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NOTE: Services my Way information is available at http://www.publicpartnerships.com/programs/pennsylvania/PADPWOLTL/documents/other/Consumer%20Guidebook%20for%20Self%20Directed%20Services.pdf

DATE: May 2, 2018

EVENT: Managed Long-Term Services and Supports Meeting

>> FRED HESS: We'll be getting started in a few minutes.

Good morning everyone. Please have your seats quiet down.

We'll start with introductions.

Starting from the end here, Barb is not down here you get to start it now.

>> SPEAKER: Linda Litton participant advocate.

>> SPEAKER: I'm Jim Pieffer, new member today.

>> SPEAKER: Veronica comfort, Pennsylvania council on aging.

>> SPEAKER: Jim Fetzner,.

>> SPEAKER: Tanya Teglo.

>> SPEAKER: Good morning Jack Kane.

>> FRED HESS: Fred Hess the chairman.

>> KEVIN HANCOCK: Kevin Hancock long term living.

>> SPEAKER: Barb poll sister, liberty community connections.

>> SPEAKER: Steve Touzell, Philadelphia corporation for aging.

>> SPEAKER: Hess she Zinman, LGBT elder initiative.

>> SPEAKER: Estella Hyde, council and AARP.

>> SPEAKER: Theo Braddy, CIL CP.

>> SPEAKER: Ray Prushnok.

>> SPEAKER: Luba Somitz, Bayat home care.

>> FRED HESS: Anyone on the phone?

>> KEVIN HANCOCK: Do we have any members on the phone?

>> SPEAKER: We have Brenda dare, Drew Nagele.

Ralph Trainer.

Juanita gray and Terry Brendan.

>> KEVIN HANCOCK: Are they unmuted.

>> SPEAKER: I can unmute them now.

>> KEVIN HANCOCK: Yes.

For the people on the phone, just want to make sure is Brenda Dare on the phone?

>> SPEAKER: Yes Brenda Dare is here.

>> KEVIN HANCOCK: Is draw nea gel on the phone?

Do we have any other board members on the phone right now?

Council members?

Ralph Trainer on the phone?

>> SPEAKER: Yeah, this is Ralph Trainer.

>> KEVIN HANCOCK: Hi Ralph.

>> SPEAKER: Good morning everyone.

>> KEVIN HANCOCK: Do we have any other council members on the phone?

I think drew Nagele did you introduce yourself?

Okay.

You can probably mute again.

>> SPEAKER: Okay.

>> FRED HESS: All right. We'll do a little bit of housekeeping here.

Watch your language okay we're -- we're not idiots, so please be professional. Direct comments to the chairman, wait until called on keep comments to two minutes.

We are, very, very tight today so definitely try to keep everything within two minutes.

Meeting minutes transcripts meeting documents are posted on the Listserv.

Under MLTSS meeting minutes, the documents are normally posted within a few days of the meeting.

Captionist is documenting the discussion so please -- speak clearly and slowly.

Also, the meeting is being audio recorded.

Please mute or turn off your cell phones, clean up through tro away your trash, things like that, public comments will be taken during

presentations instead of being heard at the end of the meeting. However there will still be an additional 15 minutes at the end of the meeting if possible, for additional public comments.

And MLTSS sub-MAAC meeting dates are available on the Department of Human Services web site much at very long -- if you need it we can get that posted for you.

The June 6th meeting is rescheduled for Wednesday, May 30th.

I would like to introduce James Peiffer a new member, could you say a little bit about yourself?

>> SPEAKER: Good morning.

My name is Jim Peiffer, very pleased to be asked to be a new member, I've been in long-term care for 33 years with Presbyterian senior care which say large non-profit organization southwestern PA we serve about 7,000 seniors and persons with disabilities each year.

Employee background I was a former licensed administrator, majority of my role, now is in new project development but particular area of interest in affordable housing we serve about 2100 seniors and persons with disabilities, affordable housing. And I'm also a member of the leading edge Pennsylvania board of directors which represents our non-profit associations here in the State.

>> FRED HESS: Noon you Jim. Can can we have Barbara Polzer do the evacuation procedures?

>> BARBARA POLZER: Sure. In the event of an emergency or

evacuation, please 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 the doors of the honors suite, OLTL staff will be in the safe area and stay with you, until you are told you may go back into honors Suite or you vacuated.

Everyone must exit the building and take your belongings with you, do not operate your cell phones.

Do not try to use the elevators they will be lock down.

March we will be use stare 1 and 2, to exit the building stairs 1, exit the suite through the main doors on the left side near elevator, turn right go down the hallway by the water fountain. Sta ir is on 1 the left, 2, exited the suite on the side doors right side of the room or the back doors.

For those exiting from the side doors, turn left, and number two is in front of you directly. Those exiting from the back door exists, turn left and then left again and stairs 2 is ahead of you keep to the inside of the stairwell merge to the outside.

Turn left and walk down Dewberry, to Chestnut Street, tush are turn left to the corner of Fourth Street, turn left to Blackberry street and cross Fourth Street to the train station.

>> FRED HESS: And by the way if you guys have not notices there's a change in seating I'm the chairman of the committee.

And, Barbara Polzer is now the vice chairman of the committee. And,

with that I would like to introduce Kevin for OLTL updates.

>> KEVIN HANCOCK: Thank you Fred thank you barb.

So as see on the agenda, my updates cover -- they normally take an

hour they have given me half an hour we have over overloaded the agenda we'll get through it quickly. I'll

pause at the end, for any questions that you may have.

But if it is already with you I'm trying to get through my material

just, have be open for questions at that point, that will be for the

committee and anyone in the audience and thank you, for the

accommodation. So -- starting with the CHC launch updates,

we continue to focus in the southwest, for 2018 on assuring there's no

interruption of participant services no interruption of provider payments

that will tend until the end of the continuity of care

period, June 30th we're, like a little less than 2 months out now. We're

getting close to the end of the continuity of care period this means

our focus is shifting to what we call steady state in the southwest.

Which means that MCOs will directly go over operations, beyond the

continuity of care period.

And that also means that, the -- the Office of Long Term Living

monitoring efforts will be shifting as well to move away from these

particular focuses and to a broader focus how the program is working in

the southwest and while that's happening we're also going to be shifting

focused heavily to southeast implementation which will occur on January

to 1 2019. That will involve as previously noted a lot of participant related communication and that participant communication will be starting earlier. We have already begun the engagement for the readiness review process. The official kick off of the readiness review process was in early March -- late March and early April it's going to be in full swing in the June time period when we have the provider educational sessions that are scheduled through out the southeast and primarily in the Philadelphia area.

The provider communication and training will involve sessions that we'll talk about, what community HealthChoices is to educate our, all of our providers until including physical health nursing facilities, home and community based providers behavioral health providers we'll have these individual break out sessions that we'll go into a lot of detail for those particular provider types on how CHC is going to be working for them and how the change is going to effect them.

We will also be working on pre-transition activity that official transition activity will be start in August, we'll be mailing the pre-transition letters more than a month earlier than in the southwest that a lessons learned. We'll be doing some additional outreach that will include participant outreach sessions that will involve volunteers, associated with aging well, which is going to be managing our communications efforts. And, those volunteer entities are normally area agencies on aging as well as Centers for Independent Living and

other service coordination entities, all of them will be not only providing detailed information about how community health choice asks going to be effecting participants and answering a lot of questions, that's the 2018 focus. Just to give a quick update on the distribution of population.

As see on this slide, um, this is so much easier if I have it in front of me it's behind me. So, lesson learned go me. As you see on the slide we've talked about this before, 73 percent of the program is, is community dual.

So we do focus heavily on our long-term care population which includes nursing facility services as well as home and community based services that is a significant portion of the population but the reality is, that when you look at our program nationally, especially in the view of the fact 94 percent of the total population, is duly eligible statewide. We're in a duals program, so when we, we talk about community HealthChoices nationally they look at there as a being a managed long-term services and supports that very much focus on dual eligible individuals.

So, that's going to effected -- should effect our messaging going forward and certainly should have affected our messaging in the southwest. Definitely a lesson learned. The next slide, shows the distribution, in the southwest right now by MCO. UPMC, continues to have the largest share of participants 594 percent, Pennsylvania Health

& Wellness, 27 percent and AmeriHealth Caritas at 19 percent.

Obviously UPMC is a unknown presence in the southwest.

We expect that the distribution will change in the southeast, however.

The next slide so just, little bit of background, through a partnership with the Jewish health care foundation as well as through the University of Pittsburgh there have been some participant and provider listening sessions occurred in the southwest, that have provided a great deal of important feedback we plan to use not only to improve the program over all, but also to improve our roll out for the southeast. We have learned a lot in these listening sessions provided feedback that, that -- will help us in over all sense improve, how the program is going to be implemented and how it's going to be running as well.

