifications tend to take a little bit more time.

>> **PAM AUER:** The other part I was wondering about if it's in your update where we're at with NHT and, if we're going to find out where maybe it's later, how the providers are handling NHT the MCOs I mean are going to handle NHT, what are the numbers are people being referred post January first?

What is happening with people prejanuary 1st?

>> **KEVIN HANCOCK:** Ginny Roge rs is the lead we're working on, much more specific written guidance that is going to be provided not only to the NHT providers but with the MCOs how it's supposed to be work their having cases referred post January 1st.

>> **AUDIENCE MEMBER:** Yes absolutely.

>> **KEVIN HANCOCK:** But, obviously this has been part of the confusion as well it really, managed care did represent I would, correct me if I'm wrong Ginny I think that, managed care even for us represent a broader change than we would have anticipated that's the reason why we want to be able to rush that, the additional guidance we're working with our valued stakeholders helping us to be able to develop that guidance and what it's going to look like.

That includes Pam.

Okay.

Great.

So I'll jump into the rest of the update.

The first slide we'll give you quick update this is January data didn't want to provide more up to date data until the independent of the first quarter because it tends to be a little bit better sorted out in the April MLTSS sub MAC we'll have a much more comprehensive look how the data finally sort of shock out for the launch as well as some of the plan changes the first slide shows, the distribution how many people in the back can see what is on the slide right now.

I can pairly see it.

>> **FEMALE SPEAKER:** Can't see from the front.

>> **KEVIN HANCOCK:** You'll be able to -- we'll publish it we'll make sure you have the data available I'm go through some of the numbers.

The population distribution is, 73 percent of the community duals

which means the vast majority of individuals in the program.

Are duly eligible for Medicare Medicaid not in need of long-term services and supports 10 percent are duals, who in the community, needing long-term services and supports, 3 percent are non-duals in the community.

13 percent are individuals in a nursing facility.

Who are duly eligible for Medicare and Medicaid, 1 percent are non-dual ins receiving services in the nursing home facilities in you go to the next slide this shows the break down, Steve this is actually in response to one of your questions of the population who are over 60 versus under 60, we, we have seen, we have seen in the southwest that our population does skew over 60, but we have a pretty significant portion of our population who are under 60, so just to be very clear, 57.9 of the program are, 60 and over which is not a surprise, 42.1 percent is a very significant portion of the program.

And that means that it is, there's a good distribution of 21 and over in this program.

We're happy to see that actually because it makes for a more robust and diverse program for us.

And, it also provides more challenge and flexibility in the way that the service system is being designed.

If you look at how the data is broken down, obviously the individuals in the nursing facility duly eligible skewed much more heavily towards

the over 60 and then, for home and community based non-dual that's skews much more heavily for under 60, so that's sort of the highlight none of this is a surprise but just to be clear, even though we skew ever 60 we have a pretty good distribution of the population.

Okay.

Moving on the next shows the distribution of population with the 3 MCOs.

AmeriHealth Caritas has 20 percent in the southwest.

Pennsylvania Health & Wellness has 28 percent and then UPMC community HealthChoices has 52 percent not a surprise, UPMC has a very established brand in the southwest.

They were also the plan that had the largest plan selection.

So next, slide shows the distribution in January for how people selected their plan or, how they were auto assigned.

48 percent of the total population were auto assigned that includes new and are enrollees after January 2018 for those individuals who actually made a plan selection, 19 percent did it by form meaning they did a paper form for their plan selection.

20 did by phone they called the MAXIMUS call center and 2 percent used the web.

>> **FEMALE SPEAKER:** Whoah.

Has been-there's a reason, the web enrollment did not become available until mid November, during, so that it was really late.

It hasn't had a chance that much to ramp up but we're hoping that to

see this number drastically increase.

Because in my opinion it's a lot more convenient all you have to to go on the web and make your selection makes it a lot easier for people.

But we'll look for opportunities to be able to continue to encourage people to use web enrollments these DSNP alignment I talked about that, that is for individuals who are duly enrolled, with Medicare dual special needs plan and, being enrolled in community HealthChoices, if they were in a dual special needs plan that was aligned to a CHC plan they were auto enrolled into that CHC plan and that entire 11 percent in the southwest especially since the other two dual special needs plans are relatively new to the southwest that entire 11 percent no surprise there I'm sure.

Moving to the next slide.

This shows new enrollments for participants we included this, it takes us all all the way into March, this shows you the distribution of new enrollments we have 3 categories captured on the slide, how many people in the back once again can see this slide I can't see it in front of me I apologize for the smallness of the slide we'll make sure we're publishing it you'll have the numbers directly available to you, but across the board the community duals are the NFI duals are the largest portion of individuals who are enrolling into the program.

Next up, it's fairly even distributed about are between nursing facilities and home and community based enrollment as well.

So just in general community duals, still represent the largest new population for CHC.

All that being said you'll also know there are certain spikes in when that enrollment is occurring when you look at the individual plans spike really relate to the when we know when individuals are actually enrolling in the Medicare program so yeah.

>> **PAM AUER:** I don't understand the NFI.

Um, are they just people who are applying getting Medicaid or health care what is the --

>> **KEVIN HANCOCK:** Could happen, we could find out about them being en reeled in Medicare in really two main ways there are a couple different ways if they're enrolled in the Medicaid program for health care, they become eligible for Medicare, through disability or whatever, whatever reason, then they're known to us as enrollment if they're on Medicare already and, for whatever reason they qualify, financially for Medicaid, long-term care they go through that eligibility process, that's how they become known to us as well.

So -- that's more likely the case that, they're already enrolled in Medicaid they become known but it's actually we have a lot of people in Medicare who apply for Medicaid as well.

If T* just makes sure they have access to wrap around benefits across the board.

>> **PAM AUER:** Okay.

>> **KEVIN HANCOCK:** I'm learning a lot about this too, actually.

Marca is here from the office of income maintenance I've learned about long-term care Medicaid eligibility in the program over the last year I have to say -- pretty soon I'll be able to take a spot in the county safety answer office.

[laughter]

>> **PAM AUER:** Should we worry about I hear about NFI I think people trying to get services that they may need, but, they don't qualify because they're not nursing facility eligible what is happening to them, are they getting other services that's what I think of NFI.

>> **KEVIN HANCOCK:** I would not say that's not true necessarily some cases individual cases it could be true, but it is more likely the case that, that for whatever they had an in-patient hospital stay, or, there's some other reason that brought them to go through Medicaid eligibility or Medicare eligibility, they're finding themselves enrolled in the program.

So it is, very possible that they could, they may not be financially eligible.

For long-term care because of assets but, we, know for sure that most of these people are, people who are, have not yet applied for long-term care for whatever reason.

The reason why we want to pay very close attention to this population is that these people could be aging into long-term care, some

sort of need for long-term care and we want to be able to present the opportunity, for them to be able to, have those services in the community.

So -- great question.

Okay the next slide shows how the plan transfers are working.

We're highlighting this slide because it really does show spikes in the early weeks of community HealthChoices.

That more than anything reflects the fact that people who are auto assigned into the program, eventually, made the choice they wanted to change into a plan that was of their choice.

But the later months are, later weeks are really starting to show decrease in the number of plan transfers that are actually happening that shows a stabilization.

That's across the board. And the general trend, especially in the early weeks was moving from AmeriHealth Caritas and Pennsylvania health wellness to UPMC we're contributing this to UPMCs brand because all 3 of the MCOs are absolutely wonderful.

I guess I can say that.

So that is really is it is a reflection of, we do see this as a reflection of auto assignments, we also do review it as something that, will happen, we believe it will happen again in the southeast unless we are much more successful in reducing the number of auto assignment that is occur I'm saying it again we were really happy with the number of plan selections we had.

Because it did reflect a volume that was much higher than other states but we want to do better.

So the next slide, breaks down weekly plan transfers by reason.

These plan transfer reasons are captured by the independent enrollment broker sent to us and they're pretty old.

So this is also a lesson learned.

These plan transfers don't reflect our community HealthChoices population.

So we'll have opportunity to be able to change them from the southeast and, make them available for the rest of the State and have them be much more specific and much more informative as we go forward with the other two faces.

The most common railroad is prefers another MCAs benefit we don't know what that means, all 3 MCOs have special benefits on top of the standard benefit package that is available in community HealthChoices.

But, but we, know that this could also mean network but we gone know for sure.

So we're looking for opportunities to be able to make those questions much more specific.

>> **SPEAKER:** Kevin I've been going onto the site to look at, with what providers are contracted with each MCO. And it still doesn't list all of the providers who I believe are contracted.

So, I think that you know, the participant really needs accurate

information about that in order to choose a plan.

>> **KEVIN HANCOCK:** On the independent enrollment breaker web site.

>> **SPEAKER:** Where you go and plug in -- I think, well, it is yeah.

I think it is, it's where you plug in enroll now and then you can see for this MC, who are the providers in my area.

>> **KEVIN HANCOCK:** So that updated pretty much in a weekly basis.

The providers, files updatessed on a weekly basis.

And if there are any gaps let us know we can find that.

Literally.

Who should I let know I have let people know.

And, there's still gaps.

>> **SPEAKER:** Can you send up examples Jill and Randy, examples.

>> **SPEAKER:** Yes. Thanks.

>> **SPEAKER:** Thanks.

>> **KEVIN HANCOCK:** This will be different for the southeast for sure.

The next slide shows a break down of critical incidences we focused on 3 here.

We already talked about service interruptions you can see service interruptions are the most common critical incident that's been reported to us.

As well as even to the MCOs.

Abuse and neglect are two areas we'll always focus heavily on.

But service interruption we've had a couple of weeks of spikes with two of the 3 MCOs.

But, the volumes are not high.

I mean, even -- these are very comparable to what we, would have expected to see in the fee for service waivers.

Next slide shows weekly participant complaints and grievances we will be tracking this indefinitely.

And focusing heavily on what are causing complaints and grievances these volumes on this slide looks like UPMC has the most complaints but UPMC has the largest population you even proportionally, none of this is bad at this point.

We're not, we're certainly not, we're not saying that this is great news, if it was -- we had a lot of complaints that would be a real problem.

It is so early now.

That, we didn't expect we don't expect a lot of grievances at this point.

And we shouldn't be expecting a lot of complaints we're still working for working on the continuity of care period for nursing homes and for home and community based services but, but -- it is early.

So -- we'll pay very close attention to the same volume after the end of June.

>> **SPEAKER:** Kevin, when the process for complaints and grievances

was originally presented we made some suggestions that there be consideration for content experts to be part of that process. And I'm just wondering what has been done about that, are you actually hearing grievances right now.

>> **KEVIN HANCOCK:** Starting to get to where they're hearing grievances content experts it was -- it is possible it was Miss Communicated, content experts are part of the process.

Exactly the way that you're envisioning exactly.

>> **DREW NAGELE:** I need to understand that, it didn't come out.

>> **KEVIN HANCOCK:** I agree it did not, but even -- we've had subsequent meetingless included members from your organization.

Explaining outlining how the process is planning to be working and and the content experts in the way that you were anticipating them participating even actually having in the a authoratitive role in the process are absolutely what you can expect as part of how the whole process is going to work.

You still look skeptical.

>> **DREW NAGELE:** Seems to be news to the lawyer that presented this, that was part ever of the process.

>> **KEVIN HANCOCK:** There have been a couple of public presentations including the consumer sub-MAAC or the MAAC she was in the process to clarify it, it was presented clearly.

>> **DREW NAGELE:** Is there a way that, that the process could be --

is it on paper somewhere, that I coo look at it or, I don't -- I just want to understand how it is being done.

>> **KEVIN HANCOCK:** Don't mean to put words in your mouth you want assurance that's the interpret correctation for the way the process is working is shall is working correctly.

>> **DREW NAGELE:** Those words are fine.

[laughter]

>> **KEVIN HANCOCK:** We can concernly provide that, we will be providing complaint and we'll start getting monthly data, we'll be converting from the launch data we've been capturing to monthly reporting that the MCOs are going to be providing to us as well the data we're capturing, we'll present grievances we'll be able to provide that information to you.

>> **DREW NAGELE:** Thank.

>> **AUDIENCE MEMBER:** Hi, Morgan Hugo, will he be are liberty resources.

>> **KEVIN HANCOCK:** Thank you introducing your name and location.

>> **AUDIENCE MEMBER:** Can you give some examples if you have the data of some of the complaints and grievances trends there and, some examples of what the MCOs are doing to rectify it, without even going for through the full grievance procedures.

>> **KEVIN HANCOCK:** For the complaints process.

>> **AUDIENCE MEMBER:** Right.

>> **KEVIN HANCOCK:** We'll ask the MCOs to see if they're willing to answer that directly we can do a much more thorough job in answering that question in the future date we would like to be able to do that we know the complaints and grievances are going to be ongoing issue for the committee, what's your purpose do you want anecdotal information or rather have, which means that, it would basically be off the cuff sponsor would you prefer something a little more formal, which is what we would prefer.

>> **AUDIENCE MEMBER:** I want both.

[laughter]

I'll talk right now to notify what to be prepared for, to inform the consumers and participants and then, anecdotal because this just started out.

When you guys have proper data -- thanks.

>> **KEVIN HANCOCK:** You want both.

Okay.

Would the 3 MCOs are here be willing to come up to the table provide a quick anecdotal of the complaints and grievances how you're starting with starting are with ray.

>> **RAY PRUSHNOK:** I think the primary reason that we've seen so far has been due to things that are on the Medicaid fee schedule just general gaps of knowledge on the participants participate just as the system adjusts itself around the Medicaid, Medicare

interactions so sort of folks thinking that, CHC is now playing the role of Medicare.

That's largely been the source but again the numbers have been limited and, because we're in continuity of care period there have not been more things around, like home and community based services.

>> **SPEAKER:** I would say that's about the case with the Pennsylvania Health & Wellness.

We have been very open to addressing one-to-one types of issues that, individuals or providers have and keeping an open dialogue with the different associations in order to catch things before they can escalate and then, the board can resolve it on a case by case basis.

>> **KEVIN HANCOCK:** Okay.

Kathy.

>> **SPEAKER:** Okay.