So some of the problems that have been experienced from participant perspective the biggest hitter is transportation.

And it is still a headache. Just, so, why is transportation a problem? We've already had a MLTSS session dedicated on transportation and why is it going to be a continued focus?

Because through and -- being very blunt here, community HealthChoices we have expanded the availability of nonmedical transportation. So in effort to do a good thing, through our home and community based services, we have also increased the complexity of how

transportation is being delivered in the southwest. We're working through those issues and one of the ways we're working through the issues is to have better coordination between the medical assistance transportation program and the -- brokers that all 3 of the MCOs are using to be able to coordinate nonmedical trippings the MCOs have been working with us about this and, we have had a lot of open conversations with a lot of stakeholders a lot of suggestions. This is not only going can to challenge for a home and community based services, this is for nursing home facilities as with. By trying to on do a good thing we increased the complexity, the department owns the -- the initial effort.

But we recognize that the -- there's not a lot we can do about the complexity of transportation in Pennsylvania since it's, we have different payors for a lot of the different transportation services.

But we can certainly make it as seamless as possible for participants that's our goal at this point.

And we'll continue to talk about how we're working through issues with transportation and this meeting and others and every opportunity we can.

It is a big issue for our participants and it is a have I big piece of feedback. Participants talking about losing access to their service coordinators. That's been something that I'll be talking about a little bit later on. It is an they're the participants have talked

about, because the all P of the managed care organizations, have offered a hybrid model in providing service coordination using internal staff as well as, subcontracting with existing service coordinators not only to provide the service during the continuity of care period which was a requirement but also, to continue afterwards but it is possible that the MCOs may not be working with all of the service coordinator that's are currently available in the fee for service system after the continuity of care period is over or even, further down the road.

So participants have a concern that they have a relationship with their service coordinators and that they want that to continue.

Also, an area that -- service areas have been a pref heavy focus, home mods and continue to access the DME, home modification is a particular issue because it's a pretty significant project, can take very many months not only to plan out the project but also to execute the project.

Have been a lot of overlaps between the fee for service program and, the roll out of community HealthChoices and who is responsible for what has been an area that's been some confusion we worked through those individuals -- individual cases on a case by case basis.

But it is an area where we know we'll have to focus much more earlier with the southeast as well.

Common questions what will happen to important service coordination service, service coordinator relationships after the continuity of care

period ends. As stated the MCOs service coordination is administrative function of the managed care organizations they're not service providers in community HealthChoices. It is a different relationship. So the managed care organizations have a lot more, they, can -- they have a lot more control over how that service is being delivered.

And, it is possible that they may not continue with all of the service coordinator relationships after continuity of care period is over and beyond.

So that's something we will be paying attention to, we'll answer those questions. But we have always been clear that's how service coordination is going to work in community HealthChoices it is an administrative function of the managed care organizations.

And, in the southwest, after the continuity of care period is over, when we talk about service coordination, holistically going to be talking about it in connection a function of the managed care organizations. From our perspective and from, perspective of managed care there is no difference between service coordination and AmeriHealth Caritas, Pennsylvania Health & Wellness and UPMC. Just to be clear.

We provided a lot of provider feedback we have listening session those involve providers we continued our conversations with a weekly and biweekly basis to continue to gather this feedback. Some areas were, that were noted were communication challenges with the MCOs and that those communication challenges, for example, may have resulted in the

delay of payments.

They also talked about transportation specifically nonmedical transportation.

Billing challenges have been issue they highlighted as well as information on new referrals that's been in the service coordination realm as well as the provider realm if there are individual provider cases we often, either act as go between or refer the providers to the MCOs in question, to talk through the issues or work through the issues. And from our perspective, the -- the providers and the MCOs, across the board have had a pretty, pretty good communication relationship in addressing issues, when there's some vair barriers or issues some providers have brought them to us or brought them through other channels to us.

We appreciate that.

We will definitely help in any way we can.

Once that's been brought to the MCOs we noted they have been pretty responsive to the issues. Across the board even with issues, even with hiccups, the -- even with communication challenges, the problems have been able to be worked through we're happy about that.

Some other provider issues, big focus on HHA exchange we have talked a lot about that, in previous MLTSS sub-MAACs, and, what we've learned and, the department who owns significant portion of this, that there were data integrity is one of the biggest challenges that the MCOs and

the HHA exchange faced early on that left a lot of information not necessarily available, to be able to process the claims or to process prior authorizations and our goal with the southeast, which we even though, with fewer counties, even though it involves, maybe, fewer area s on aging the SAMS system, this is primarily about the aging waiver population. There are many more aging waiver participantness the southeast we're expecting that it actually will be much more quickly and standardizing the data, SAMSs specifically to be recognize the issues in the southwest otherwise we'll have the same issues early on we don't want that to happen. We also talked about administrative costs of tracking missing shifts as well as other types of services.

And educational referral and MAXIMUS has been area raisedded by providers and, we continue to with our independent enrollment broker to be able to improve opportunities to improve communication and also improve the application processing and employment system as well.

So move on the southwest continuity of care.

So mentioned earlier I was going highlight this, went through a lot of detail in this particular topic in the consumer sub-MAAC I'll lie light what we talked about here. I'll say at least this information, is tendtive that the point, what we mean by tentative is, the MCOs still have time to be able to actually to -- to, rethink their approach.

And they will certainly inform the department and we will certainly inform you, stakeholders that, if their approach in any way changes.

As of right now, by individual managed care organization, and the managed care organizations are open to be able to provide any information they deem so wish. UPMC offering long term contract toss 9 external service coordinationennity it's, impacting 2102 participants as of February 3 P, they're April 23, their evaluating all offer service coordination, they have not notified the department of severring any relationship was any service coordinators at this point. But that is something that may change aft continuity of care period is over as I mentioned service coordination will be a part and parcel of the managed care organization service delivery model and, it is not going to be considered a separate service provider.

Pennsylvania Health & Wellness that's PHW, they're going to be offering, they let us know they're going to be offering long term contracts to four external service coordination entities, bullet they have also made the decision not to terminate any other external service coordinators at this time also may change based on, longer term evaluation and longer term partnership but at this point they have not notified they're going to be changing their practice at this point with any of the service coordinators.

And the AmeriHealth Caritas, has identified 20 service coordination entities, they are planning at there point, to terminate relationships is my understanding that is truly tentative.

They're evaluating this they do have a little bit more time. Their goal is to be able to send notification to any terminated service coordinator in the middle of May. Which will be at the same time they would be sending that notification to participants. And they are still evaluating that at this point. But that number would be effecting 174 participants. And other than that, those 20 identified, they're not planning to sever any relationships with any other agencies at this point.

With regard to network providers in continuity of care.

>> SPEAKER: Wanted to ask the ones are not severing the contracts with their SCs, but, may do it in the future is there any structures any mandate, how much time they give their consumers.

>> KEVIN HANCOCK: 45 days. So if they terminate, that's a great question, if they terminate the relationship with any service provider the agreement requires them to notify the participant 45 days of the change. 45 days, when the change is occurring.

I'll bring the microphone closer sorry.

And we actually, there is not a formal requirement in the agreements, to be able to notify providers when they're going to be terminating from a network.

But the expectation they have a 9 on day requirement to notify us.

And.

We expect the MCOs will provide notice to service prayeder those 60-45 days, we need to formalize that requirement in the future revision to the agreement.

So but that being said, that being said, there is say formal notice for participants as

well. With regard to network providers of after continuity of care. None have notified, any. That includes home and community based, nursing if a sill if I providers are not mentioned because -- they have an 18 month, any willing provider provision that would disallow the MCOs to be able to change that relationship at this point.

Okay.

Tanya, can I get through the material, okay.

Thank you.

I late to do that really just -- just, because we want to give you, personally as much time as possible, to talk about services my way. Okay.

So, areas of current focus, we already mentioned HHA exchange.

We continue to focus on opportunities to be able to provide, education, to participants and providers on, Medicare versus Medicaid that will be the Medicare and CHC relationship. The reason why, this will be -- community focused CMS is the cent foreMedicare services Federal partner has been helping us with this, we recognize that this is a gap area and there's been a lot of confusion, with the dual eligible

population on the way that the Medicare versus Medicaid works so we need to spend more time communicating that way.