So um, I have to tell you I think the most grievances and explains we have received was on transportation I'm glad we're having this meeting today I will tell you we walk through the process the team that receives any of the calls complaints, whether it's sitting with me, this in case I need something for education or training with my staff, which I have identified areas where we need to do more targeted training.

But, the process itself, related to home and community based services has not been lack of service, it has been you know maybe we need to explain it better maybe, understanding deeper understanding of

the benefits.

>> **KEVIN HANCOCK:** Thank you Kathy.

>> **SPEAKER:** Question in regard to your chart one of the MCO it is appears that, they have no complaints but they have grievances.

Is process to go through complaint and grievance if the complaint part is not said directly.

>> **KEVIN HANCOCK:** Yes.

>> **SPEAKER:** Why would the one MCOs have grievance these historically went to the grievance.

>> **KEVIN HANCOCK:** No I'm actually, going to clarify what I just stated you can go from a complaint to grievance you can do that, you can actually, submit a grievance separately from the complaint at least by the way I understand the process.

So it's my understanding that AmeriHealth Caritas can speak to the way they manage the complaints, but they, I think the way they approach the resolution of the complaints, and Randy I wasn't sure if there was you wanted to highlight about AmeriHealth Caritas or Kathy or anything you want to highlight before about process they work to a resolution of complaints before they go ahead and report them,

Kathy do you want to --

>> **SPEAKER:** Sure, sure.

So what what we identified is at the end of the each call and any time someone calls in we ask the question, were you satisfied or, you

know, does this meet your need? What can we do to address the issue?

And, then if there was, if it was unresolved, it was an issue but we also follow-up the next day, and for the you know to make sure everything was addressed, and, um, at that point you know if we have gone everything we could, it wasn't addressed -- there's resolution it wasn't addressed as a complete we go to the grievance.

Is that what you were looking for it's a two day process it's you know the first day we make sure we follow through the second day we follow call again to make sure there wasn't something that they thought of later that we could have addressedded.

>> **KEVIN HANCOCK:** Thank you.

>> **AUDIENCE MEMBER:** Zachary Lewis disabled in action.

I guess, on the lines of complaints and grievances, more so, as far as the MCOs are concerned, just as far as you guys were asking do we want anecdotal, data or just, monthly basis.

I have more of a specific question, because like I know people that are dealing with this right now it's a serious issue as far as care.

So when we're dealing with care providers the providers, um, they might not for whatever reason have coverage for night, you might have it 2-3 times throughout the week, trout the month, it could happen a number of times.

What is the, you know, you know I guess they're going to be in advocacy role for the consumer, what happens like, what do you

guys to do to make sure this doesn't continue happening with that person's care beastlier don't have the care you know, they could easily end up back in the nursing home that's what we're trying to avoid here.

>> **KEVIN HANCOCK:** Agree with that completely that's my view one of the biggest most important responsibilities of the whole system.

So we do have our speak for the department, and then, I'll turn it back over to the MCOs if you want to describe, highlight your process as well.

The MCOs have a too make sure working with our service coordinators make sure the participants have a become up plan for any type of a situation where, they may be at risk of not having coverage for the services they need as part of their care plan.

The back up plan always has to be executed and always has to be, managed by the service coordinator that is actually not, any different from what we have, in the fee for service system right now we built that requirement based upon the requirement for the fee for service system as well.

We've had reported situations since the beginning of community HealthChoices where that back up plan had to be executed.

The MCOs have the requirement to be able to make sure that back up plan is realistic it's in place. And it is actionable. And what we expect them to do is not only manage to the back up plan in these situations that will occur, whether we want them to occur or not they

will occur.

But also that's, that -- they know what the back up plan is.

They're if they're using an external service coordinator making sure that the service coordinator is doing their job and working with the participant to make sure the services are being executed.

The 3 MCOs wanted to chime in on this one as well.

>> **SPEAKER:** I got it.

Okay.

I'm going stay.

>> **AUDIENCE MEMBER:** The reason why I ask that question is because I'll give for example it's 10:00 at night my attendant doesn't show up for whatever reason.

Who am I calling I'm calling the MCO or I'm calling the supports coordination service? I need to reach someone, because -- I'm you know SOL and, what do I do? And you know, it might be, plan set in place but who is going to help me follow that plan through to a certain point that I do have the follow-up as far as care, where does that process going to look like?

>> **KEVIN HANCOCK:** Kathy wants to go first.

>> **SPEAKER:** I got it.

[laughter]

>> **SPEAKER:** Thanks.

That's a great question.

I'm really glad you asked that so other people can hear this.

So, our we have a 24/7 contact center that there are people that are staffed there, who have been trained on the whole service plan who can go into the back up plan section, they know who your providers are, they can make those calls to help you get that coverage.

But it is not that you're just out there on your own.

You call that number, it is the number that comes on your card, it's on all of your information so that's staffed 24/7 so they know how to go into your service plan look at who your service providers are, the phone numbers are there and they also look at your back up plan.

So it would be the -- for AmeriHealth call AmeriHealth you call that 800 number you get someone who knows to go through the process.

Okay?

>> **AUDIENCE MEMBER:** Okay.

Um, as far as like the continuity of care, is this going to be like the same example for all 3MCOs across the board or going to be one central number that all 3 of them share or just for, your managed care organization? You have that specific process?

>> **SPEAKER:** Just for us.

>> **AUDIENCE MEMBER:** Just for you the.

>> **KEVIN HANCOCK:** The requirement is true for all 3, the way they execute is a little bit different, ray do you want to say something?

>> **RAY PRUSHNOK:** Yeah. I mean, this is an important issue but

it's also, really difficult one I'm ray Prushnok with UPMC community HealthChoices so you know, we during continuity of course beings relying on your existing service coordinator relationship.

And you know, the direct care provider that is you know, providing your how many and community based services. And, we certainly don't know that there's a disruption until it's reported either, you know by the participant directly or, through the individual providers but as Kathy was saying, again it's -- you know basically the same process.

We have a 24 hour you know call center and, we'll be able to you know access the information on the back up plan but, if it's you know, 10:05 and the expectation was 10:00, we're going to be you know, wanting to hear about that.

So that it can go into how we're evaluating providers in the long term making sure we have adequate supply and back up providers but certainly not a easy thing to fix in every case something we want tolar about.

>> **SPEAKER:** I wish I could tell you something more exciting all an in a Keith with PA health wellness we have a similar process what ray and Kathy said.

One unique piece that we do offer is an account executive responsibility to ensure that whatever service coordination entities that the a account executive is assigned if they get any responses back from participants that they're not getting their services

covered, then we address that on a case by case basis look at the whole picture as the person getting the right care that they need are they working with the right partners what is the back up plan look like, hold everyone accountable to that.

>> **KEVIN HANCOCK:** Okay.

Does that answer your question Zach?

>> **AUDIENCE MEMBER:** Pretty much well, I mean, yes. It does in away I mean I guess, what I want to know is, what is the, once you okay, so -- you know, give the MCO a call you know, thank goodness they found services.

What is the follow-up with the provider?

As far as receiving damages something like that I'm not trying to get anyone in trouble but like it cannot be a continuous thing or, you know -- I shouldn't have to do this 2-3 times out of the week you know.

What happens to them? Or the consequences of that.

The lack of.

>> **KEVIN HANCOCK:** Different focus so --

>> **AUDIENCE MEMBER:** That's the whole process.

>> **KEVIN HANCOCK:** MCOs they answer the question the way I want them to answer the first and foremost focus is make sure the participants have service these need they're not at risk.

All that being said, we have an expectation with the MCOs to make sure they're building a network with quality dependable providers.

Whether they're agency providers or direct care workers we want to make sure that's in place.

And MCOs are more than welcome to talk about how they plan approach provider management, when it comes to a situation as critical as this.

>> **SPEAKER:** So I did want to talk about the account executive I do want to talk about the fact that, that's a great question.

Because we should be monitoring and making sure that one provider doesn't have a trend of not having people show up.

One of our ops gate we're talking about is it Ops8, I'm doing well, okay.

So Ops8 is where we are managing any missed shifts we have to report to the State any missed shifts and in there, we're documenting what the service was, who the provider was, and then we document the note in there, to say what did we do to fix it?

So, so we're looking at this, you knee, not just it's one missed shift.

We look at everybody's to make sure we address everything you could have a provider that continually has that issue right.

It's our responsibility to address tha that.

>> **KEVIN HANCOCK:** We have a question on the phone from Brenda Dare do you want to ask your question you're on mute, Pat Brady is unmuting you.

Right now, give us 20 seconds.

Thank you.

[laughter]

>> **FEMALE SPEAKER:** All right.

Thank you, I am unmuted now.

I was just wondering if you could go back to your critical incident slide.

I was just curious how you define abuse and neglect.

>> **KEVIN HANCOCK:** We can happenly sorry I did not have the microphone, we'll be happy to share with the abuse and neglect definition that is part of the CHC agreement and abuse neglect is something we also capture as part of the information we have, in our critical incidence monitoring bulletin I don't want to -- I would want to respond once again, I would want to response to that yes a little bit more norm formally, with the definition the MCOs have to operate under, we'll be happy to share with the committee and audience as well.

>> **FEMALE STUDENT:** Okay thank you.

>> **KEVIN HANCOCK:** Thank you.

>> **PAM AUER:** Just a quick question about the complaint processing, how is the word getting out to consumers because we asked them when we discussed a couple of months ago the process that was kind of convoluted and confusing to some of us how is the word getting out to consumers on

their right to complain or make a grievance and who they should directly contact and how they do the whole thing because I'm not hiring that people are even understanding that or knowing that process.

>> **KEVIN HANCOCK:** So the -- the complaints and grievances process is the same as it operated under the HealthChoices program as well. When they get a notice of denial of services normally, there is a, contact number on there, people have questions on what they flowed to do , to go through the process they're given the information how they would submit an appeal that is provided by the managed care organizations but if they have any questions about how the process is supposed to be working they give an option to reach out to resource that should be able to provide, guide them with what they need to do to be able to file that complaint or grievance.

>> **AUDIENCE MEMBER:** The information is also in the participant --

>> **KEVIN HANCOCK:** Patty Clark from the policy office the subject matter on complaints and grievances, stated that this information is also available on our participant handbook available online for all 3 of the managed care organizations is also available, to participants if they request it.

>> **PAM AUER:** Still I really think people need help going through the process.

>> **KEVIN HANCOCK:** That's on my list I will give that update now, because Pam has given me the opportunity to do that.

So -- we have been talking to CMS about what that navigation, beneficials think is the requirements -- we have been continuously talking with our Federal partners on what that should look like.

We had a call, with -- our Federal partners to describe, um, we were trying to discuss when that -- that, role had to be in place, we provided, what our services system existing service system looks like who is involved.

And what is involved.

Including an independent enrollment broker and, advocacy organizations that are also directly involved in the process, premise and -- what they stated is, the existing service system covers the requirement generally.

But, we are still exploring as to whether or not, it has to be augmented in my way we know that the complaints and grievance process for example is bigger because it's a bigger population.

So we flow that there's scenario will, whether will be more support required we have -- what we'll actually be 420 or more thousand people, who may have the opportunity to -- go through the complaint and grievance process we may need more support and for -- may not have needed it directly before.

And in addition, having an individual go to an entity to be able to raise concerns about the managed care organizations, other than the department is something we recognize is still, very important and may

not work out that it makes sense for it to be, independent enrollment broker.

So we've had discussions with long-term care um buds men, in proposals in order to fulfill that role all that is still, still being evaluated.

>> **PAM AUER:** There's proposals for that.

>> **KEVIN HANCOCK:** They were sent we didn't actually open up we didn't do a request for proposal or even any type of solicitation they were sent to this.

But --

>> **FRED HESS:** I will suggest as to this day that the -- Centers for Independent Living should get involved in that, definitely a massively because, there's ones that have the mostest connection to consumers out there.

>> **FEMALE SPEAKER:** I still had a question, the caregiver did not show up at 10:00 p.m., the health care provider said they could have a back up plan with that, get someone as to who is responsible he can get the care he needs.

>> **KEVIN HANCOCK:** From our expectation.

>> **FEMALE SPEAKER:** Otherwise will be sitting in his chair all night long.

>> **KEVIN HANCOCK:** Our expectation is yes.

So -- I don't know if 3 MCOs want to confirm that.

Bullet -- you would do -- whatever the execution of the back up plan would make sure the person is getting the services they need.

>> **SPEAKER:** That's key, that's execution of back up plan and it is difficult to get someone there, when someone calls at 10:00 at night and says my aid is not going to show up it is, that's why you have, you know, they would ask they would ask the, do you mind we're going to call your provider they say no, we'll call other providers are you okay with that. And so it really should be the goal of the representative of the call to search for additional support.

Whether it is, his provider or, someone else.

>> **SPEAKER:** Just picking up on this topic this is, is always particularly in the participant directed system this is a challenge but the other thing we notice quite interesting is you generally have a lot of direct careworkers who say, I would like more hours you know to be able to you know, to make a living.

And then you have, participants saying I need someone, in case of back up. And like two never shall meet. And, one of the things that, I'm hoping to the MCOs are thinking about in terms of the work force initiative is, figuring out a way to make those two ends meet. And other states and other places have developed matching services that allow, people who say, I be willing to serve doing back up at a moment's notice for this geography or this region or someone you know, that is needed and working in sort of, I mean, I assume there's an equivalent on

the, agency side, agency directed side as well.

But this seems to be a place where we could both benefit direct care workers and the participants who need the services.

>> **SPEAKER:** Okay.

So, I absolutely agree and other states where I worked there is always a list, that the FMS held that of anyone that through the background checks I live in a certain area especially, um, that supported, if someone went in the hospital and then, the -- you know the aid could not do care then they would support someone else who needed additional services.

So I agree with you, we flowed to create that and, it makes a lot of sense to do that.

>> **FRED HESS:** I did have a suggestion one of the things the MCOs can do, is have a pool let's say of, attendants that do absolutely nothing but emergency on calls.

That would be my greatest expectation get them, use them, gets high attendance for strictly on call.

>> **KEVIN HANCOCK:** The department, certainly would agree with that.