Also, we're going to be focusing heavily on the person centered planning process and, actually, taking ash approach to make sure that the, it's to alleviate with stakeholder partners on the fact that this, the person centered service planning process is truly person centered. And, we're doing that, through a project that, that will not only be a partner with the participants but also list some stakeholders in the community as well. We're looking forward to the feedback from that review.

We will continue to focus heavily on laser focus on person centered service plans the reality at this point since we have this, this position that the 3 MCOs are taking on their service providers and service coordinators, and taking a much more long term approach and evaluation, the real question at this point at the end of the continuity of care period what is the impact on service plans?

I have gone on record making this statement before and I will go on record again in this meeting, again, and it's going to be part of the transcript, we recognize that in our system, we have inflated service plans. We also recognize that as part of the comprehensive needs assessment process and person centered planning process the MCOs are going to be evaluating service plans and they're going to recognize that there needs to be a different service configuration for some

participants.

All that being said, we need to make sure that is evaluated to make sure it is truly, person centered and appropriate to participants and, also, make sure that the participants understand their rights, if there's a case that, if there's any type of service reduction . So, that will be the laser focus at the end of the continuity of care period at this point. We'll be receiving a lot of information from the MCOs about this. And we'll be receiving and looking forward to a lot of feedback from stakeholders on how this process is working for participants.

With all that being said, it is, we are recognizing that we are recognizing that some service plans do need to be changed.

Yes Daniel.

>> SPEAKER: Quick question who is going to be doing the unless determining what is an inflated case.

>> KEVIN HANCOCK: The department will be aware of any service plan change that occurs in terms of inflated service plan it is up to the MC ons to justify their change. So during the service -- let me -- let plea getting back to the original request, our desire here is to get through the information, give me five more minutes then we'll be happy to answer any of those questions, you'll be first if that's all right.

After I'm done with the material.

But, it is a great question. The department first and foremost

will be evaluating whether we think the there's some systemic approach on the part of the MCOs, to cut services and it needs to be person centered.

And then after that, it will be really a conversation between in many cases the department but between the MCOs and the participants and, they're advocates to whether or not the process itself is, is person centered. And the participants need to understand the rights if they disagree on the termination on the part of the MCOs what they can do to be able have those rights addressed and -- larval Miller Wilson will be talking about highlighting the agreements process how it will work with participants at the end of the continuity of care period we'll get ahead of those issues if any recognize any systemic issues just to be clear, we're going to -- to be engaged not saying necessarily to interfere, we're acknowledging some of are inflated some case questions may need to be more engaged if wetly there's a problem. Transportation we already talked about, we'll talk about complaints and grievances a little bit later on continuity of care period ending we talked about that in general and in, I'll hop now to lessons learned for the southeast. We have talked about these lessons learned an the focus going forward will be doing everything, earlier.

The next first event will be in person provider communication sessions they are going to start the first week of June, almost 2 months earlier than we won ducted the southwest provider sessions. The reason why we

want them to be earlier, A, we wanted the providers to get know the MCOs have more time to build a relationship, B we want the providers to have a lot more opportunity to able to have the requirements for CHC settle in if they have any particular questions they can have them answered in a lot proper time. So that's really the focus.

Otherwise everything will be earlier.

Okay.

So I'm not.

Okay.

So -- okay.

We already talked about him as you say and SAMS clean up the provider information on the IED web site is something we're also going to be standardizing.

And, borroweddening more, they have more information than they need we have a lot of information to provider that's is already available, out there we'll increase the opportunity force provider training on Medicare versus CHC. Okay.

Moving onto southeast implementation focus. We already right now conducting OBRA assessments which is did occur earlier than the are southwest the reason why we're doing these assessments -- right with you, just -- finishing the content so we can get through it as quickly as possible my goal is to give Tanya as much time for services my way. OBRA assessments we're doing those assess am aces quickly

as possible to make sure we have at the time OBRA will continue after community HealthChoices, the OBRA waiver will continue after community HealthChoices is, is implemented but it has a different eligibility, clinical eligibility requirements than community HealthChoices and, if a person is nursing facility clinically eligible they need to move into the -- move into community HealthChoices that's the reason why we're doing the assessments, they're actually not, if they're determined to be nursing facility clinically eligible they have to move into other waivers the way the program is designed. Participant communication planning something we've been talking about, that's ongoing right now and -- the list for provider outreach session asks noted below from June 4 to 8th in the Philadelphia area. Talking to Philadelphia providers about how the role for community HealthChoices and later in June we'll be in the four suburban counties talking about -- highlights of community health choices how it's going to be working for them and of another key focus is population identification. We're going to be working with stakeholders in the southwest are east to talk about populations, that may have special language requirements or outreach requirements that may require special handling in away we didn't have to, necessarily do in the southwest. And, we have already received a lot of suggestions, how to be able to conduct that population identification and language requirements and we have already started to develop partners with a lot of our a lot of

our partners in the southeast to be able to work through those requirements.

It's very important to be able to reach as many people as we can.

And we know in the southeast that's, that's particularly challenging, especially in many some neighbors where populations may be harder to reach we're definitely going to be working on that.

Speaking of population, this shows the break down of population we've already showed this by, their category, home and community based dual, non-dual.

Long-term care dual and non-dual and the community duals. And as noted here, there are two very important differences in the southeast. Versus the southwest.

The first is the HCBS population is a lot larger. That's mostly in the Philadelphia area.

They -- Mr. More, the split between nursing facilityities and home and community based, recipients or participants in the southwest is roughly the same in the -- in the southeast it's much more skewed to home and community based services, we're very happy about that. But it does present a different focus not only with participants but also providers and then, the community duals is still the largest population category.

The next slide shows the break down by county. We are still, working through the clean up for this data.

Obviously, in Philadelphia alone there were proper people than there was in the entire southwest. So population is about 50 percent larger in the southeast compared to the southwest that's definitely a consider as well. Some highlights on communication.

We'll continue the MLTSS sub-MAAC indefinitely and present in the consumer sub-MAAC as long as we're provided continue to provide updates on the community HealthChoices many sub-MAAC, third Thursday webinars will continuen definitely I would like take an employment to plug any topics you would like to have covered in the third Thursday webinars if you have any particular topic you want to have covered, please send them our way we'll make sure that their on the agenda.

And then, the looking for opportunities for stakeholder communications which includes MCO participant advisory committees we've talked about the last time.

Local advisory groups, sub-MAAC presentations Thursday I wanted to highlight, an opportunity the consumer sub-MAAC in May, is going to be, split actually, the consumer sub-MAAC I believe is may 23rd if I'm not mistaken, is actually going to be Corping, it will -- we'll continue to have -- have a presence in health and welfare room in 129 but there's going to be an on site consumer sub-MAAC in the southwest and it's actually going to provide an opportunity for the department to hear directly from participants in that area, on how the CHC roll out is going. So we're very much looking forward to that.

There will be a listening session earlier in the day and consumer sub-MAAC is in the afternoon, we're very much looking forward to opportunities for the department to have direct a direct interaction with participants and loss present how we think things are going.

And, talking about some of the issues we have mentioned earlier like transportation, like service coordination and like, service plan development.

If anyone from the southwest or interested in making a trip, consider attending the listening sessions as well as consumer sub-MAAC, it's new to the consumer sub-MAAC and something we'll able to repeat in the two phases as we go forward with the community health choice wears very grateful to the sub-MAAC not only for the idea but the opportunity.

Next slide is the, MCO contact information same as before. We will be changing very soon a player health care it is they're going to be known a Mary caritas, but keystone in the southeast. The resource information is pretty standard all this be available with you, with that , any questions?

I was hope be trouble to answer spit fire questions when she comes back I'll look for her.

I think -- you were first and then, we'll go back to Pam thank you very much.

>> AUDIENCE MEMBER: Thank you.

Thank you.

My name is Tony brooks from Philadelphia.

As you were going through your presentation, I have some points I want to ask you about.

>> KEVIN HANCOCK: Absolutely.

>> AUDIENCE MEMBER: Number one, the transportation, when is that period ending? In the southwest?

>> KEVIN HANCOCK: Transportation, nonmedical transportation there will be --

>> AUDIENCE MEMBER: The period you said ending in the southwest, what -- what month, what day LANnonmedicine transportations it's an offered services.

>> AUDIENCE MEMBER: Offered through community HealthChoices.

>> KEVIN HANCOCK: Also true for the southeast that's part of our nonmedical transportation, is part of our community HealthChoices waiver will be offered as long as community HealthChoices is offered. That being said, we're hoping the problems we're having with nonmedical transportation, will end.

They will have an expiration date and we're hoping that will happen as soon as possible.

It is already getting better but we're definitely looking for opportunities for better coordination. I'm quite sure the MCOs would agree with that and, also, quite sure that the transportation

providers and parenthesis are participant will be looking forward to that.