It's managed care specific that's a value even the fee for service system has.

>> **FRED HESS:** Absolutely.

>> **KEVIN HANCOCK:** We'll -- Jesse Wilderman was having to put that in place.

>> **FRED HESS:** Absolutely.

[laughter]

>> **KEVIN HANCOCK:** Okay.

Great suggestion.

Okay.

Male can I ask one more question, you talked about the opportunity for participants to kind of shop around, and -- how do participants compare, apples to apples in terms of the added benefits that, um, they may have access to with you know, so like, one of the innovations of the, ACA was that, you could actually go mostly compare apples a top ales in terms of health insurance programs to see which one figure meets your need.

Equivalent way for people to analyze which fring or added benefits the different MCOs provide.

>> **KEVIN HANCOCK:** All 3 of the MCOs are, required to provide standard benefits package for physical health services long term services and supports but all 3 of the managed care organizations have will be offering value added or extended benefits that are on top of what the agreement requires them to provide.

The independent enrollment broker's web site has a chart that can show side-by-side comparisons for what those value added or extended benefits actually are and participants when they talk to the independent enrollment broker have questions answered about the value benefits they

could reach out to have answer the questions about the value added benefits.

>> **FRED HESS:** When they first came out, with the, maybe -- packages, packs we got okay with the all the of the information it had a list by list exactly what experts each MCO was, going for it all depends upon the consumer himself, on -- exactly what they think, they need expert.

That's the best way to do it, they came with the enrollment packet.

>> **KEVIN HANCOCK:** P Pre-transi tion packet.

>> **MALE SPEAKER:** That's available now, publically on the IEB web site site.

>> **KEVIN HANCOCK:** -yes. Zach we have to move on you have one proper question.

>> **AUDIENCE MEMBER:** Yeah, absolutely.

Zachary Lewis disabled in action.

When we're dealing with continuity of care and dealing with PPO and payments, like sometimes, they might be glitches or gaps and dealing with attendants getting paid.

Like how, are the MCOs going to be like tracking and monitoring that, to make sure the attendants get paid, my attendants are, my backbone because I don't have one anymore.

So right.

MCOs are going to be able to do about that, try to get, follow it

and make sure my team gets paid within a timely manner.

>> **KEVIN HANCOCK:** So that is a good point we've actually had a lot of headaches about this over the last couple of weeks.

What is happened with what happened with, PPL specifically, in the -- this can't, this is once again related to some issues with data.

There have been some challenges with participants having the appropriate prior authorization from our financial management services vendor that didn't necessarily make it easily able for them to be able to be paid against when we knew about the individual cases we were able to work through them very quickly but there were a couple of headaches that occurred, mostly related to data and, other the last couple of weeks

specific reason jail you can correct me if I'm wrong the most specific reason I was ware of is that the money management vendor did not know, that -- that a recipient moved from one managed care organization to another managed care organization and, that organization sort of fell through the cracks since this point, we have been Anne to identify, have a lot of those corrected, but we are once again encouraging going back to what I started saying encouraging providers participants and caregivers to reach out to us, if you're not getting paid you think you should be, based upon something that you know is not correct in the financial management services vendors information, and we'll do all we can do to get it corrected we'll work with the MCO and work with PPL get it corrected as soon as possible it's happened we've been able to

correct a lot of it, but we want to know, when it's happening so we can get ahead of it as much as possible.

>> **SPEAKER:** Juanita Gray had a topic do you have time.

>> **KEVIN HANCOCK:** Ju Juanita gr ay?

>> **SPEAKER:** Yes.

>> **KEVIN HANCOCK:** Far we had a question from Juanita gray if you are willing to ask that question.

>> **FEMALE SPEAKER:** Yes, can you hear me?

Okay.

Yes, I heard exactly what you said and we're experiencing problems with PPL.

And, um, others services we had to let go because of the pay, they were shortening the direct care workers pay and, right now, 10,000-dollar deficit and the pay with the direct care worker received and they reported on the income taxes is they paid her one thing and it is not accurate.

>> **AUDIENCE MEMBER:** That's a different issue can they send that to us.

>> **KEVIN HANCOCK:** That is a little bit of a different issue we need to know a little bit more about the specific case to be able to help.

Is it possible that you be able to either, email that information to me and -- we'll make sure we'll get it looked at.

>> **SPEAKER:** They have never been paid for one service, one of the participants, places she works and, then -- on check, and the other one is the didn't pay her time and a half.

And she you know, it's like, they're doing a lot of different things you know, we need someone to oversee that.

Our coordinator is not working collectively with us, so I'm it's raising a lot of difficulties.

>> **KEVIN HANCOCK:** We can certainly work through that individual case.

It is a little different than what we were talking about, but we're happy to help.

>> **FEMALE SPEAKER:** Okay who do I contact.

>> **KEVIN HANCOCK:** Send to me, my email KEHANCOCK@PA.gov I'll make sure it gets to the right person.

>> **FEMALE SPEAKER:** Not a problem thank you so much I apologize.

>> **KEVIN HANCOCK:** Not at all that's why we're here.

Thank you.

Okay.

So I think we're going to move on, if that's already.

>> **FRED HESS:** By the way just for FYI, there are more slides he had up here, but you'll be able to find them on the Listserv in a couple of days when everything gets posted.

>> **KEVIN HANCOCK:** Okay we want to talk about where we're currently focused very quickly.

And starting with the launch communications, we continue to have calls with the managed care organizations we've not, we don't have them daily as we did in the beginning of the launch and the reason why that is because, we -- we're very happy to say we have not had as many emerg ent issues so, they have moved to, a couple of times a week when needed.

And we are expecting by the end of the continuity of care period.

That we'll probably ramp up the number of calls with the MCOs as well, probably begin on a daily basis we continue to have internal calls with the DHS and PDA those are mostly project management calls we do not have on a daily basis either more either because once again we don't have as many issues we continue and we will continue to have weekly participant and participant advocate calls, they are they are going to continue indefinitely.

Because weekly calls do help us identify he marriagent issues they really helped articulate a lot of concerns and questions we had about transportation, for example.

That will be the focus of the presentations a little bit later on.

We continue to have weekly calls with provider associations and they include nursing facilities and see Aneta Gale is.

In the back, the calls with the HCBS providers and nursing providers they help us get ahead of issues they help to better articulate the

concerns we're hearing, that we flowed to bring to the managed care organizations.

So they have been particularly helpful we continue to have weekly calls with the aging network.

We have aging calls with the aging network not only because some of the AAAs service coordinators but they are also a front door for our seniors, including those seniors who are community duals, and understanding what those issues are can be particularly helpful for once of us to stay ahead of the issues.

So we continue to focus on a lot of different areas and that includes, HHH exchange, I've talked in Republican being about the data integrity don't think I need to get into that I've already mentioned about the direct care issues we're had with PPL again, please send those issues to us when they're in front of you and we'll do all we can to get them addressed as quickly as possible we foes cru on HCBS claim significance it's been related to some of the HHA exchange issues and, some of HCBS, home community based providers have not been able to necessarily have some of their claims paid because of prior authorization and through the work with the providers themselves, with the MCOs and with PPL I think that, we have been able to address a lot of these claim issues, but we know that, more is still out there, if people are not getting paid as I said in the beginning please let us know.

We know that Medicare and Medicaid, participant and provider education is an opportunity our Federal partners with the centers for Medicare and Medicaid services have been willing to help us educate physical health providers on what is the difference between community HealthChoices and Medicare coverage and, we want to be able to take advantage of that.

And the reason why we want to take advantage of that, is a lot of providers especially in the physical health side have been pretty confuse bid this topic they have thought CHC was a Medicare product and that, in some cases they have actually, sent some of the participants away until they have had the information clarified.

That, 3 CHC MCO, have worked with the providers to provide that education.

But this is the definite lesson learned for the southeast we need to do more Medicare specific provider education on what CHC actually is.

So a lot more to come on that.

We continue to work through enrollment issues we had a lot of lingering enrollment issues in January and we continue to have enrollment issues about plan transfers we worked with the issues with our office of income maintenance they have been a great help as well as the independent enrollment broker to move through the solutions as quick as possible we continued to work through the person centered plan ning process.

Person centered planning process is an area where we know we have an

opportunity for monitoring and observation and, we're working with the participant advocates as well as our partners in the aging and disability resource centers and person centered counselors, and -- to, potentially monitor how that work is going to be executed we're looking forward to that.

Reviewing changes in the person centered service plan is something we'll be focusing on heavily, we look at it now, but we're going to be focusing on it heavily at the end of the continuity of care period.

We know that, a lot of the existing service plans, really don't necessarily reflect the participant needs and preferences.

And we know that there will be adjustments that be needed at the continuity of care period that being said we want to make sure they do honestly and appropriately reflect participant needs and preferences.

So, that will be an area of heavy monitoring and in a couple of months, transportation is something we're talking about in a few minutes.

We already talked about how we continue to monitor the complaints and grievances. And notices to home and community based services also, the role of the beneficiary support specialist whatever that may be in the future and, lessons learned in the southeast is the next slide and I wanted to highlight some of the lessons learned that we have already garnered and there are many more to come this the lessons learn so far,

first of all we know we need too engage earlier in stakeholder engagement opportunities anted with key population groups and representative questions know that is, something we'll be doing in the southeast.

Most likely will start occurring, after -- we'll be launching the readiness review period for southeast on March 26th right Randy?

>> **AUDIENCE MEMBER:** Yes.

>> **KEVIN HANCOCK:** So most of this community, activity will be really start after that point and very heavily in the west.

>> **DREW NAGELE:** Another question about that.

>> **KEVIN HANCOCK:** Sure.

Question to be able to share the date, the time and phone number for stakeholders calls normally Tuesdays at 3:00 p.m..

And we will be I'll make sure Brenda has the call in information so --

>> **FRED HESS:** I don't have it either.

>> **KEVIN HANCOCK:** You sho should.

>> **FRED HESS:** I'm sure I don't.

>> **DREW NAGELE:** Kevin I had a question about the readiness review that startness March for the southeast what about the dates for enrollment for the southeast? Is that known yet when that will start?

>> **KEVIN HANCOCK:** Actually, either the April or the May time frame we'll go through the detail communications scheduled for the southeast

we actually, have ballpark dates it's most likely the pre-transition letter is going out in late mid to late August early September.

We -- it's much earlier.

>> **DREW NAGELE:** That's what I wanted to know.

>> **KEVIN HANCOCK:** We wanted to get the dates we should have marked them down we need a little bit more flexible how they will plan it out.

That's the plan.

>> **DREW NAGELE:** Thank you.

>> **KEVIN HANCOCK:** Like the provider education sessions we have in late July last year, we'll be in the may June time frame now.

So and many more so -- that's all part of that.

>> **DREW NAGELE:** May June of what year?

>> **KEVIN HANCOCK:** May June of 2018.

>> **DREW NAGELE:** That is concerning because the contract isn't even done yet so how are you going to have provider enrollment you know, provider education sessions before you know who your contractor.

>> **KEVIN HANCOCK:** Not with the MCO providers we had sessions in the southwest that were department managed, providing overview of the community HealthChoices where the MCOs were in presence, they provided information, it actually makes sense it happens during or even before the contracting activity.

So, that it is kind of a like meet and greet.

>> **DREW NAGELE:** That's for participants.

>> **KEVIN HANCOCK:** For providers, for participant participant activity is much later, participant communication activity the communication sessions will happen earlier than they did in the southwest but happy much closer to the time where they are receiving the pre-transition communication.

So they will have something that willing relevant to the information they're receiving from the individuals providing the sessions.

>> **FRED HESS:** If southeast is anything like the southwest, we had massive amounts of people on that, it was incredible how many people showed up to find out what the heck was going on there should be a lot of participation by the consumers.

>> **KEVIN HANCOCK:** Just to like -- great lesson, excuse me.

Great lesson learned we had on that particular issue was Medicare.

More information about that here, we learned a lot. And we're incorporating all those lessons as part of the participant communication.

So -- so moving on earlier provider communications we talked about enhanced communication materials regarding Medicare and CHC I touched on that, more education and more education on continuity of care that will be part of the participant session even earlier we are looking for opportunities for all participants to know what type of protections they have as they go forward with the process.

Additional report development on enrollment and plan transfer scenarios is kind of inside baseball stuff.

We know that the more we have on report development and we'll be able to solve problems for individual participants after the launch date.

Earlier over reassessments, also lessons learned from the southwest . And they have actually already started to be perfectly honest.

More communication in the LIFE program as enrollment alternative.

Something we -- we just highlight the LIFE program, it continues to be the enrollment alternative for community HealthChoices the LIFE program is, a vital part of our home and community based system and long-term care.

But what we discovered with unlike in other states, we discovered with the roll out of the southwest we didn't have a lot of enrollments, increases in the LIFE program in the southwest, so we're looking for every opportunity to be able to make sure that people know that this option is available to them if they wanted to take advantage of it.

And, we're going look for opportunities for augmenting communication about the LIFE program in the southeast as well.

The volume and the -- the enrollment in the southwest took us by surprise we thought it would be more than it was especially for the program that really is great for people who choose it.

So -- yeah.

>> **PAM AUER:** I'm not always a choice just like a waiver going in justification to -- it will be never be an opportunity where if people don't know what to dottle will just go to the LIFE program.

>> **KEVIN HANCOCK:** Never be the -- Pam makes a very good point raiseses a good question.

The LIFE program is alternative altern for community HealthChoices CHC is the program we have authority for mandatory enrollment we cannot mandatory enroll people into the LIFE program they always have to choose to go into the LIFE program.

They have to be 5 and over, and they have to be nursing facility clinically eligibility and they have to be able to, able to live safely in the community.

So thank you.

Okay.

Earlier data Kline um on HCSIS and SAMS that's important.

>> **FEMALE SPEAKER:** Question about the LIFE program is there any discussion about the LIFE program being available for those under the age of 5?

>> **KEVIN HANCOCK:** Nationally there certainly is.

The -- has been, a change in.

[5]

Legislation took place years ago, to the PACE program

nationally Pennsylvania is definitely open to be able to make that change we need more guidance from the Federal partners how to make that possibly happen but, but Pennsylvania is definitely open to a broader population to enroll in our LIFE program.