>> AUDIENCE MEMBER: Can you give us some issues what's been happening with the transportation in the southwest? Like, so -- examples.

>> KEVIN HANCOCK: Two examples one example on the nursing facility side is that, the -- nursing facilities have been responsible for coordinating their own transportation.

In some cases, in the -- the past nursing facilities have, if they were, reaching out to the MC ons to help coordinate the transportation, they have had some challenges, working with and scheduling transportation with the transportation brokers with the managed care organizations with services that are not offered in the nursing facilities like for example, if someone needs dialysis.

They're working through those issues but, there have been, episodes where scheduling has been problematic for nursing facilities.

>> AUDIENCE MEMBER: I'm more in the home and community based services of the transportation.

>> KEVIN HANCOCK: To be clear, I'm sorry so say the transportation coordination has been a little bit of a universal challenge for us, on the home and community based side examples of challenges are number one people not knowing who to call, especially if it's between their nonemergency medical transportation, the MATP program and nonmedical transportation, which is the transportation they would use for community

integration or being able to access the community. That has been not knowing who to call has been a common example of a problem we've heard on transportation.

That's something we are looking to forward to communicate through, the MCOs, service coordinators et cetera on, how to address that, those are two common examples, but they're on -- unfortunately are more.

>> AUDIENCE MEMBER: Can I give you an example, how it works in Philadelphia?

>> KEVIN HANCOCK: Sure.

>> AUDIENCE MEMBER: Um, I'm a home and community based individual.

I have a home and community based agency, which I go through.

And, we get our transportation through our south eastern transport system, which is SEPTA.

>> KEVIN HANCOCK: Right.

>> AUDIENCE MEMBER: We are given monthly Trans passes to use.

Is that an issue in the southwest?

>> KEVIN HANCOCK: In Allegheny County, it -- there is a similar type of issue that occurred.

I think that, in that has been one of the challenges actually early on.

The -- the larger transportation entity that provides services in Allegheny County there was some confusion, with that provider on -- the

relationship with the managed care organizations, during the continuity of care period. And that has been -- quickly corrected by them and also the MCOs but that was a problem early on.

>> AUDIENCE MEMBER: It's been rectified.

>> KEVIN HANCOCK: It has been rectified, presently rectified, we lesson learned for us for the southeast we know that SEPTA is an important partner in transportation for the southeast. So -- the goal of the department, is to meet with SEPTA very early and, to -- to develop that relationship and make sure they know the community HealthChoices is something coming their way.

That's also true for logistic care in Philadelphia, that is the broker for medical systems transportation in Philadelphia.

We actually our first meeting with them last evening we're looking for opportunity toss get ahead of that community are communication strategy as well. Thank you for your questions they're excellent questions.

>> AUDIENCE MEMBER: One more question.

>> KEVIN HANCOCK: To go around, Pam has been raising her hand can I come back to you.

I just want too make sure.

>> PAM AUER: I'll wait for him.

>> AUDIENCE MEMBER: Thank you Pam. The next one is the, the clinically eligibility availability from when you're being transitioned

into a nursing institution or going to the home and community based services. Who the one is going to he evaluate the individual. Is it MCOs, is it the doctor? Is it Medicaid Medicare, is it MAXIMUS?

>> KEVIN HANCOCK: For?

>> AUDIENCE MEMBER: Clinically eligiblity evaluation that you talked about.

>> KEVIN HANCOCK: So the, nursing facility clinically eligible evaluation just to be clear.

>> AUDIENCE MEMBER: Uh-hum.

>> KEVIN HANCOCK: Right now the entity that is responsible, the currently the area agencies on aging are still responsible to do the level of care assessment statewide.

After July 1st, the entity that will be responsible is aging well.

Aging well, is a non-profit that represents a consortium, of the area agencies on aging.

And, they're going to be centralized entity in managing that process going forward. So for participants that shouldn't seem that much different but for, but we're hoping that approach as well as some changes in the, the functional eligibility determination, will streamline the process for participants so will be quicker that's our goal.

>> AUDIENCE MEMBER: The third one is the wage of the PCAs.

What are you guys doing about that? LAN-i'm not sure I

understand.

>> AUDIENCE MEMBER: The personnel care attendant, wages are very low.

Wages are very low, what are you guys going to be doing about them?

>> KEVIN HANCOCK: I think I'm going to answer your question broadly if that's already with you, we don't pay directly direct care workers. We pay providers and, even the fee for service system we pay providers the rate they use that rate to be able to -- to be able to pay the wages of the direct care workers.

And, CHC we pay a capitated rate to the managed care organizations they work with providers on the payment rate, that would then be used to pay the rate for the direct care workers.

So the budget as I mentioned this the last time in the budget for 2018 to 2019, our fee for service program does not have any rate increases.

All of the additional funding is going to be able to manage our increases in enrollments and also increases in the cost of service plan but which are both increasing. So we do not have any rate increases in the fee for service program. And one of the opportunities we see for community HealthChoices is that through a capitated payment to managed care organizations, the managed care organizations have more flexibility in the way they manage payment with their network providers. And they also have opportunities to be able to, have more

flexible payment arraignments like with value based purchasing or other options where they might be able to through quality initiatives to augment the way the providers may be paid. And -- the managed care organizations would have to answer whether they're considering those types of relationships with providers going forward, but in the 18-19, we don't have any rate increases in the proposed budget at all that's not -- that's for any long-term care providers we just, all of our money, there are increases in funding for long-term care all of it is going to our drastically increased enrollments and as well as the progressively increasing cost of service plans.

>> AUDIENCE MEMBER: So that means that, if I'm being transitioned into the community, one thing I would just that just came into my mind was the homes.

I'm being transitioned into the community do we have homes for us to be in the community?

>> KEVIN HANCOCK: Housing is a separate issue.

Unfortunately I have to say that we do, we are housing is a --

>> AUDIENCE MEMBER: All involved.

>> KEVIN HANCOCK: It's a, primary focus of community HealthChoices as well as the department.

There's not enough of it available, especially adaptive housing there's not enough housing available we're looking for every opportunity to increase capacity for community housing to support long term

community based services we're open to any suggestion you may want to provide to be able to help build out that capacity.

>> AUDIENCE MEMBER: Thank you I'll wait for you to come into the southeast.

>> KEVIN HANCOCK: Actually I see, as -- sometimes I mean I sigh you as often here than the southwest.

>> AUDIENCE MEMBER: I'll wait for you to come to my neighborhood --

>> KEVIN HANCOCK: Not just your neighborhood hopefully have the opportunity,.

>> PAM AUER: This is going back to the discussion on there are some inflated budgets.

Right now as it stands, consumers don't know how to appeal if they have that right. What's the plan to educate them? Because we've talked about day 181, they have a change until the bucket they don't know, or their service plans they don't know they have the rights. What is being done right knew as we speak to educate consumers on their rights so that, if there's a change, they can freeze a ten days in, they can -- they can put their appeal, you know, people may know their right to appeal they don't know the 10 day rule if it you get it in between ten days the service plans stays where that is, that still exists right.

>> KEVIN HANCOCK: Is it does.

>> PAM AUER: How are we educating the shall consumers we have asked

this before where is that -- when the -- speaks later is that part of that.

>> KEVIN HANCOCK: Lavall will talk about the health law project and other plan and entities are supporting, participants as they go through the complaints and grievances process.

The -- I'll get to your specific question.

So the way the process will work right now if there's any adverse action to participant when is it comes to their services oversee the notice in a notice will outline their rights that notice will stipulate the ten day requirement for submitting the appeal. It also have information on -- how to get -- do outreach with plan.

And -- help law project and receive support as they go through complaints and grievance process as well.

Mostly the grievance process, in terms of education, we have talked about the grievance process in every -- opportunity we can.

The reality is, and we are, open to suggestions when we can do for that outreach. The reality is, such a complex process that, that -- any type of education we offer, we, we offer the steps, the process is complex, um, that -- it's hard to, to make it a cohesive, participant session. So -- we are open for suggestions.

>> PAM AUER: One thing look at the forms again. And what the forms are saying.

Because you get the notification in the mail and, they don't think

to flip over to the lap are back see this is the your right to appeal, I looked at one of the appeal forms, because there's two different, the appeals people can get one from the county safety answer and one from OLTL.

And, one of them, didn't have any dates on it, when you got them back, nothing on it that said, I guess there's a -- MA5671 and PA, something such and -- they're not clear for consumers not consumer one suggestion.

If you have a lot people that are getting their service plans changed.