So -- okay.

Then, earlier pre-transition we touched on that thanks to grew's question more provider program ID web site, drew hit ton -- we know that, there's opportunity for better more information on the IEB web site drew will share information with Jill to be able to make sure that provider information is cleaned up as much as possible. And then more provider training on Medicare versus community HealthChoices, is something that I had talked about heavily a lot more opportunity there.

Just touching very quickly for some data on the southeast implementation.

This slide here, shows the break down of the population.

For individuals based on population pockets.

So, um, the population for the southeast is roughly 50 percent larger than the southwest.

That is very significantly differenter we have a much larger population when you go to the next slide -- just, going back to the earlier slide to highlight the HCBS dual population is the after the NFI dual population is the largest population.

It's, that means there's a very large volume of individuals enrolled

in home and community based services in the southeast.

That is, since substantially different from the southwest, where it was much more evenly distributed, between between individuals and nursing facilities and individuals in the community.

So, this focus on home and community based issues, that we had been talking about previously is even more highlighted when we talk about moving into the southeast.

So the next slide shows a break down by the five counties.

The under review county you may never heard of, that just means that , there's some case information that requires a little bit more validation for it, the 61 individuals before we can say which county they're in.

Our eligibility data is very, very, very complex.

And often is the case where we have to do a lot of scrubbing before we can report it appropriately.

So under review means it truly is under review, that is the vast majority of the individuals in the south are from the Philadelphia County.

Okay the next slide shows southeast implementation early focuses we already talked about the OBRA assessments we're working on communications planning and our April meeting most likely will be able to provide the full schedule for communications and outreach for the southeast.

Provider outreach and education is another area focus and that will also be something we report on in April.

And, we continue to talk about population identification, but that gets actually broader, because we know the population in the southeast has a lot of diversity in terms of languages and also in, they're cultural diversity especially in Philadelphia County we want to make sure that, we have a -- outreach effort that reflects, an approach that actually identifies who that population is. And how we're able to reach them.

So -- there's been a lot of work that is being done on that as well.

Next up just a reminder of some of the resources, we have some launch communication resources our participant help line will continue to remain open indefinitely and the independent enrollment broker is always available for individuals who want to make service plans.

>> **AUDIENCE MEMBER:** Just a quick question.

Zachary Lewis disabled in action.

You are saying because of southeast is such you know, so much bigger than southeast is Philadelphia which is a large county.

How are you like, you say you're working on it, in what way.

Are you going to like, do some sort of -- office or, like, what sort of ground are you going to provide like in a?

>> **KEVIN HANCOCK:** We have to, we have to work with the community stakeholders to be honest we're already reaching to all kinds of

community stakeholders if you have any suggestions on anyone we could talk to we want to talk to everybody.

So, if you have any suggestions please, please send them our way.

Examples of people we've spoken with we've talked to some of the foundations in the southeast, worked with these populations, especially some of the community dual populations.

We've talked to providers, in the community.

AAAs in the community any -- we'll talk to anyone and we'll love any suggestions that you have.

For anyone that we can talk to.

>> **AUDIENCE MEMBER:** The reason I ask is because you know, I personally, you know, a lot people you know from where I'm from in Philadelphia, you know think it was as far as PPL and as far as the fiscal management services right, they're so -- one they're out sourced.

And, you know, if they're out sourced that is fine okay.

If that has to be the end all be all, fine.

At the same time, it is hell trying to get in contact with the right people to air grievances or complaints or any issues or concerns like I was saying before, issues when attendants are not getting paid they had not gotten paid, they get pissed off rightfully so, they work they want to get paid we're calling the PPL and, calling the main one 187 number, you have to call this and you have to call that one.

This is the department or this department are you serious, my

attendants are looking at me like I work for you I want you to take care of this for me you're the one in charge.

Based off your roles you're in charge I'm looking at you now, it's like I have this person looking at me, to get paid but, it's like, how are you guys going to help with that? As far as having people you know, and I guess in a weird way I'm old fashioned I want to be able to see something, talk to someone.

When it comes to both of those incidents,.

>> **KEVIN HANCOCK:** PPL on the ground they need to have a regional presence as part of their agreement, so do you --

>> **AUDIENCE MEMBER:** Send it to me.

>> **KEVIN HANCOCK:** Sure.

Any, well, I think generally, like if you have a particular issue, right now, especially during the launch make sure you send them to the department but when we get to specific issues you're not getting any response from PPPPLs and they should be providing those issues those are issues we want to send to the department as well.

We will I mean we'll make sure those kinds of concerns are being addressed.

>> **AUDIENCE MEMBER:** Advocate as a consumers advocate, I've been through there's nothing in particular, right this moment I've been through a lot of people saying well, where can Iago and talk to this person, we've -- I don't know, it took us a long time to find out oh you

guys have offices in center city on paper you do, we tried to get to that, address -- it wasn't there.

It is like are you serious we have to talk to someone all wait in Boston, are you serious.

Boston?

When I'm having a issue in Philadelphia or Pennsylvania, like, you know in my -- my attendant is looking at me I'm looking at you guys saying what are you going to do about this.

Big issue when my attendant want to get paid for doing his or.

>> **KEVIN HANCOCK:** I agree with you, they should have realistic contact toss be able to address the issue no question about that we as you know, assume they R if they don't, you know, we tabled to do that.

>> **AUDIENCE MEMBER:** Regional specialist should be going there, to meet them.

>> **AUDIENCE MEMBER:** Right.

>> **KEVIN HANCOCK:** Jill stated the regional specialist should be able to be able to address these issues and if they're not, then we need to know about it.

I mean, every specific issue, with you with PPL or any one of our vendors please let us know.

We'll, we'll get on them and we'll make sure we, we're going to try to find out why they're meeting the terms of their agreement and contract.

>> **AUDIENCE MEMBER:** This has been going on for years,.

>> **AUDIENCE MEMBER:** Since they took over it has been going.

>> **AUDIENCE MEMBER:** There's no regional office I know of, in the Philadelphia area.

I would think, you know, Philadelphia is such a large county, where are they?

>> **KEVIN HANCOCK:** They have a regional administrator, they should have regional administrator if they're not being responsive, then -- --

>> **AUDIENCE MEMBER:** It's not that they're being responsive I don't know who they are.

I saw a phone number for an office in center city.

City hall, so I went to city hall and, there's no office there.

Are you serious.

>> **AUDIENCE MEMBER:** We're coming to check them out, there's no out.

>> **KEVIN HANCOCK:** The way that the regional regional representative should go to you.

>> **AUDIENCE MEMBER:** Oh, okay.

>> **KEVIN HANCOCK:** You're saying that's not happening.

>> **AUDIENCE MEMBER:** Never happened.

>> **AUDIENCE MEMBER:** Nope.

>> **AUDIENCE MEMBER:** We've been looking for them.

>> **KEVIN HANCOCK:** Well it's -- they don't have a physical location in central city do you want to come to the table Jill?

Jail Jill.

>> **AUDIENCE MEMBER:** Call them now. now.

[laugh]

[seem seem they are set up too have multiple service representatives and the regional specialivity, that are supposed to come and visit and work with you, if you have a problem.

So, it -- um, if you're not able to get through to them or you you have issues that are not resolved please send them to us while --

>> **AUDIENCE MEMBER:** Where is the physical office that's what --

>> **FEMALE SPEAKER:** I have to pull up the address I'll provide that.

I'll provide that.

>> **AUDIENCE MEMBER:** We have the same problem.

>> **KEVIN HANCOCK:** We have to talk about transportation.

We can't.

We have to talk about transportation the last time we met, you -- this committee, really was very concerned about the issue related to transportation.

That is the request of this committee --

>> **AUDIENCE MEMBER:** Every aspect of this --

>> **AUDIENCE MEMBER:** I'll reach out to you afterwards.

>> **AUDIENCE MEMBER:** Option, home services nursing homes. Medicare everything, having to do with the -- same thing deal with you, every thing.

Not just --

>> **KEVIN HANCOCK:** I totally agree it is just we're already 37 minutes late.

So --

>> **AUDIENCE MEMBER:** I'm 45 years disabled.

So --

>> **FRED HESS:** Don't worry I'm a member of AZAPT too.

>> **AUDIENCE MEMBER:** Then you say next time --

[laughter]

>> **PAM AUER:** Can I make a suggestion this say big thing you knee, more -- I am not saying you don't think it is, but it's is there a way we can really have a bigger discussion on PPL and I know you're dealing with thish issue, transportation is important we have to have, because -- I think it's bigger than OLTL's issues with PPL.

I know people who, there are family mesh are members served through ODP really have difficulty, they have to find and dig and dig until they can get a supervisor they can never get through to anyone to get an answer that's someone who is in power to do that, they're representing whole lot of people too that may not have the same skills and abilities they're fighting for themselves and fighting for others

if there's a way to maybe get more details talk more about this.

>> **KEVIN HANCOCK:** There's an idea we have a April long-term care sub-MAAC meeting is that right, is it April?

>> **AUDIENCE MEMBER:** A Ap April te nth.

>> **KEVIN HANCOCK:** That's not a managed care issue specifically it covers both the fee for service programs and the and managed care we could, put it on the agenda for the long-term care sub-MAAC and look for opportunities to be able to talk about it there I'm not sure if we have a full agenda, I'm not sure if we have a full agenda yet.

>> **AUDIENCE MEMBER:** For this meeting.

>> **KEVIN HANCOCK:** Sub-MAAC.

>> **AUDIENCE MEMBER:** I don't think we do.

>> **KEVIN HANCOCK:** We might be able to add it, if the committee is okay with it the long term subcommittee is okay with it, we'll add the topic of PPL to the long-term care sub-MAAC.

>> **FRED HESS:** Absolutely. And -- this meeting also.

>> **KEVIN HANCOCK:** It could be talked about the next -- it's my understanding correct me if I'm wrong the next meeting for MLTSS is going to focus on southeast launch are launch and communications as well as for the LIFE program, is there anything else else we were planning on talking about.

>> **SPEAKER:** Advisory committee.

>> **KEVIN HANCOCK:** Participant advisory committee.

There's not enough time.

>> **FRED HESS:** I do know that Tanya has brought up a situation that have PPL come in here and talk with us, that will be on a future agenda hopefully very soon.

>> **KEVIN HANCOCK:** Tanya is supposed to be presenting on services my way maybe that will be a good time to talk about it.

>> **FRED HESS:** Absolutely services my way is PPL.

>> **PAM AUER:** It would be good to know about PPL the discussions in how it works with CHC too, if something that they had seen in the southwest, they were talking about how some MCOs should be you know people should be, you know, switching their family members from agency to PPL.

I mean, we want to clear up some of the rumors and discussions queer hearing, that include PPL, so, I think that's a big part of it, there's a lot going on we want know about with PPL.

>> **KEVIN HANCOCK:** Okay.

Just easiest to become emergent, we try to be as response itch as we can.

So -- but we are willing to talk about these topics at any time just,

looking for valuable space on these meetings we want to make sure that we're being as responsive as we can.

>> **AUDIENCE MEMBER:** I don't know um, but I've been sitting back here, listening to everything you say, my name is Michelle McAnmus, I'm part of ADAPT as well, but you keep saying look on the computer.

Many of our people still don't have computer access.

Floor do they understand the big booklet that you have sent out or the a lot of the papers.

I just got, a packet, that says I need to make my choice.

But it doesn't say, it doesn't explain what the choices are.

It says, um, these are the guidelines but it is not clear.

When you call up and ask questions you don't get through to a physical person.

And the way Zach said, when you call, PPL think said they have their office in center city.

I rolled all over center city they have no office.

They send you directly to Boston and put you on hold.

And then they tell you they're going to call you back you still don't receive a call for 2 days.

>> **KEVIN HANCOCK:** So can I ask clarifying question, you said that the book that you received was from was it from PPL? Is that right.

>> **AUDIENCE MEMBER:** One of the -- one of the agencies that you're supposed to sign to, but you keep telling us to go back to the book to explain everything for us.

>> **KEVIN HANCOCK:** You're in the southeast aren't you? You're in the southeast you're not CHC here right.

>> **AUDIENCE MEMBER:** I also work with other people to reach out to me just because I am in Philadelphia, doesn't mean we don't get phone calls from other regions saying, why is this going on? Where do I have to go? Where are these, where can I put these questions?

I mean, it has happened, already in southwest.

But I think, we travel all over we're not representing Philadelphia.

Philadelphia -- the other counties come to us and ask us --

>> **KEVIN HANCOCK:** Booklet was from the managed care organizations.

Okay I got it.

Okay.

So we have a participant help line available that is staffed with long term living staff.

They will help, they're -- it's always available in -- they will help.

>> **AUDIENCE MEMBER:** You're saying it's always available what is going to stop them from them putting us on hold and asking for a number never getting back to us.

>> **KEVIN HANCOCK:** That hasn't happened.

>> **AUDIENCE MEMBER:** It happens many, and many times.

>> **KEVIN HANCOCK:** We --

>> **AUDIENCE MEMBER:** I've sat with my phone on speaker, sitting on

my lap because I cannot hold the phone long enough.

>> **KEVIN HANCOCK:** If you're talking about PPL, let us know whenever

that happens.

>> **AUDIENCE MEMBER:** It's not only PPL it's other

organizations, as well.

>> **KEVIN HANCOCK:** Our participant help line we have -- we might

take voice mails for people but, we're staffed with long term living

staff I mean that's, what we have been doing since it lun launch launched, even before launch, if they have CHC issues and

complaints call that number it's -- 1-800-757-5042.

>> **AUDIENCE MEMBER:** Can I provide all the numbers I want to, but

-- if they get put on hold so many times after awhile they just give up.

>> **KEVIN HANCOCK:** We're getting we don't have that many individuals

who hang out on this call.

>> **AUDIENCE MEMBER:** That's because a lot of them are afraid to call.

Because they get put on hold. And then they can't stay.

>> **KEVIN HANCOCK:** The hope would be for you to work with us to

alleviate their fears we want people to be able to access and feel

comfortable accessing and asking questions about the benefits they're

entitled to receive.

>> **AUDIENCE MEMBER:** Is it still has to be puts in a general form.