>> KEVIN HANCOCK: So, am I -- I'm not allowed to agree with you on that particular topic but, they are, complex. They are difficult to follow they're difficult for anyone to follow to be honest part of the reason is, because they have to be -- they have to make sure they're conveying all the information accurately. But, that being said, we are open to any conversation that our stakeholders would like to have on, how these forms being sents out are not user friendly. To provide feedback.

>> PAM AUER: The older ones were easier.

>> KEVIN HANCOCK: If people didn't hear old Act 150 adverse action forms were much clearer, I would say that, they did provide, information in that -- user friendly way, I would actually agree with you, but, we have more flexibility when it comes to state funded programs.

Lot of the information, we have to have have, complaints and grievances are driven by Federal regulations.

Which, can -- create more complexity, so, not only do we have to meet, the -- not -- we have the meet the requirements we have to make sure people, they receive the information that they need to have.

But it doesn't make any easier to understand.

Very open to suggestion ins that area.

I think, Daniel, Lester I think you had a question.

>> BARBARA POLZER: Comment.

>> KEVIN HANCOCK: Okay.

So --

>> KEVIN HANCOCK: Actually, we want to get through all the questions as quickly as possible turn it over to Tanya.

>> AUDIENCE MEMBER: Um sorry I hope I'll be quick Tanya.

Two questions on transportation -- um, first, um, as I understand, I've got a glimpse behind the scenes how messy it looks.

Is there any -- are we getting any closer to signing contracts with the various transportation provider ins.

>> KEVIN HANCOCK: I don't know Randy if you want to thans broadly for anyone? Or -- probably be better if it came from you than the individual MCOs.

>> RANDY NOLEN: Hi folks I'm R for example dy Nolen, both pokers are certified MA, providers, brokers]

Brokers]

Building their networks out and contracting with the individual transportation providers out there, so they're system in the process of doing that.

So that's where we're at with that.

>> AUDIENCE MEMBER: Do you foresee any rate increase for people who use shared ride because of the diversity of the resources out there.

>> KEVIN HANCOCK: We can't answer for shared ride I'm not sure, we -- our Pennsylvania Department of Transportation and in partnership with the Pennsylvania Department of Aging had, is really Pennsylvania Department of Transportation has to answer the question for shared ride I'm not in the position to be able to answer for them we can take that back and see if we can find out for sure we can't answer that, sorry to say.

>> AUDIENCE MEMBER: Thank you.

>> KEVIN HANCOCK: Lester.

>> AUDIENCE MEMBER: Lester Bennet, with supports coordination I'm going to talk about the transportation I got other things but we'll get to that later.

Let's go with the transportation.

Piggy backing off what he said I would like to get an understanding

for Tony, his bus pass in January are we going to be able to guarantee that will be done, that is where the question is, um, are we, negotiating already with the SEPTA and then with the data transfer to be able to get the information from the Office of Long Term Living, to the MCOs, to know, on, in December, to be paying for that bus pass in January that's the goal how close are we? I mean I would be expecting that October November we should know um, we should know what plans have been moved over because where I was getting to is I believe that we need to take in consideration we need a longer time period before we turn that switch on.

>> KEVIN HANCOCK: I could not agree more.

>> AUDIENCE MEMBER: Technical errors human errors is going to occur . Regardless.

If we can extend that maybe. Before they get -- because January coming, we are already looking like I'm already -- I'm already nervous to the point where, January 1st where is his bus pass who is going to be responsible to pay for that.

>> KEVIN HANCOCK: So, to answer your question, specifically about negotiation, we will not be negotiating with SEPTA.

Our first step and we're definitely going to be doing this in the June time frame, is to meet with SEPTA to know they know what community HealthChoices is, make sure they know who the managed care organizations are, make sure that, they know that how the managed care organizations

are planning to operate, nonmedical transportation, in the southeast. So we want to make sure that SEPTA understands, community HealthChoices first and they know, who they're going to be working with in the southeast, the 3 managed care organizations it's up to the 3 managed care organizations and their transportation brokers, to work with SEPTA to be able to develop a relationship that would, would be able to, I address Tony's using Tony as an example his transportation requirements. So, can we have them in place in December for January? That's a good question.

I think -- yeah.

>> AUDIENCE MEMBER: That's going to be the issue because right now, we're speaking we're talking about nonmedical transportation, the individuals who --

>> KEVIN HANCOCK: Right.

>> AUDIENCE MEMBER: -- who we're going with the mileage reimbursement that's directly through the MTM, that's the broker it's not even been set up where the provider is actually or SEPTA how you want to look at it, is in their system to be able to accept the request, that, the consumers are -- putting out there.

>> KEVIN HANCOCK: What we may need to do, is take December into consideration, so -- we'll still be in a fee for service program in December go anyone who has an active service plan in December the department might need to make sure that there's no gap in transportation

coverage in January, so, the department might have to take steps to make sure that the transportation is made available in January and the MCOs would take it over from there.

>> AUDIENCE MEMBER: Thank you.

>> KEVIN HANCOCK: Thank you. So -- I think we had one question or comment.

>> BARBARA POLZER: We have a question from Brenda Dare on the phone she asks if you could provide the physical address for the participant listening session on the 23rd.

>> KEVIN HANCOCK: Excellent question Brenda I apologize I did not do this, it's going to be occurring again may 23rd, Wednesday may 23rd, it's going to occur in the Allegheny County assistance office which is, we'll make sure this is available, as part of the transcript for the sub-MAAC, going to be occurring 301 fifth avenue, room 3023, Pittsburgh, 1522.

301 fifth street, room 3023 giant room in the county assistance office it should be a good location for the session.

>> SPEAKER: What time?

>> KEVIN HANCOCK: So going to be a premeeting listening session from 10-12 the consumer sub-MAAC the formal general meeting, will be from 1 to 3 that will occur not only the southwest location but also there will be a joint meeting, in health Harrisburg health welfare room 129.

>> SPEAKER: Thank you.

>> KEVIN HANCOCK: Thank you.

So I'm already 15 minutes over. Okay.

We'll try to not to dig into more Tanya's time.

>> FRED HESS: It's on you Tanya.

>> KEVIN HANCOCK: Do you want to come over here.

>> TANYA TEGLO: Let's run.

[laughter]

>> KEVIN HANCOCK: Maybe I should announce that.

So Tanya it's my understanding your for your presentation you'll not go through the PowerPoint yourself you'll talk about services my way as a service which is great.

And then be open for questions we just wanted the people who are using the webinar to know that they can go through the slides, at their please year we'll make the slides.

>> TANYA TEGLO: Definitely. Okay.

Quickly, as we got a move services my way is a waiver that not too many people know about, it's dramatically under utilized in Pennsylvania . It is listed as W190 in the PPL web portal it's also known as, participant community -- participant community supports.

But basically, nuts bolts of it, what services my way, allows a consumer to do is it allows them to make decisions, over how their care

goes, that they don't normally get to make. Like, for example, I heard today a big concern about workers wages and are they increasing or are they decreasing what is going to go on? There are the MCOs, under services my way, your whole entire waiver budget is open to you.

Whereas on some of the programs I know, there's other money in the waivers that can be used for like medical equipment and stuff.

But with services my way, you get to make the choices.

You get to say, what your workers wages are.

You get to say set your eastb own schedules. In place of hour if you need to purchase a good or service or if you need to increase your hours from one week, from one week to another week, it allows for you to be able to make those decisions that under normal waivers services, everything is set up exactly what your hours are going to be, exactly what the workers wages are going to be, you don't really have control over that.

Under services my way, you do.

But let me just say this, and say this quick, and, please pay attention when I say this part, with services my way, great flexibility, with great flexibility also comes great responsibility.

What that means is you have to know what you need and when you need it, and what is best for you.

You have to be familiar with every aspect of your care, you have to be able to be your own advocate. It requires a lot of work. It

requires communication between you your service coordinator, PPL, different vendors because it is you out there, in the community, saying okay.

I need to purchase certain goods.

Or I want to purchase certain goods to enhance my life because I'm trying to hit whatever goal I'm trying to lit regardless if it's technology or something for physical therapy or something for cooking basically it could be anything out there in the world you can can prove will be able to help increase your level of independence and God forbid I say it, enjoyment in life a little bit.

[laughter]

And -- allow you.

>> FRED HESS: Doesn't mean you go out buy a 5-inch screen TV.

>> TANYA TEGLO: That doesn't mean it. But what services my way can also do with the flexibility and scheduling and the flexibility in budget.

[5]

It allows you to be able to go out in the community and do things.

Like, for example, a normal week far me is still crazy because of the level of rehabilitation and stuff I'm doing rightfully.

But with the thing, with the plan like services my way, if I budgeted my money correctly I have the money to be able to take a ten hour car ride from here to Harrisburg and back and wherever I may need

to go. And one of the other major advantages to services my way is, if you do budget things correctly, and um, you have the emergency in the middle of the night where you need a care worker to come in you don't have to ask permission to be able to do that. You can just call a worker in as long as the funds and resources are available. Now the other thing about services my way is okay.

There's this talk about over inflation of plans. Now I don't know all of the particulars about what that means yet.

But under services my way I, from my personal experience long as OLTL and the State can see you're responsible to your hours going can to all your medical appointments you're supposed to be going to, you're doing the rehab, getting the correct care you're getting some goods and other services to enhance your life, they're not going to penalize you if there's money left at the end of the year.

Because see, one thing at least personally for me that comes up every year with services my way is I never know what choices I'm really going to have to make with my bucket.

What I mean by that is, currently as it stands, if an insurance company would say to me, okay, Tanya we know you've been rehabbing your butt off, but, we kind of think you've over used not over used but we kind of think you can do this PT stuff on your own.

With services my way, right now, I would have the flexibility to be able to say, to my physical therapy provider, I'm choosing to continue to come.

And then based on whatever I have in my services my way bucket, I can still continue to attend physical therapy sessions.

Now, that gets a little bit gray because some physical therapy places offer what called like, wellness visits and wellness programs. Services my way can be used for that and there say little bit of confusion sometimes, whether something is covered with insurance. Whether you can do it with services my way or if you need to wait for the insurance to tell you, what they're going to do, but that's why usually, you have a surplus with services my way at the end of the fiscal year. .

Because to me it is not a model that should be taken lightly. Or should be used improperly. It's a mod that will is out there to empower you to be able to make those choices. To be able to get the independence we all say we so -- we all say we so plainly want and plainly crave, but again you have to be able to take the responsibility for doing so and making the decisions. Now, let me be honest with you about what some of the draw backs I've experienced are.

The draw backs to this I'm running around right now because it is the end of a fiscal year. Trying to make sure all of the invoices are in, for my purchases trying to make sure checks are getting to places properly which they have not been as of late we were -- we're working on fixing that.

I hope.

And that is somewhere, sometimes where some of the, confusion comes in.

I have been talking to pim at PPL and the State briefly about trying to get direct deposits for.

[people]

For vendors to try to make that process earlier. So, the paperwork is not held up so much.

And what you have to realize is service coordinators have a reheavy service coordination load. So sometimes it is kind of playing a volle y between when what do you want me to give you the invoices versus how much time do we have to get there done and it is also hard because vendors don't really fully understand what services my way is.

And how it works.

But you could basically use from my experience any vendor that you can, that can you get to work with it, if they have problems generating the paperwork that the State needs for the purchases to go through, that is also one of the major headaches and the major hold ups to getting your goods and services, and one of the major major things, that I would love to be able to work with OLTL and VPL and correcting is the speed in which, this program works. Because, when you need those goods and services for example, last year when I was going into my second foot surgery that I had to have we had a big snafu, because I needed, foot plates for this chair that elevate but, the foot plates were in Mexico

even though the money was in -- even through I had all of the money saved up in my bucket to get the equipment I needed for that surgery it was like pulling hair out to get the proper equipment I needed in the proper time frame. What I would like to see, is somehow this program runs even in the future under the MC works where people can be making choices, based on their own individuality and their own individual needs and goals because that's supposed to be the part of the process of how this whole thing works. And, I believe that is what it is supposed to do. And yes, it is helped me a great deal I know a lot of people probably think nuts for putting as much time into rehabilitation physical therapy and trying to better yourself physically and in all kinds of other ways but, I -- even though I'm 37 years old, I still believe it can be done. And it will be done.

If I have to put every chunk of effort and resources I have into it, through the years that's exactly what I'm going to do, but iniad the MCOs, OLTL, PPL, my service coordinator everybody that is supposed to be involved in this process, to really understand what that means not just from me, but for all of you.

And I think this is a step that we can take as a community a lot sooner than what we have. Now, one of the next topics on the agenda today is EVV. I have tremendous concern and Kevin already knows this.

>> KEVIN HANCOCK: In detail.

>> TANYA TEGLO: We have spoken at length how okay, you want to promote independence you want to promote, openness you want to give people, access to their buckets but yes now because of a Federal mandate the State has to hey -- pay attention -- or else I'm stopping.

When I do this up here, I'm not doing this for myself benefit.

Okay.

But I'm just saying, pay attention or I'm done.

I have been are a teaching degree don't pleas with me on classroom discipline.

[Laughter]

[applause]

But, what I'm concerned with is how do you keep that independence if Federal mandates demand heavier monitoring.

It is a, to me, right now, is an oxymoron I have not exactly wrapped my head around yet I'm hoping I will before I loose my mind. But I just want you guys to know, that this waiver is out there and it is a possibility and it will be a possibility under the MCOs but I feel like, I need to be able to do a round of questioning with all of these MCOs, eventually, not today, because we don't have time I'll spare you on that one, all of you.

[laughter]

But, I need to see, what your real understanding and interpretation of this waiver is.

Because, to me, it is the future of where these services should go.

>> KEVIN HANCOCK: Can I jump in.

>> TANYA TEGLO: Thank you for your time and cooperation.

[applause]

>> KEVIN HANCOCK: One second.

So just a couple of points, the department --

>> AUDIENCE MEMBER: Housekeeping, most of the mics around the room are not working they're working at your head table I've been in listen mode outside most of the people presented, it is either very low let me get into this, sorry. It is either very low, or you can't hear them or you are getting dead spots including you Tanya, so -- teaching moment, was I was an audio person too, for people when they're using the microphone see where I'm at, distance wise, from the microphone, you have to speak in don't, be frayed of being obnoxious if you can hear the echo in the room you're doing better.

Okay.

So, just a little housekeeping for you. Whoever -- is doing your audio engineering there's problems.

>> KEVIN HANCOCK: Thank you very much.

We'll definitely take that to make sure that the Sunday are sound is better.

Okay.

So, a point, services my way and, then Fred will lead us into the EVV

discussion, that will be offered by Tara who is here.

Service misway is, an offering community HealthChoices, um, and the reason why we asked Tanya here today is not only she the best advocate for the, she is a, a services my way participant she is also, she knows the program probably better than any anyone else who can talk about it, that includes anyone in the department.

So we're grateful for her willingness to be able to talk about the program and the reason why we wanted to talk about the program is because we want to encourage other people to be able to consider it as an option.

It will continue to be an option in community HealthChoices, and it does allow people a lot more flexibility if you're willing to take a responsibility. We have such a low utilization of the program rightfully. About 54 people statewide that's just, other states, this is their primary way they do consumer directed model they have complete budget authority we would love to be in a position where people are taking more responsibility for the program.

We've talked with the MCOs, they're very open to encouraging the use as an offering for participants.

And we're looking to continue to talk about this program in the future maybe Tanya will be willing to come back in the future to talk about how, services my way is working for her and under community HealthChoices once we're up in the Erie area we want, we want this to

be used if people, want to consider it as an option, it's been around for a long time and, it is, we have not seen up tick in the use and, we consider that to be, maybe a cultural in Pennsylvania the way the services is developed a history with service providers but it is just, in our perspective it is a real opportunity for people to manage their own services it is ultimately, the -- one of the most important goals of home and community based services self directions services my way is the best self reflection we want it to be used with that, with EVV, Tara will go into more detail one of the questions we've, were going to have toity to address, it's not something we're addressing today what is the relationship between having visit verification and services my way program designed to be flexible, who are the do going to be --

>> FEMALE SPEAKER: This is Brenda Dave I have a question real quick.

>> KEVIN HANCOCK: We had a couple more questions.

>> FEMALE SPEAKER: Services my way available to Act 150 participants.

>> TANYA TEGLO: That is something we're still working on improving, I brought this up, almost a year ago now.

We haven't had much movement on it. But I know prior to Jen Burnett leaving she was all for opening it up.

>> KEVIN HANCOCK: It's not part of 150 right now, that's is correct.

>> TANYA TEGLO: Hopefully it will be.

>> KEVIN HANCOCK: Jen -- the department's position has not changed I mean, -- I, I support opportunities to be able to expand it, in the State funded program as well. But, we have to do it properly. So -- and unfortunately it hasn't been, with community, the other activities with community HealthChoices, hasn't been, the program design has not been as much of a priority as we would like it to be. But, Tanya, Brenda, Tanya has advocated and others have advocated for it as well we think essay real opportunity there.

>> FEMALE SPEAKER: Okay.