Because -- I know myself, I did not understand it before.

>> **KEVIN HANCOCK:** Well, help us.

Figure out a way to be able to communicate better.

Okay.

So I think we're going to jump right now, participant advisory committees is probably going to be covered in the next session.

I think we'll jump very quickly to transportation we're a little bit behind.

A lot behind.

Thank you Fred.

Okay.

So, I wanted to really highlight some of the agreements agreement requirements for transportation.

There going to be on the screen here.

Just going through them very quickly, first, then we'll jump into the managed care organizations providing the bac back drop for transportation.

Thank you very much.

Okay.

So just a matter of background this issue is raised in our January meeting we know an area of complexity we've talked about it in the third Thursday webinar now received a lot of great questions we've talked about it in the consumer sub-MAAC and, what is different with the community HealthChoices, MATP the medical assistance transportation program existed prior to the community HealthChoices.

We offered nonmedical transportation in some of our waivers in the fee for service system.

What is different now, is community HealthChoices and the managed care organizations, managing transportation for nonmedical services in the program and helping to coordinate other types of transportation with community health, with managed, medical assistance transportation for some of their program participants.

That is, one part that is different.

So we extended nonmedical transportation as an available waiver service for participants across all of our home and community based services which we're happy about, um, but this, complexity of the way it's being managed, has created some confusion in the system we're hoping that the Kathy from AmeriHealth Caritas mentioned this is an area where there are grievances, we're hearing this is a continued concern.

We're hoping that the conversation we have today hopefully, will alleviate some of the concern we know, it is going to be more of an ongoing conversation because, once again this is less about community HealthChoices and it's actually more about the complexity of transportation in our system.

To be honest that is what, this is about.

Looking for opportunities to be able to coordinate the system we're trying to add services, we're trying to make them available more available for people and we want to be to make sure these services are available to support community integration but we continue to be challenged, by the complexity of the system and that's hopefully what

we're trying to work through.

So some of the requirements, the CHC MCO must provide with medically necessary emergency ambulance transportation and nonemergency ambulance transportation so the CHC MCOs are responsible for ambulance transportation the CHC MCOs must provide NFC participants with nonmedical transportation which is a waiver service.

And they must provide nonmedical transportation to other participants at the own discretion and cost so for those individuals, who are in community duals, the MCOs may provide transportation, nonmedical transportation but that's going to be something that they provide on their own.

>> **FRED HESS:** Hang on one second right here where it says religious services that's only on Sunday correct? Most places have on Wednesday night but generally it's on Sunday morning right? Going to church right?

>> **KEVIN HANCOCK:** No requirement.

>> **FRED HESS:** If you look it says right there.

Religious services,.

>> **KEVIN HANCOCK:** Religious is not just on Sunday.

>> **FRED HESS:** True if you want to go on church, on Sunday they're not operating on weekends.

There is no transportation out there that operates on weekends operates after 5:00.

>> **PAM AUER:** In your area but --

>> **FRED HESS:** Do you, I'm shocked.

>> **KEVIN HANCOCK:** Well actually, I'm disappointed to hear that.

>> **PAM AUER:** It's an issue.

>> **FRED HESS:** Huge issue.

>> **PAM AUER:** Even the weekends and holidays are an issue.

>> **FRED HESS:** Absolutely a major issue especially on a holiday, definitely got going to go to take your family to have Thanksgiving and Christmas dinner.

>> **KEVIN HANCOCK:** Why wouldn't someone see that as a business opportunity.

>> **FRED HESS:** They're getting paid a little bit from the transportation, they're having to cover the rest of the cost they're not wanting to go out of their way, they have to pay their pleas and transportation fees and everything eliminate at flight on weekends, holidays forget it, you're not getting transportation, you're lucky to get answer.

>> **PAM AUER:** Crossing county lines is another issue.

>> **FRED HESS:** Yeah.

>> **PAM AUER:** That's why the different -- I think what Fred is trying to get at is, that's why the -- the if you, encouraging them getting the MCOs to be creative in their transportation like that whole last discussion was about, is so important Fred is talking about a basic transportation issue for people with disabilities but crossing county

lines to get where you want to go and being creative is where we flowed to get it, I'm going let you go back to the next -- I want to round up with what Fred was saying.

>> **KEVIN HANCOCK:** Crossing county lines is an institutional challenge.

That's a challenge for the Commonwealth of Pennsylvania I agree with Pam looking for opportunities to be creative to be able to address some of those challenges but there are a lot of, especially in, some of these, county transportation brokers they will not cross county lines because there's another transportation entity that provides the service elsewhere.

>> **PAM AUER:** Getting connect.

>> **KEVIN HANCOCK:** Just trying to set realistic expectations here because I have been talking about transportation my entire career with the Department of Human Services and we've been working trying to address these same challenges E over and over and over again.

We will look for every opportunity and every suggestion, but -- setting realistic expectations these issues have been around for a long time not in any way, directly related to the managed care.

The question was raised what is the difference between the seconds and third bullets so the second bullet on this slide, is the for individuals who are receiving long-term care in the community and they're eligible for long-term care in the community they're eligible

for nonmedical transportation.

For those individuals who are community duals and not eligible for long-term services and supports in the community, um, they are they are not Medicaid eligible for the Medicaid waiver of benefit for transportation for nonmedical transportation.

But they are, they may be eligible for something that they the MCOs provide themselves that's the difference.

So --

>> **FEMALE SPEAKER:** Question.

So are you saying that, bullet number 3 is NFI.

>> **KEVIN HANCOCK:** For NFI duals yeah. Right.

Okay.

So the next slide, non-CHC cress must provide nonemergency medical trappings for the nursing home residents the MCOs are working with the facility toss provide nonemergency transportation for the residents.

CCMCs must provide specialized nonemergency medical transportations for participants includetion transportations who are stretcher browned that's spoonsability of the MCO as well, all other nonemergency medical transportation is provided by the medical assistance transportation vendor so that is outside of the community health choices but, the CHC MCO will work with, participants to be able to help make arrangements for the service as well.

>> **AUDIENCE MEMBER:** Excuse me, isn't Christmas services what about Hannakah and Musli employment.

>> **KEVIN HANCOCK:** All religious services are eligible for the benefit.

The challenge is whether or not the transportation providers are willing to provide it, in the specified time frame.

That sounds like the challenge it's not that, there's no restriction in religious services or it's really having access to the service itself, apparently.

So -- okay.

So little bit about the MATP program, MATP we know covers nonemergency transportation, it will cover for Medicare or CHC that includes transportation to urgent care appointments, transportation to another county, medically necessary, and -- is also eligible there are the medical assistance transportation program.

And they also cover mileage, parking tolls et cetera for eligible or valid recipients.

That's the medical assistance transportation program.

Which is once again outside of, community HealthChoices.

Moving on, CHC MCOs must arrange nonemergency medical transportation for urgent appointments that means the MCOs will work with the participant to make arrangement force the appointments some participants may qualify for that, through the shared ride program,

which is the addition to the medical assistance transportation program we know here, MATP is the payor of last resort, participants that require CHC medical assistance must coordinate A to transportation for all programs not just the MATP program H is pretty much standard for the MATP program as well.

The MATP agencies, have been instruct today contact the CHC MCOs for version in participant request, for transportation is, for covered service.

And that's for a Medicare or Medicaid covered service.

So, as long as the is part of the provider network doesn't platter the service.

And the CHC MCO must make arrangement for to coordinate transportation with the MATP provider, participants receiving the MATP service outline, person centered service plan.

>> **PAM AUER:** So now for MATP the consumer just want to make it clear in my head the consumer needs to have the okay from their MCO because, fire alarmally people, who are on Medicaid go to whoever their MATP prayed provider is, fill out the application make their own appointment now we have the MCO.

>> **KEVIN HANCOCK:** No.

No.

The CHC has the responsibility to help, coordinate the transportation services and participant request asks their help, MATP is

an independent benefit.

Eligible for it, if they're on the Medicaid program for nonmedical transportation.

Okay.

>> **PAM AUER:** Root question with the nonmedical transportation whether you were talking about stretchers I want to be clear when you're saying not, it's an example, how some people may have unique needs that don't fit some other transportation options, and -- is the CHC MCOs responsibility to help them report service coordinator help them identify which transportation they need, to be able to use that, okay because stretcher is really important, then, one last clarification again I have to say really excited about this one.

When you say the transportation for nursing homes that are nonmedical, the CHC MCOs can provide that trip home from the nursing home is that what that is with the nonmedical transportation with nursing homes that is now the responsibility of --

>> **KEVIN HANCOCK:** No Nonemergen cy medical.

>> **PAM AUER:** Trip home, transitioning that way home, we don't have to argue with anyone how they're getting home.

>> **KEVIN HANCOCK:** Should not have to argue with them.

>> **PAM AUER:** That is covered under that kind of trip.

>> **KEVIN HANCOCK:** MC Os should be coordinating those services just another note, before we go on office of income maintenance continues

to provide exceptional transportation they are truly the payer last resort all other obstacles have to be exhausted

before it can be provided.

And county assistance offices will offer this services the way they

do now.

So -- I think you had another question.

>> **FEMALE SPEAKER:** Question about transportation.

There are providers home care providers that pry transportation for

their waiver consumers how does that fall into the categories that we

have up there?

>> **KEVIN HANCOCK:** Home care providers who provide transportation

for the waiver for consumers.

>> **FEMALE SPEAKER:** Where does that fall in as far as transportation

and any guidelines you can give us in regard to, process of providers,

because service coordinators do have their own authorizations.

LAN HAPB they work community health choice these need to work with

the CHC MCOs, to be able to define how they're providing those types of

services.

They work with the CHC MCOs to make sure the CHC MCOs are okay with

the way they're providing the services.

It's a little tricky.

To be honest.

We have, we have discovered a lot, in this last couple of mods months, we want the transportation to be able to, to be

provided flexibly, but, we want to make sure that, that the way that the transportation provided is, within the service definition we have approved by our Federal partners on what nonmedical transportation actually is.

And making sure that differentiating between nonemergency medical transportation and nonmedical transportation and that's a transportation provider meets the provider qualifications for transportation.

So -- work with your CHC MC ons is my first recommendation and we still have problems come back to us we'll answer the questions for what is required for our transportation provider the provider qualifications for a transportation provider, and we'll go back through the agreement requirements for that.

Okay.

>> **FEMALE SPEAKER:** I have a question from Tanya and she would like to know from a participant perspective, if the MATP provider does not provide service, during either the hours or the location where the participant would like to go obviously you've said that the MCO is responsible for helping the participant.

Does the participant contact the MCO800 number directly or are they to contact the broker to arrange this transportation?

As a participant what should she do? do? FMATP is not covering the hours she want to covers.

>> **KEVIN HANCOCK:** Reach out to the CHC MCO, to reach out to see what help they have, they have that requirement I would start there, if I was the participant I would start with the CHC what kind of the help, the MCO report service coordinator can help to be able to provide the coordinating the transportation.

MATP I mean, MAT is what it is.

MATP is what it is, a lot of it is very localized even the CHC MCO s they're going can to do all they can, the service coordinators will obviously as you well know will do the good service coordinators will do all they can to coordinate transportation services but there might be just restrictions that the MATP providers are not in a position to be able to work around and, so that might present a situational challenge.

I'm trying to set realistic expectations transportation is as an environment is very complex, I'm sure the MC Os can connect with that at there point.

But it is, it's CHC did not create this situation.

But it is what it is.

Yes.

>> **FEMALE SPEAKER:** So how are we going to approach SEPTA?

[laughter]

-so moving on.

[laughter]

>> **KEVIN HANCOCK:** Moving on.

>> **FEMALE SPEAKER:** What happened how is it handled in the southwest, they must have -- um, public transit.

>> **KEVIN HANCOCK:** They do.

>> **FEMALE SPEAKER:** The elephant in the room it's approaching rapidly.

>> **KEVIN HANCOCK:** I'm going to meet with them, as son's can, this is a lesson learned for the southwest the big vendor provides port authority services in Allegheny County had some questions they could have potentially preemptively been answered before we launched CHC might have solved some problems in the first couple of weeks of CHC.

So, as soon as, I can I will meet with SEPTA talk about the CHC we'll also meet with the MATP broker in in Philadelphia Philadelphia County has a broker they used to be able to coordinate MATP services I'll meet with them as son's can, as well, to talk about the program answer their questions and then when we know, there might be a potential risk when it comes to SEPTA or elsewhere, figure out, how to address them, as they emerge but, I -- I mean I -- we flow just because SEPTA has a very complex, they face a lot of daily complex challenges they also have a great system especially for people who disabilities we want to make sure it's accessible the best we can do, first is make sure they know about this program and the challenges coming their way.

And then, step number 2 would be to, figure outweighs to address

problems that we.

>> **FEMALE SPEAKER:** So I have some consumers in bucks and mounted government Montgomery County, who have friends or family providing as much as what is the expectation there.

>> **KEVIN HANCOCK:** None medical or nonemergency transportation.

>> **FEMALE SPEAKER:** No Nonmedica l.

>> **KEVIN HANCOCK:** You still have to meet the qualifications.

>> **FEMALE SPEAKER:** Standards es energy individual.

>> **KEVIN HANCOCK:** Right.

>> **FEMALE SPEAKER:** They need to become an enrolled MA provider?

>> **KEVIN HANCOCK:** That's the way the program should be working, yes.

>> **FEMALE SPEAKER:** OHCBS is going to go way these individuals will need to become MA providers the challenge, no.

Okay.

>> **KEVIN HANCOCK:** If they're operating OCDES, this is a little different.

In the continuity of care period, the CMS is given the -- flexibility to be able to keep OCDS, in place, during that time period they have given the department the authority to be able to waive the requirements for Medicaid for providers there is not an entity

available to provide that service at the department's discretion we can evaluate at the OCDES can stay in place.

But if there are transportation providers available in a given area, I have a hard time managing for bucks and Montgomery County there are not -- if there are not, we might have flexibility.

If there are, then, then -- we would look to make sure they're saving their services from an enrolled them in the MA provider.

>> **FEMALE SPEAKER:** So I'm understanding you're saying they would flowed to become an enrolled MA provider.

>> **KEVIN HANCOCK:** Unless, they're providing under OCDS, in an area where there are no other services available.

>> **FEMALE SPEAKER:** I'm wondering if we flowed to start preparing people to fill out that MA application, which is a challenge.

>> **KEVIN HANCOCK:** Jill is coming up.

Expert on enrollment.

>> **FEMALE SPEAKER:** I just want to add one thing there, we are currently working with the MCOs to enroll their transportation brokers as providers.

Therefore when we get to these difficult situations, they're able to they are the enrolled provider, and then they would be subcontracting under this broker model to those individual providers.

So if there's providers in certain areas that we can't get, individually enrolled as an MA provider, then the broker is the

individual enrolled provider and they are subcontracting with the individual transportation providers.

So we, we are currently in a process of trying to establish that umbrella and that -- um, when we first rolled out under OHCDS we did let everybody know hey this is coming and outside of continuity of care we would need to get everybody enrolled and then we established the we received approval from CMS to have that transportation broker umbrella and that, would require that as long as those brokers are enrolled threaten your individual transportation providers would not have to be enrolled.

>> **KEVIN HANCOCK:** Just so that kind of reflects the flexibility that Pam and Fred were talking about earlier in the ways we could potentially address some of these challenges.

I'm not sure, when it comes to -- for like, that doesn't -- I mean providers are still going to be willing to, provide those services on Sundays to, specific church services.

>> **FRED HESS:** I would make a suggestion right here I made this before, several times and other meetings there should be a central dispatch for all transportation whether it be MATP or non-MATP, so that you have one phone call to make and that person like a dispatcher even a truck company will say I've got this available and this available, this available, so we can send this go through 3 or 4 or 5 different companies they always know who, is available for this

particular ride.

Okay.

I think that's something that shrub set up, if that's at all possible it would make everyone's life easier.

>> **KEVIN HANCOCK:** That will come up with at the same we have a single payer system.

[laughter]

Just kidding people your intention is transportation providers or not family members.

>> **FRED HESS:** Transportation providers say --

>> **KEVIN HANCOCK:** Basically a central dispatch.

>> **FRED HESS:** I'm a consumer I call in one dispatcher this dispatcher knows that -- company ABC over here, has an available spot for that time but CD and E don't.

They would send you to ABC or set up the ride for you, so you consumers only have to make one phone call, to get all the transportation they need, to the same person over and over and over again so that, it is a lot less complicatessed for the consumer, for the MATP providers, for the MC Os and everyone else.

I think it's a fantastic idea.

>> **KEVIN HANCOCK:** Of course it is one-stop-shop is something that is always better.

To be able to provide provide more information.

For participants to be able to coordinate services it is the system is pretty fragmented that would take a pretty significant reform always keep advocating for it, Fred.

It is just that, but it, I mean, I am just trying to again setting realistic expectations for a system that's developed over a long period of time very regionally developed and developed -- community HealthChoices, is meant to expand services but it is not going to address the long standing challenges with the transportation system we know that, actually exists in Pennsylvania.

So -- trying to keep things realistic for people as much as possible.

>> **FEMALE STUDENT:** I think what Jill was saying is kind of touching on what Tanya was trying to ask.

Okay.

With if it is MATP and there is a broker, is that person supposed to call the broker or should they still be calling the MCO and the service coordinator to contact the broker to send that out.

>> **KEVIN HANCOCK:** Will MCOs are going to be approaching how they approach that, they will ask that question at that point the MCO is ultimately always responsible for the service.

So -- if you're not getting satisfaction anywhere else they direct you to go back to the service coordinator.

So that's always the answer we have a couple questions up fro front.

>> **AUDIENCE MEMBER:** Sorry.

Liam Dougherty Philadelphia, liberty resources.

You know I was wondering if there's been any thinking about maintaining service to Philadelphia, and any thought about, transportation with the DNCs, or are taxicab could this be maybe this is like a MCO level question.

But I was sort of wondering there's been recent state of legislation that mandated that TNCs have a certain number of wheelchair accessible vehicles I know that, that would not apply to some people that need stretchers.

[taxis]

Maybe just kind of, wondering about the, very sort of, putting in idiocincracies of Philadelphia, speaking of a way around that, that working with the Uber and Lyft and the taxicab organizations that might be a valuable option I know Washington, DC is doing something.

>> **KEVIN HANCOCK:** From a department's perspective I think we're open to anything really.

We do have a particular requirements when it comes to the providers, transportation providers have to -- meet we need to make sure that, in some cases that, they have a -- I think some of our requirements we do require PUC license for some of the providers is that correct? So there is some licensing requirements we would make sure that would have to be in place.

With Uber and Lyft I'm reading more advocacy to have more accessible or offer the option of accessible services I'm not sure where that is even nationally at this point or locally I think that, if we have assurances of accessible available transportation, we would certainly be open to it from a department's perspective.

I think that we leave the MCOs the opportunity to answer that on their own I think we're all looking for flexibility in the system, the two objectives we have with transportation are accessibility and the access availability of the services themselves.

So we're, really open to whatever people can think of as long as they're providing safe transportation they can verify.

>> **FRED HESS:** The Federal side they are discussing that to get the UBer and Lyft they could do medical transportation or get us to our chumps and things like that.

So -- they're discussing that on the Federal level but, rightfully, the biggest concern is the cost of the lyft and ubers.

>> **AUDIENCE MEMBER:** They want to be paid.

>> **FEMALE SPEAKER:** CTC and across the county line, it will cost you but you pay a dollar more, 5.25 for the way up, 4.25 for the way back that's a 10-dollar dollar trip we don't have bus rides to go up there on Sunday we don't provide service in that area.

>> **FRED HESS:** That's your cost, that's --

>> **FEMALE SPEAKER:** It's then you're talking about a taxi, that is

accessible you're talking about 60-dollar trip.

>> **FRED HESS:** Right exactly yeah.

What we pay --

>> **FEMALE SPEAKER:** I don't want to put my family doctor that.

>> **FRED HESS:** The percentage is what we pay, compared on what the state pays for these transportation companies lyft and uber are so expensive no one wants to touch it right this minute I will guarantee I've been fighting for that.

>> **FEMALE SPEAKER:** I'm thinking with the CTC they're talking about that.

>> **FRED HESS:** They're not getting reimbursed I've been fighting with 3 different transportation ever since I heard about Lyft and uber we've not gotten anywhere yet.

>> **KEVIN HANCOCK:** We -- she and I had a conversation on this some time ago about how hard the especially people of Philadelphia work to be able to build out the cab system to be more accessible to be able to provide accessible transportation the challenge with Uber and Lyft they divert funding from accessibility transportation that subsidized by other types of rides and, how do we, if we're going to have this opportunity, how do we make sure it's available more broadly.

Accessible transportation is offered more broadly.

And make it more cost effective, right.

Transportation is complicated.

I'm not even shower are sure how --

>> **FEMALE SPEAKER:** I know to be in the community, if you had a van if you were able to have it accessible to you or have the family member drive it and, just have the back cut out of it, talking about you can get your wheel Clair on it, where are these places that help you with money to do that as far as a family member wanting to do something for you or you for you yourself in the community.

>> **KEVIN HANCOCK:** Right exactly right.

I mean, yeah. We have a lot to do.

Here.

To make it -- better.

So -- you wanted to finish your question we need to jump into the MCOs.

>> **RAY PRUSHNOK:** I'll weed away transportation.

>> **AUDIENCE MEMBER:** Yeah. Sure.

>> **AUDIENCE MEMBER:** Quick question hopefully it's not too long I was hoping for clarity with the complaints, complaint process, with the transportation?

When you have a broker in MCO and, a provider, when you have complaint your ride is late who do you call? Or if I have a consistent problem with my provider, who do I call? And if I am having a problem getting assistive transportation needs immediate mist who do I call, all the same people.

>> **KEVIN HANCOCK:** T Transporta tion, do you mean

nonmedical transportation, what would be covered by the CHC MCOs.

>> **KEVIN HANCOCK:** Let's let them answer that, when they do the clarification okay.

All right.

Thank you.

>> **AUDIENCE MEMBER:** I'm from the Harrisburg area -- someone from coal town, that's why I was sitting over there.

Transportation is a problem, background for me, ADAJustin DarT community organizer for Pennsylvania.

For PCD, Pennsylvania coalition assisting with disabilities.

Now, that was a certain amount of cohesiveness among the disabled community it is no more.

It is no more.

Bob Casey attendant care, accessibility legislation.

They're on the committee, et cetera you need people to engineer what you want.

Back in the day, the roll roads led to Rome that's because they built enough roads, that -- they would reach from the earth to the moon.

Now, we have people that can't engineer things.

>> **ED BUTLER:** In Rome, the dome there you know anything about the it, the concrete is still getting hardened then, when it was made.

2,000 years ago.

The dome in the capitol in Washington had to be repaired 3 times.

The only once during a earthquake 280.

We flowed to build systems that work are sustainable.

You need someone that has an ability to engineer what you want.

We have all kinds of problems you have -- Medicare, you have region.

Here in Harrisburg we have UPMC by Pinnacle.

Now, we have doctors that say, if you have a specialty problem go to Pittsburgh for your specialist.

Now, where is the transportation on the Amtrak too get you there?

Who is picking up the State voucher for that? You've got a fractured system you better recognize it because you're doomed for failure.

>> **KEVIN HANCOCK:** I recognize it.

I agree with you.

>> **AUDIENCE MEMBER:** It is not just transportation.

Talking about the whole maylou of things.

>> **KEVIN HANCOCK:** Since we're focused on transportation is, is what we're talking about today I could not agree with you more about the fragmentation of the system I think we all share the challenge that you're describing right.

I agree with you on that.

Okay.

>> **AUDIENCE MEMBER:** Better get the geniuses on board to figure it out.

Because there were so many different things in the bunch list that you're going to have a quite a few things to answer.

>> **KEVIN HANCOCK:** We did have a summit for transportation, I would not call it -- Randy called it for a summit for transportation included a lot of our our -- a lot of the payers of transportation.

And we did come to some process conclusions but the people in the room there's only what you're talking about, basically, you're talking about legislation.

So you need -- a law to help address some of the fragmentation that existness the system.

And -- I think that, anyone that has been dealing with transportation would agree with everything that you just said.

>> **AUDIENCE MEMBER:** U Unfortun ately can't ledge late common sense.

[laughter]

>> **KEVIN HANCOCK:** Yes.

Moving on.

Okay.

I think we do have to jump, thank you very much for your commitments, seriously I think you have -- a lot of support in what you just said.

So we'll move to the MCO presentations on transportation how they're approaching it.

I'm sorry Zach.

>> **KEVIN HANCOCK:** Mindful we're really running oust time here.

>> **AUDIENCE MEMBER:** So Zach Lewis disabled in action I guess I don't know if this is, I guess it's the question for state and MCOs I'm a little confused I just need a clear cut answer.

Whether these implementation will run to the southeast is my transportation budget going to be touched within the first six months or, the next four to five years based off of how things are going I'm confused how you know, in the southwest things run differently as far as, transportation as far as the waiver is concerned is my transportation budget going to be touched after the first six months or, at all?

>> **KEVIN HANCOCK:** Depends on your needs I would think.

The first six months you won't have you know you'll not have any change in your transportation but, I think that, this -- this comprehensive needs assessment process the MCOs are required to conduct will be working with you to determine what your transportation needs are and, and if there are changes that need occur with your budget, they're going to be reflected in your identified needs and preferences really depends on what your needs are.

>> **AUDIENCE MEMBER:** I guess what I'm trying to get at is, there's confusion who is going to take care that cost is it going to be a state or going to be the MCO or like, where is that --

>> **KEVIN HANCOCK:** Nonmedical transportation is moving to the MCOs.

>> **AUDIENCE MEMBER:** Okay.

How is that -- okay.

So the MCOs are a cap Tated system they're going to cut, that means if they're going to take on the responsibility they will cut it somewhere.

>> **KEVIN HANCOCK:** No guarantee of that.

Tell me, there's no guarantee of that,.

>> **AUDIENCE MEMBER:** Why shouldn't it, they're in to make money that's not disrespectful.

It's I brings.

>> **KEVIN HANCOCK:** They have a requirement, to be able to identify, your needs, and your preferences as part of the development of your service plan that doesn't, that might mean nonmedical transportation actually could be bay to keep you out of the hospital, they might find ways to increase nonmedical transportation for you and increase your budget so that, the over all cost of your health care are less that's much more practical, than actually cutting an individual service, based on specific objective for bottom line I think, their requirement, their cap Tated holy for all of why you ever services in terms of physical health and long-term services ash supports their incentive is to keep you to keep you healthy in the community, why would they want to, I mean it is very possible that people's service plans, especially when it

comes, it's very possible that people will have inflated service plans.

I guarantee that is happened over the last several years to be able to encourage people to be able to switch from one provider entity to another, in the feature service system we know it's all happening if there's any type of adjustment that occurs it's most likely because of the fact that people, had services, that didn't necessarily reflect their needs.

Transportation is a little different.

Because it could keep you out of the hospital, why wouldn't they want to invest in something like that I don't agree with what you just said I hope -- I am being very clear.

>> **AUDIENCE MEMBER:** It's a question.

>> **KEVIN HANCOCK:** You made a statement you made a statement you think they will cut based upon the business objective I'm not sure that's the business model that, that we're looking for with our MCOs I don't think the MCOs have the same business model either based on what we, what they have told us just to be very clear we will pay attention to it, and if there's any arbitrary cuts to any type of services we're going to ask about it you always have the opportunity to be able to either complain about it or submit a grievance as well.

So.

>> **FEMALE SPEAKER:** Nonmedical includes grocery shopping, whole thing.

>> **KEVIN HANCOCK:** Yeah.

>> **FEMALE SPEAKER:** I want to see a movie, blah-blah-blah.

>> **KEVIN HANCOCK:** Yep.

>> **KEVIN HANCOCK:** Okay.

Hopefully that answers your question Zach.

Okay.

So -- is it all right if we jump into the presentations or do you have any follow-ups? Okay.

Great.

So -- we're going to start doesn't platter who starts first.