>> KEVIN HANCOCK: Okay.

>> AUDIENCE MEMBER: Um, employee name is Tony brooks how can we information on services my way.

>> TANYA TEGLO: Go ahead.

>> KEVIN HANCOCK: Thank you. So we have information on our web site about services my way.

We can certainly make sure that the, this committee is this information is available to this committee. We -- I'm making an assumption that the managed care organizations will also be developing your own communication about offering services my way as well, when that's available we'll make sure if it's already available we'll make sure the committee is aware that information being available, but, and, we are open to suggestions on how we can get the message out to more

people.

>> FRED HESS: Okay.

Any other questions?

For Tanya. Yeah.

>> AUDIENCE MEMBER: So Tanya I did not hear you spoke about your service coordinator can you talk about their role in services my way?

>> TANYA TEGLO: Right now.

Right now, what my service coordinators rule is basic, once when I need to use extra hours or something in my service plan, I don't really need to tell him but I tell him that that's happening.

Because if one of my workers should roll into over time under services my way that's not, that's one of the other draw backs that I forgot to mention. Over time is not supposed to be an all the time utilized thing with services my way.

Because with that model, they expect you be able to take the responsibility of managing your own schedule so that will not happen unless there's some kind of freak occurrence or emergency. Souffleed to let your service coordinator flow about that aspected of it.

And, right now else my service coordinator does with services my way is, if I'm having trouble getting a vendor to understand what services my way is, just by talking to me and they need they want verification from someone else in the OLTL or service coordinating level about what it is, then I give them, Frank, I give them my service

coordinators contact information then they go from there with the paperwork. Right now, basically what the service coordinates do, I get them the invoices I explain to the businesses, that they need to fill out W9s get my service coordinator the invoices, they fill out the vendor packets which I would like to be able to take more responsibility on have the service coordinators sign off on them. If possible, to speed up the process. Someone is going to have to teach me how to do that part.

Then what you and your service coordinator do at your quarterly visits or six month visits is you go over what is in your budget. You tell them what your goals are for the coming year you tell them basically what your scheduled activities are, to let them know when you might need hours for what.

And, then, like, based on the list of purchases based on, what your budget is that's how you don't go about getting, getting the products you need. There is another step in there, sometimes this one is a little tricky. Sometimes you need letters of support, from a doctor or physical therapist or any one that you're working with basically to explain why a certain product or service is your benefit. Now I will fully admit that I have helped different vendors and different service providers with these letters of necessity, because I know what I need more than anyone.

And then, us and the provider, work on them together, so you're sure

you get what you need.

Like, I said, it takes proper running around and more responsibility and more phone calls probably than anything else that you're going to, that you're going to deal with and it actually does put a lot of work on the service coordinator because you have to be communicating with someone through out the process, to know if you're on step A or step B or step C. See if we can do like the direct deposit, to vendors and stuff, that will speed up the process, to make goods and services more available faster.

What we need for services my way to work efficiently is speed. And I'm not putting any of that on the service coordinator, or any of that on the fiscal manager, solely. Because I understand what a complicated process it is, but sometimes, what happens is, what you need throughout the fiscal year especially if you're going through a rehabilitation process for example, the needs change sometimes faster than the goods or the services become available.

So, if somehow we could, take services my way to move a little bit faster, then I think, it will really work out nicely.

And there's something to be said for about you make the decisions yourself.

On a good product or services versus someone else, making them for you, and giving it to you.

Because then, that becomes your product, that becomes your service,

to help you enhance your own individual life.

>> AUDIENCE MEMBER: Thank you.

>> FRED HESS: Okay.

He was up first go a lead.

>> AUDIENCE MEMBER: I'm not Philadelphia ADAPT I'm really concerned I'm hoping maybe you can, speak to this, it seems like services my way and managed care are idea logically conflicting and you know, and talking about you know, self directed care, um, it might seem kind of opposed to you know, some of the like for profit mana care, I'm wondering if you're talking about the surplus you had at the end of the year I'm really worried when you it sounds great but if I was in the position of like looking and seeing that you're not using a pool of money, I was in charge of some for profit company you know, I would consider lessening those hours.

>> TANYA TEGLO: Well see what I would do in that case I would hit you with the argument that you never know what is going to happen. And if you can show that your care and what happens to you, throughout the year fluctuates and there's meetings that the State asks you to come to and there's meetings that other coordination or other agencies ask you to go to, because of what you're doing, with the State, and because of what -- how you designed your life to be active and like various things you weren't sure whether or not your insurance company or your MCO is going to approve of in that you might have to go out there and get it

yourself if you weren't able too convince them to do it. Services my way, in my opinion, gives you the extra fire power with which to do it, if you don't know to use all that fire power, it should actually speak to whether the system is actually, working the way it is supposed to.

When you speak about whether they should cut it, like, the budget based on what you did not spend that year, I think they have to go back and ask you see because it also, depends like the amount of money you get in your budget also depends on, things like, worker turn over rate and all of those kinds ever things that when you're not on services my way, you don't really typically, hear too much about. So, I think as long as you can show that you've been fiscally responsible why would they want to penalize you for doing a job that not everyone at this point has gone out there and done.

Penalizing that to me, would absolutely be backwards. Now if someone wants to do it, I would tell you had you can tell me you would want to, but I could tell you, you would get, an argument from me like, none other especially, once if these invoices and stuff are slow, and some times you don't get certain products by the end of a fiscal year, because did does, the -- the process might not get, all the way through, if you you really wanted that good or that product or that service you then have to wait to save it up.

See that's the other thing.

When you are on this model you have an opportunity to save up

resources.

And they should look at how you're using your resources as a pool and what has happened to you through out that previous fiscal year and what challenges and battles are you are still fighting or fill facing that have not changed before they go ahead and make a decision on whether they're going to cut your budget or not.

>> KEVIN HANCOCK: Can I add one thing Tanya.

>> TANYA TEGLO: Yes.

>> KEVIN HANCOCK: So, the -- through the person centered services planning process, person -- it is determined a person's level of services and they establish that service, if they are in services my way, that service level, that is approved for the person that changed in any way, just like with any other level of service the person would be entitled to go through the grievance processes as well. So a participants rights for complaints and grievances would be, would be invoked as part of that, if there's a service level change if managed care organizations for whatever reason decided to decrease, person's service level, and services my way just because, the person who is using services my way was a good Steward for the resources they would be entitled to the grievance process. And only other thing I would add is like us, the managed care organization, there's something to be said for budget predictability.

That's one of the reasons why managed care model is kind of attractive . Services my way, she is approved for a budget she manages within that budget.

And she, does so in a -- I'm using Tanya as an example she does so in a very smart way.

We, that's something we want to encourage. The MCOs would want to encourage it as well it's, predictable for them they're approving a service level and then they're letting, they're letting a person manage to that budget threshold and any way they think is appropriate for their needs and their care. So we will just, saying that it is possible what you're saying could happen.

We would, we and we will certainly make sure that we monitor, to make sure that's not a condition of grievances we don't think, it just doesn't, we don't think we actually don't think they are contradictory to each other we think they're actually complementary.

>> AUDIENCE MEMBER: I just wanted to say in particular, in light of the comments earlier about the budgets, I think, it's -- an important really important to think about in that context those people look for inflation,.

>> KEVIN HANCOCK: Absolutely.

>> FRED HESS: We've got time for one more question.

Because we have really got to get moving on.

>> KEVIN HANCOCK: In the corner.

>> FRED HESS: Okay.

I'll take two we have a -- Jesse, go ahead ask your question.

>> AUDIENCE MEMBER: Tony brooks from Philadelphia, ADAPT a question if your DME breaks down, how long would it take you as a person with services my way to get it replaced?

>> TANYA TEGLO: Um, well, that all depends how fast all these elements of there process go.

You do have to get you do have to get the invoice. You do have to get OLTL approval.

You do have to, you do have to get, the check issued from PPL and a check has to be mailed unfortunately this is something that I have been asking for, and striving for is for them to set up a concrete timetable that we will absolutely know for sure.

How long it will take from point A to point B. But, right now, I would say there's too many variables in the equation to really set up that time line.

Because it requires a lot of communication between a lot of different processes, but one of the parts that I would like to see is that once we have a check issue date, that we know that it will take a certain amount of business days, where that collect will be arriving, in the mail instead of me panicking and going, okay, why didn't this vendor, that I put my name out to, receive their check yet, then calling then having to call and reset the whole process,

while they are still waiting to do other invoices.

Because that slows the whole process down.

Because it takes time to save up this money, throughout the fiscal year too.

So there's a lot of, improvements, that can be made with services my way.