>> **AUDIENCE MEMBER:** These are really short, these transportation -- presentations we're not going take too long.

>> **KEVIN HANCOCK:** Okay.

Thanks.

>> **AUDIENCE MEMBER:** Let them go through.

>> **KEVIN HANCOCK:** So -- do we want to start with, I'm not sure from AmeriHealth Caritas, Chris -- is planning to do the presentation we can start with Pennsylvania health wellness you're on that part.

Okay the slide -- why don't do you want do come up here you so you cans questions from the committee.

We'll do Pennsylvania Health & Wellness UPMC and AmeriHealth Caritas , is that okay.

All right.

>> **FEMALE SPEAKER:** I'll be able to see my slides.

Okay.

Thank you.

Okay.

All right.

Okay.

Chris does a nice job of getting deep in the weeds.

In the interest of time, I'm going to highlight on the pieces that are not called out from the Kevin talking about the contract.

As an MCO, follow the contract exactly to the letter as it was agreed upon way early on.

We are dealing with the complexities of transportation it is a tough, it is a tough area and, we've been working with the folks just a complimentary before I get into the presentation much.

We've been working with lots of different providers from even before January 1st to talk about how we get creative.

A lot of our CIL partners we've addressed them, get to the table with us, talk about it.

And, we're starting to brain storm some things.

Mostly, we run into challenges with requirements under the Commonwealth and Federal regulations on how we can be creative so you get really excited and creative and then you're

told, well everyone has to have a PUC credential.

And then, it kind of pulls us back to square one again where we say how do we do that with folks? Friends and families are really great solution for us we have been working with our transportation broker which is MTM.

We have been working with them how to do that going forward and making making sure folks have been getting paid timely we've reached out to the nursing home provider those increase the network of transportation providers and hand hold them and walk them through, getting signed up with their transportation broker with MTM.

So these are some, some solutions, we've also looked at Uber and Lyft and how we might partner with Uber we had a call just recently, around some ideas there they're happy to transport folks that are ambulatory they have challenges with vehicles out there, obviously anyone that signs up with Uber may not have an accessible vehicle as Fred indicated, that's just it's just a reality of the issue.

So -- two and a half months in I think we're aggressively looking at solutions.

But we're still facing a lot of the challenges that, Pennsylvania is always faced with transportation.

So as I indicated, we are brokered with MTM.

Participants can call a phone number 844-6726-6813 and select number 2 for transportation and it will immediately go over to our

transportation partner.

That can assist in those transportation scheduled trips.

Same occurs with MATP.

And um, we do book transportation that is identified with HCBS participants if it is in your plan under continuity we will always right now we're respecting everything that is written into your plan.

Post continuity of care it will be written into your plan and threaten, we'll proceed with supporting that transportation request as well.

Okay.

So yeah. That works.

Okay.

Kevin hit on some of the requirements that we do.

We have addressed complaints through creating a special transportation subject matter expertise team.

So if you call that number that was on the previous slide, and you're having challenges, we'll run it down on a case by case basis and try to resolve the problem.

Um that transportation team has been very effective in resolving problems with folks not getting picked up or late pick ups.

Stretcher services, those types of things.

We've had some really good success with that team, they're completely dedicated to transportation and they have been very effective

working with folks and getting a hold of the right person to resolve a problem.

For the nonmedical transportation for the nursing facility ineligible population, again if an individual has special objectives tied to their plan we will be respectful of that make sure that's happened.

If there are complaints about it you can go through that line that I gave you they can even escalate up to our complaint and grievance department if you're really unhappy with a certain service.

Transportation mileage reimbursement, which sore next slide -- right.

We have been working with the participants and families and friends who do that transportation the individual will call into our transportation line.

It is verified that it is authorized for payment.

And then, whomever has provided the transportation will have that mileage reimbursed.

>> **FRED HESS:** Question real quick.

Um, say I'm driving my own vehicle.

If I have to go someplace.

>> **FEMALE SPEAKER:** Let me confirm that, I'm thinking, I'm thinking Chris -- is that part of -- I thought it was yes, it is.

>> **FRED HESS:** Used to be that way.

>> **MALE SPEAKER:** Belief.

>> **FRED HESS:** Used to be we could write down our mileage for going

here and here as here as long as for the grocery store or -- meetings that and that, we would get reimbursed for the miles we drive ourselves that was canceled about 2-3 years ago, maybe.

Okay.

I'm wondering if that is coming back? No? I'm I'm seeing absolutely not?

>> **FEMALE SPEAKER:** See yeah I have only been made aware of the ones where you have someone transport you reimburse that mileage.

Okay.

So for clarification we were not doing personal mileage.

>> **FRED HESS:** That's what I wanted to know.

>> **FEMALE SPEAKER:** On these people providing transportation need to be become an enrolled provider.

>> **FEMALE SPEAKER:** Actually no Barb, go through MATP they would be the enrolled provider and sub MATP to provide that transportation to your family member, provided it is in their plan, so that, it all of the dots get connected it is authorized through our health plan and then it can be paid because, MTM will ask for an authorization number.

And that will be tied to the transportation that's been prided.

>> **FEMALE SPEAKER:** So what does MA application mean in those two bullets? Second and third?

>> **FEMALE SPEAKER:** I have to confirm that as Kevin was speaking, we reached out to our MTM provider our contact and said, question mark? You know, 911? They don't have to have an MA application correct? She said, no.

Okay.

>> **MALE SPEAKER:** So, so -- I'm going to probably jump ahead here a little bit so, AmeriHealth Caritas uses MTM as their transportation broker.

So I know, there's a lot of acronyms going MATP and MTM, MTM, the individuals that are providing that getting reimbursed we filed the same model where they would work through MTM to get reimbursed for the mileage there's paperwork that the individuals will have to complete in order to get those reimbursement ared paid out to them.

>> **FEMALE SPEAKER:** We have to make sure that the driver meets certain credentials you understand that, right.

>> **FEMALE SPEAKER:** License insurance.

>> **FRED HESS:** You have to have I believe it's 100,000 and then, 300,000 -- something.

>> **FEMALE SPEAKER:** Follow the standards.

>> **FEMALE SPEAKER:** Follows the standards right.

>> **FEMALE SPEAKER:** Just wanted some clarification, on again going back to, um, home care agency providing past service and the direct care workers are providing transportation what is, if you can review and

summarize what the process is? When that is written on an authorization current authorization.

Um by the service coordinator.

And sometimes it is even identified in the other areas so, it is not even the transportation it's just other, so -- um, what is your recommendation on how to proceed and, quite frankly the question is, is that appropriate under OLTL to provide that kind of service under this.

>> **FEMALE SPEAKER:** We've not had that question come up.

So, I want to check with a couple of folks first and just directly get in touch with you or provide through FAQ through OLTL.

>> **FEMALE SPEAKER:** That will be great if you could get back to us.

>> **MALE SPEAKER:** So I just want to make sure I understand that you, are you asking if the, the past provider, should be paid as a past provider and a reimbursement for the transportation at the same time?

>> **FEMALE SPEAKER:** What I'm same is that the current authorizations from many home care providers what you see is, they have a past service that past worker is providing transportation as part of that past service.

>> **MALE SPEAKER:** My understanding.

>> **FEMALE SPEAKER:** How do you -- should the service um coordinator be doing it differently should they be -- because, according to this, this does not fit into any of these scenarios.

>> **MALE SPEAKER:** So my --

>> **FEMALE SPEAKER:** How do we proceed.

>> **MALE SPEAKER:** My understanding of the appropriate use of those services is if someone is providing past services, that once they become a transportation and they're expecting to reimbursed for transportation, they are not allowed to bill for those past services during that time that they're actually providing the transportation services, so you can't get paid for both.

So, but if -- if the individual is going to be providing an expected reimbursement for that mileage they, one we would not be expecting the claim for the past services, but then they would have to work through MTM as for AmeriHealth Caritas for reimbursement for that, for those services for the transportation services.

So, they could be both but, they can't get paid for both at the same time.

If it's they cannot be providing both types of services.

>> **FEMALE SPEAKER:** T Technical ly as a provider we should have two authorizations one for the transportation for the service coordinator and one for the past? Is that right?

>> **KEVIN HANCOCK:** That's exactly what -- I think that's just what Chris had said and, this, actually, what they're saying, kind of makes sense to me I think Virginia is going to talk about the service definition itself.

>> **FEMALE SPEAKER:** So so I completely agree with what Chris just said, that if the individual is billing for past they cannot also bill for providing transportation.

So they can be paid their hourly pass rate to take someone to the grocery store, or they can be paid mileage they need to meet the qualifications as the individual transportation provider.

So you can't get paid for both.

>> **FRED HESS:** This, you need to keep in mind say if you're only going a mile, it is not worth trying to get the transportation by the 50 cents you'll get for driving that mile, um, you would be better off with your hours it depends on how many mileage you go and things like that, so yes you can get both.

>> **PAM AUER:** Can I? Make a complement.

>> **FEMALE SPEAKER:** What should we be expecting as far as an authorization what would it look like, give plea an example what that would look like from a service coordinator.

If the home care providers is doing both.

>> **MALE SPEAKER:** From a AmeriHealth Caritas both of those items would be outlined as we would have an authorization for the transport as well as the authorization for the past services you should have both authorizations.

>> **FEMALE SPEAKER:** Okay.

>> **MALE SPEAKER:** Begun this is, these are for new services or

outside of the continuity of care services.

We're going to honor whatever those couldn't continuity of care period.

>> **FEMALE SPEAKER:** Okay.

>> **FEMALE SPEAKER:** You can make sure it's on the, on the service plan and then the service coordinator should walk it through, to get whatever authorizations are needed.

>> **PAM AUER:** Just want to make a quick comment I agree it should be separate, attendant care transportation I think you're really limiting it, if you're going make that family member have to become a transportation -- or, an attendant become a transportation provider as well.

To get, reimbursed you're going limit in rural areas a lot of people are using their direct care workers for their transportation I get, not double billing I get that completely, but if you're adding those extra layers of requirements, on those direct care workers you probably will, limit some transportation opportunities for people.

>> **FEMALE SPEAKER:** Okay.

My last slide I think I have one last slide.

Just, iterating we're encouraging folks to partner with our MTM breaker to be a transportation provider, they can to provide you with all of the requirements.

[broker]

And all the documents they need in order to assure credentialing and that it meets all of the standard thas in place, otherwise we'll keep working on the battle.

Yeah.

>> **PAM AUER:** My question is more of a service plan I just want to find out when there are people who, adding transportation into their service plan, do they have to say I want, transportation so I can go to church each week they have to required only to go to church or is your organization going to leave the service planning open in terms of transportation where people still have the flexibility?

>> **FEMALE SPEAKER:** We encouraged peek those write the plan, for example bus passes.

Okay.

Individual that wants to to independently term where they're going, when they're going and not, rely on the door to door service.

The door to door gets a little more detailed.

But, if it is to promote independence and -- um, encourage a person to be more indulged in the community, I would not, write it so detailed that you have to just document that you took the person to and from church.

>> **PAM AUER:** That's what your educating your service coordinators to leave it loose, because --

>> **FEMALE SPEAKER:** How you're promoting independence should be fine.

I just would not say we only want transportation for Sunday to go to church.

Right if you're needing transportation also for grocery shopping or other types of activities, that promote independence or, encourage you're -- those daily living types of activities, that the person needs, just define what those include.

Might be more comprehensive than you really wanted to be, actually.

>> **FRED HESS:** Anyone else, any other questions?

Okay.

>> **MALE SPEAKER:** Lester with the supports coordination we evenly have a little bit of time I thought I would jump in right now.

I already actually done what you're trying to tell these consumers to do with the MTM.

No one is ready to do the mileage reimbursement for my neighbor.

I have looked at the forms I have a too many that we use that we used to use for the Office of Long Term Living.

That too many is not the same form that is on the MTM web site because as a service coordinator my job is to make sure that my consumers understand what the State is actually asking them to do, before I give you anything as they say I need to tell your family member to sign up I decided to call myself because I understand what you're going through so, the mileage reimbursement is not set up yet.

The form that they have on there has to be signed by a doctor.

Meaning, the transportation that you went to, they're still looking at it, at the medical model goes all the way back to that I'm not getting into that, I'm not.

>> **FRED HESS:** We don't have time.

>> **AUDIENCE MEMBER:** I don't itch to -- I got it Kevin I'm going to be short.

>> **KEVIN HANCOCK:** C Clarificat ion do you mean all 3MCOs.

>> **AUDIENCE MEMBER:** Into the all, one is doing the MTM program only one of them are doing the MTM program I talked, I talked -- Kevin I got this for you I talked to the MTM program, they already told me which one is closer.

As a matter of fact, they call it they got it separated in the LTSS and home and community based services.

The home and community based services that the mileage reimbursement, is going to allow the flexibility for people in the -- rural areas to have their family members actually do the transportation only one of them is halfway set up and it still has the forms for the doctor in a means, that transportation that you're saying I need to be reimbursed for, you're asking a doctor to sign, because you're still in the mind set of, they're only going to the doctor.

They're not going to the grocery store they're not going to the Casi no, they are extra places what I'm saying I already have someone, that I was told, why don't you tell them to contact us we will walk them

through it.

I said I'm going to do it for them I've already seen it, it is not set up.

It is not set up yet.

>> **FEMALE SPEAKER:** Okay let me follow-up with that Lester that wasn't my understanding.

>> **AUDIENCE MEMBER:** Oh, do it, yes. And then MTM you can go on the web site right now, you have a travel logs.

Someone is on, we have enough people in here right now we can look.

The MTM travel logs, have this -- meaning, in that set up for an reality, I just explained it after miss Andre environment it's set up for people who cannot get to the doctor who don't have anyone to take them to the doctor they're driving their own vehicle.

That is what that set up for.

>> **FEMALE SPEAKER:** Thanks Lester.

Okay.

>> **KEVIN HANCOCK:** Okay.

So I was just reminded, Fred that -- there's another meeting immediately after this, so -- so -- it's -- it's a great topic I mean we might have to have another topic some other time but, yeah. We had -- we were going to have UPMC speak next, I don't know if you will be able too -- do abbreviated discussion Andrea and ray -- and then jump to AmeriHealth Caritas if that's all right.

Okay.

>> **RAY PRUSHNOK:** Couple of the follow-ups from what we heard from earlier I'm ray Prushnok from UPMC community health choices.

First I think there's question about, complaints and grievances that are, for a complaint there's no wrong door.

Or -- you know providers are required to transmit that information to us.

So, people can you know, file a complaint directly.

There were some questions about -- using Lyft and Uber we're using Lyf te pretty heavily in the western part of the state, more on the DSNP side it's been confusing for some individuals, um, not really expecting a sort of, unmarked normal car in some cases that's been alerting where it's working is really working great.

And I'm curious to hear more of the folks in Philly about I know there's a minimum standard in the stay law where there should be more accessible vehicles.

In Philadelphia, through the commitments of lyft and Uber made that's something we've are concerned about, I'll turn it over to Andrea how beer managing transportation.

>> **FEMALE SPEAKER:** Off this discussion I'm not going it use my slides that much because -- I would rather just, point onto the topics that everybody talked about.

So a couple of things that I want to point out is, we're using

company called CTS coordinated transportations solutions.

One of the things we're doing a little bit differently is, we at this point we are still having the service coordinators use their I always get the acronym wrong the OHCDS the subcontracting where they're coordinating their transportation unless the provider, is participating with the DHS such as access and they can bill us on their own.

We're doing that, for two reasons.

One, we're trying to understand what the current transportation looks like.

So we have a better understanding we thought that turning it over immediately to the coordinator might be confusing for everybody involved.

So, we're trying to work closely with the service coordinators to understand, what they're doing, what they're transporting some are contacting CTS and that's fine.

They are using it.

The nursing facilities are fully using CTS right now.

Unless they're providing their own transportation and that's working very well.

So CTS for us is coordinating all nonemergency he methent transportation and nonmedical transportation they will be coordinating for the nursing facilities as well as the for the community CHC members that need transportation.

They have a full array of transportation providers.

All of which are, we have wheelchair vans we have ambulances we have stretcher, if the stretcher is not available, we will use an ambulance we're aware we may have to do that.

Because there are a limited amount of stretcher vans that are out there.

Their call center is set up to receive calls from 3 different types of folks.

They receive member calls from our skilled or UPMC for LIFE dual members to coordinate their Medicare transportation we're trying very diligently to make CHC the payer of last resort which means they have a Medicare benefit we're attempting to use their Medicare benefit first then we move into the -- the CHC benefit where MATP would be the next payer of resort to get them to their nonmedical transportation, whether MATP cannot do that, CTS will coordinate the ambulance, the stricher van or if it's some type of exception we'll review it.

We are asking, that right now, that the only members that contact CTS are the SNP members when they're coordinating their transportation benefits we are having the nursing facility service coordinators be the persons calling CTS to coordinate the transportation.

So that we can a slur that is on that member's plan of care.

Okay.

They will.

[sure]

They will be using various types of transportation options they do have a friends and family program.

That we are looking to implement.

We flow what is going on now and, I will admit that the form did have medical on it, and physician sug suggest signature we put that when applicable they want to confirm the member is going to the physician's office they have other ways to verifying that, they make follow-up calls to verify that's actually what is being used.

They will have the ability to provide bus passes.

They are working with all of the cab facilities to make the one of the -- the questions was what will the plan of care look like.

I think that's going to be members specific.

You will have to have transportation on your plan of care.

If the transportation is going to the grocery store 3 times a week, the plan of care should say the member is going to the grocery store 3 times a week if the member is going to church on Sunday the care of plan should say the member is going to church on Sunday I was able to make a quick call the page report of our transportation providers in this area we're still building in southeast are providing transportation 24/7 so we will make every effort to ensure that the those services are able to be fulfilled

obviously we can use cabs and lyft on Sundays and Saturdays, but, we have verified that the majority of our wheelchair transportation providers also are willing to transport on Saturdays and Sundays also.

So CTS has that grid.

They sent to me they know, who you can use I think the comment about having the dispatch center that is sort of what our call center in my mind are.

If there is a specific request of a provider to use, CTS will make an effort to use them if that provider is not available, they will suggest other providers and other options for that transportation.

The direct care worker I agree that I think we need to take that back and talk about that, internally, however, um, I would look at that if it is paid I would look at it as some version potentially of a friends and family, where by we have to verify that driver, just like we would if friends and family has requirement for providing that information, CTS will work to, if a call comes in and they, identify that it should be going to MATP, they will work to ensure that it gets transitioned to MATP or over to the service coordinator so the service coordinator or care manager just depends on who that person is working closest with, to help out with that.

Good.

Okay.

>> **AUDIENCE MEMBER:** Hello my name is Latoya maddox I have a

question about if an emergency pops up, I'm down say I'm at work I get sick I need to be transported to the hospital, via ambulance.

My wheelchair is at work.

Are the MCOs going to provide transportation for like, someone could come pick up Michele Harry can get home.

>> **FRED HESS:** Excellent question.

>> **FEMALE SPEAKER:** We would work with that with the service coordinators work with your service coordinator to make sure we make that happen yes we can make that happen.

>> **AUDIENCE MEMBER:** That will be a question for our consumers as well, yes. You guys would do that?

>> **FEMALE SPEAKER:** Yes.

>> **KEVIN HANCOCK:** So we're recognizing I mean, that -- that issue is brought to the attention of the committee as a, ongoing issue for participants.

That they're not getting their wheelchairs they were able to get transportation back home but their accessibility devices some ways are, left behind.

We know that's an issue and, we'll work with the MCOs to make sure that's something that is addressed so thank you you.

>> **PAM AUER:** I'm just really a little nervous about this I guess.

Being that specific you know, people what about social aspects? You know grocery shopping is good.

Sunday but are you, are you able to build in transportation to do, go out be social to be able to, do they have to detail, every sing they want to do to be able to use that transportation, because that's what it sounds like to me I get nervous it sounds very medical model very rigid the way it's coming across from your plan that's -- um, making me a little nervous people have to have the fluidity to be able to live their lives and be independent.

Someone who use's stretcher wants to go down to the event they're having downtown to be social.

You know.

Are they still going to be able to get that type of transportation arranged so they can still a life.

>> **FEMALE SPEAKER:** I would say the toons that is yes, as long as it's on the plan of care and service plan the stretcher example would have to be coordinated specifically, because you would have to ensure the provider was available, and able I should say able to do that transport I think that, as everyone said this is, a -- growing process.

So um, bus passes are transportation.

The question is, do we on the service plan say you are allotted six trips with access?

For the month of March? And as you know, your options are the grocery store the here, here and here and here it's potential that is how it's written.

We do see the authorization potentially being written in that planner so that, they don't have to go to the grocery store 3 times a week but maybe they get six trips a month, I'm just picking that number out whatever that number may be.

At their discretion.

It's my understanding that, that is how the current access process works.

That is how they're used to seeing their authorizations saying, six authorizations, a month and they know very well if there's a seventh it is not on the plan of care so it's not going to be paid.

That doesn't mean you can't call get the service coordinator can't update the plan of care.

But, there would be that level of limitation in there.

>> **FRED HESS:** Not good.

Nope.

That ain't good.

>> **RAY PRUSHNOK:** Okay.

I think your reaction Fred right now ununlimitted.

>> **PAM AUER:** It's not unlimited.

There's got to be a way, that person can still have that built in you knee you have, so much, in your plan, that you can use for transportation, but you still have to have that ability to say, you know,

hey, I need to go, um, to a nonmedical appointment here, maybe a doctor

's appointment go to the grocery story need the ability to say, hey I'm thinking of Pittsburgh they have a Perog itch e festival I want to go down with my significant other to go to the festival I have trips abl available I don't want to put festivals in the service I need the ability of the flexibility to handle it.

>> **FEMALE SPEAKER:** That's understood I think we can definitely take that back and build that into the model.

Push are you sure that's what Andrea is saying you would have, you know an authorization for a certain number much trips that's what, you're working with your service coordinators to develop and developing that service plan.

>> **PAM AUER:** You have a to say in that service plan, and then you don't do what is specifically in that service plan, what is going to happen are you going to get called back you didn't do these things, you know, why you know, why should we give you these in the future?

>> **FEMALE SPEAKER:** I personally see that.

>> **PAM AUER:** How are you trying to --

>> **FEMALE SPEAKER:** I see that as communication between the as much as coordinator and the member I really do I think that, we're into the saying that we would not be flexible, at all and if the member chooses to go to the Perogie festival and talks to the service coordinator and says I really wanted do this, it was social event and I used one of my, trip those do this.

Then, I think that's ok.

We also have -- what does it look like through? I guess is my question.

>> **KEVIN HANCOCK:** I'm going to say --

>> **PAM AUER:** People don't tell their service coordinator I went to a festival I don't think you go anywhere, tell anyone I have to justify to anyone else how you live your social life why should someone else but I'm -- when you, big part of my pint is, is we're hearing this now, how are the service coordinators being trained in relation to this stuff we're hearing this, how do you train your service coordinator, are they being trained to hear the consumer and actually, build in the needs not necessarily, the trips the types of trips.

>> **KEVIN HANCOCK:** One thing I'm going to have to say the question is, how is it being done now? Paragraph pair mean we do have a service coordination process they should be, asking these questions what kind of transportation services do you need? And fee for services but one of the challenges we have right now in our system, is that, in my opinion there is not enough specificity as to how the services are being used essay little bit more, little bit more open-ended than even what we have led to see, what we're looking for I think is the point you're making Pam is you, um, you want to see a balance for flexibility, um, so that the participants are able to be able to use the nonmedical transportation in the way it was intended to be able to access the

community and have a life.

That's --

>> **PAM AUER:** That can be the goal that generic.

>> **KEVIN HANCOCK:** We have to find a way to balance the fact that the -- the there's some real authorization with the services as well.

So we want to achieve those, a chief both, we want to achieve both.

So -- we will make that happen.

So we have two minutes left I think we have to get out.

>> **MALE SPEAKER:** So I'll make this very quick, um, from a -- high level overview I think, I think what was just touched upon there is the, the coordination and communication between the service coordinators and the participants is going to be key as we develop the service plans and move forward with these services.

You heard about the, non-emergent and nonmedical transportation who is available for that I think, one of the things that gets lost in there is the, the -- um, as we work through some of the challenges we're being presented with are, the non-emergent medical transportation, if there is other, coverage other insurances, that maybe in place that cover that, we have to coordinate with them because we are, truly the payer of last resort, if that, that payment should be made by another payer whether it's Medicare, DSNP whoever it may be we have to coordinate that with them to make sure that, that gets processed that way we can coordinate the claims payment on the back end for those

services.

The weekend I -- I took that as a take away to make sure that is not a challenge on our side.

Because we have not heard that, individuals have not been able to get to functions on the weekends.

But we will, follow-up on that make sure that is not a challenge that we're just not aware of.

And, and make sure that, we do have that coverage for that.

We are working through the current process right through OHCDS with the service coordinators as well as enrolling providers directly with MTM.

And, for the nursing facilities we are, allowing them to schedule and arrange the transportations the way they have historically arranged for them to be able to bill to us we're encouraging that they enroll or have their vendors enroll with MTM to provide those, nonmedical transportations services.

So we can track and make sure that is saying place and again I'm going to reiterate that, the services have to be part of the service plan.

Now, again that's a communication in having that dialogue back and forth as to, what are the, the -- the requirements and what is going to be included so we can process and pay for those services a lot of com communication.

>> **FRED HESS:** We'll have to conclude the meeting we don't have my more time for the questions.

>> **AUDIENCE MEMBER:** More than question.

>> **FRED HESS:** Really quick.

>> **AUDIENCE MEMBER:** I'm an individual with seizures if I go out to an event, I have a seizure, how am I going do get transportation?

>> **FRED HESS:** Emergency --

>> **AUDIENCE MEMBER:** If I use it.

>> **FRED HESS:** No.

>> **FEMALE SPEAKER:** That is emergency right.

>> **MALE SPEAKER:** If you have to be transported to a hospital from --

>> **AUDIENCE MEMBER:** I don't get transported to a hospital with someone does they stay with me for five minutes and -- I come out of a seizure, they do not take me to the hospital.

That's when they take me to a hospital they also leave your chair on the street.

They don't put it in the vehicle.

>> **MALE SPEAKER:** So that's where the, the communication with the service coordinator if you're using that --

>> **AUDIENCE MEMBER:** How can I predict seizures.

>> **MALE SPEAKER:** Aft fact doesn't have to be prior, it has been -- hey I was out at the event this is happened, we flowed to you know talk

about transportation.

Yeah.

>> **AUDIENCE MEMBER:** You're playing in that --

>> **MALE SPEAKER:** Post it doesn't have to be prior.

You're.

>> **AUDIENCE MEMBER:** That's all the trips we have for the month we put it on the service plan we need more.

I'm a teacher -- I provide all types of services.

What am I supposed to tell my people?

>> **MALE SPEAKER:** That's where you would have to have that conversation with your service coordinator so that would be part of your service plan.

So that all of that will be captured in there.

>> **AUDIENCE MEMBER:** Can't predict how much we're going to be moving around.

>> **MALE SPEAKER:** Continual communication.

It's not just the one and done each month or every six months it should be a continuous conversation.

That you if you have changing needs or, um, and having that conversation, with the service coordinator.

>> **AUDIENCE MEMBER:** That's my life every day.

>> **MALE SPEAKER:** Agreed that's where that communication piece comes from.

That should be happening.

If it's not, it probably should be more frequent.

>> **AUDIENCE MEMBER:** No I'm saying right now if you -- I'm not going do -- six times a month.

>> **MALE SPEAKER:** That's just an example, that is not -- that is six that is just pulled out of the air that's not a real number.

>> **KEVIN HANCOCK:** Michelle I think that -- Michelle I think that, it is probably not going -- I think you just communicate the same way you would communicate to you're service coordinators now.

>> **AUDIENCE MEMBER:** I don't.

She just gives me the pass I roll.

>> **KEVIN HANCOCK:** Okay.

SEPTA.

Okay.

>> **FRED HESS:** Next meeting is April 4th.

We'll see you then.