And, I'm telling you right right now, I'm going make it my mission, to make sure they're done in the best way, shape form and capacity I possibly can, no, I don't have jurisdiction over anyone to make anyone do anything.

I hope over, the last 2 years or so, that I've been using this program that I have shown that it can work. We just have to, get the wheels of communication working a little bit better and I would also like to see on the web portal that we have proper information about each purchase as it is being made instead of just some date that no one really understands. So the information is right there for me to kind of be able to track almost. Like a, like when you're waiting on a package, in the mail.

Because I'm the type that if I tell a business you can expect the check from me and the check doesn't show up, that makes me feel like I've let that vendor down. Because I've taken the personal responsibility of finding that vendor. And what I don't want is there to be all these vendors out there waiting for collects that they

have not gotten yet it will not be because of anything I did, it is because how the system works.

So, it is, something that needs to be -- needs to be worked on I think, if we can do the direct deposit to vendor that will speed a lot of it up.

>> AUDIENCE MEMBER: Thank you.

>> FRED HESS: We have last question Jesse.

>> MALE SPEAKER: Thanks jack ass e from SAU obviously I think this say really exciting thing that more people will use because you can, as put on the slides you'll be able to you know, use your resources that you see fit for your direct care worker making sure your, if that's a really critical issue to you that you can, make sure that they're getting a maximum ability to have the you know the wage allows them to stay in the job one of the things I think, would be worth trying to think about with this program is, consumer directed generally is, the back -- the question of back up and I think, um, some folks are worried about the you know being able to have back up, if there's something happens to their direct care worker and having a lot of responsibility for that and there are you know, services out there, and, at the same time a lot of direct care workers, who would like to have more hours or have you know, opportunities to you know to have proper work and so trying to figure out a way where consumers and direct care workers can

find each other and have access to you know, this is a person who

periodically looks for back up and a person who looks for more hours

they could find each other particularly and, rural areas and places the geography is tougher in terms of finding people,

that will be one thing that will help enhance services my way, consumer

direction more generally allow more and more people to be able to use

there kind of services in terms of coordinating their own services so

just sort of a comment.

>> TANYA TEGLO: See, one of the things, that I have noticed with

services my way, like the maybe, part-time back up workers as you call

them they don't necessarily mind working on a model like services

employee way because their wage is, can be if you choose it to be,

substantially higher, so let's say they might only come in for like a

few hours a week.

Or not even that, sometimes. That they're on your pay roll as

back up if they know, their time is going to be compensated for well.

Then, that makes even that a little easier to keep.

So does that make sense?

>> MALE SPEAKER: Yes.

>> FRED HESS: I'm sorry we have one more question on the phone.

>> SPEAKER: Janita do you have a question?

>> SPEAKER: Yes.

Yes. Um, I want to actually thank Tanya first of all she is a very

good spokesperson for the services my way.

That part of the program.

I did want to ask you I would like what you said about it is

difficult to self take you know, to take you know your own

responsibility and make sure it works well for you my thing is, do you

think it is a better model, and I also, listen to Mr. Dorsey as

well, do you think it's a better model for us as, we come in and and to

try to take advantage of the program. Work our own services.

>> TANYA TEGLO: Absolutely. Because with the services -- before

I was on services my way, I had a pretty not I would not say a worker turn over rate, some of the workers I've will with me

now I've had them up to five years. And they -- they have been able to

build I don't want to say careers because I don't want to put words in

their mouth. But they have been able to maintain a stable livelihood.

To me, being able to have that stable relationship and that stable back

and forthwith that worker where they get to know you, they know what

your goals are, they know, they know really who you want to be not just

what the disability makes you do.

But they know, who you want to be.

That is more important, I think than any of the goods or services

aspect of it, to me having that relationship between employer and

employee, and it being solid you can enhance your life is the most

important aspect of it. And, I think, it -- really changes the workers

perspective on what the type of program can do, because they're not,

they're no longer looking at it, it's just a stepping stone until

they find something better.

They want to still be apart of your life. And that kind of congruentity and continuity is better for everyone else.

I hope this is something that OLTL and everyone else that's going to be involved in this process or is right now really takes to heart and into consideration about the future of where all this can go.

Because because that is what we should be doing.

We should be building a future where people are not so afraid anymore. Where people know, that they have some sort of say and some sort of more power and in what happens. Now, the other thing I wanted to bring up quickly is I know, not everyone has necessarily the cognitive ability to run something like services my way on their own.

But if the CLEs, and the people that are representing them and their families and their friends, really care about the quality of life for those individuals then they will also be willing I would think, to take on the responsibility that it takes to run a program like this.

In closing a services employee way perfect yet? No? Will it ever be, probably not.

But, I'm going to do, everything I can, to make it.

[my]

To make it run smoother so it can be opened up to a wider popu population of people, I will do what I can to

make sure we in Pennsylvania, regardless of what other policy comes along with EVV or whatever, we still know what it means to be

independent and we still, focus on letting people have independent wide they so dream of, thank you very much, very much.

[Applause]

>> TANYA TEGLO: Thank you very much.

>> FRED HESS: Well said. Thank you Tanya, I like to invite up her Heather Hallman to do the presentation on electronic verification on the EVV.

Participate.

>> KEVIN HANCOCK: It's Tara.

You were you are can I ask a question.

>> PAM AUER: We're in the middle of changing positions I wonder if we're going to get any update what is happening with NHT, with CHC, um, another question in the southeast they're doing the readiness reviews are they using people from that part of the date in the southeast to do the readiness reviews is NHT going to be part of the readiness reviews that might not have happened early on in the southwest? A bunch of questions I'm not sure if we can get answers.

>> FRED HESS: Okay we'll see if we can't get them --

>> PAM AUER: Especially NHT update for the southwest what is happening out there for nursing home transition.

>> FRED HESS: We'll see if we can get those slid in, if not, get with Kevin and -- we'll try and get these questions answered as soon as possible or, either, after this meeting or, have him call him and, get

the answers for that, so we can present it the next month. I'm not sure if we're going to have enough time for all that. Okay.

>> PAM AUER: Is it possible to kind of get NHT on the agenda like regularly, because I'm concerned, people are not hearing if people are getting out what is happening with it, it could be good to have it regular on the agenda, to let us know.

>> FRED HESS: I'll see if I can get this on the agenda afterwards.

Okay.

Go a lead.

>> TARA BREITSPRECHER: Okay.

Just press this?

Okay.

Can you hear me okay like this.

Yeah.

Okay.

So my name is Tara brights speaker I'm deputy direct for the policy director the department of services Heather could not be here today I will be filling in for her we work closely on this, I'll start off recognizing I know a lot of folks have strong feelings about this so I am going try to keep overview, um, to -- the essential information and make sure that we have time for you all to share your thoughts and concerns about the topic and I'll make sure to bring back any notes to our work group for electronic visit verification.

So for those who have not leader of EVV before, EVV is a requirement for a system that electronically verifies the delivery of personal care in home health-care services and, as Tanya mentioned before, there is a Federal mandate this is, a requirement under the 21st century cures act.

That was passed back in December, of 2016, so about a year and a half ago.

The requirement is for EVV for personal care at home health there are two different implementation dates. So, what I'm going to be focusing on for today's presentation is personal care as that is the first the first phase of implementation.

The requirement for personal care EVV is January 1, 2019. So, fairly quicking approaching. Home health is not until January 1, 2023.

So we do have some additional time on that end.

[quickly]

Okay.

So there are six specific requirements, that EVV system must verify as a part of that actual act of the 21st century occurs act. That's the type.

[cures]

Type of service, the individual receiving the service and the individual providing the service, the date of the service, the location of the services delivered and then the time that the service begins and

ends. Now some of you who may have any presentations on EVV before, you will hear that there are a lot of vendors out there, that add in additional information collected that might be, connected to bills and claims, these are the six requirements under the 21st century cures act, there are vendors going above and beyond the piece, those are the six requirements we need to have in place.

Okay keep checking the slide.

Okay.

So there are a variety of ways in which, services can actually be verified you can use a recipient's land line in their home, someone can use a smartphone whether that is the person providing the as much as or the person receiving a service.

Bio metric recognition systems. Or fixed verification, which, would typically be in the participant as h's home.

>> FRED HESS: Explain to us what the bio metric recognition system is.

>> TARA BREITSPRECHER: That might be a facial recognition system or scanning of your fingerprint.

>> FRED HESS: Okay.

>> TARA BREITSPRECHER: That's something that can be apart of that actual device itself too, so, um, many vendors out there, mix they might not just have one requirement, but they might allow for a different forms or different devices to be used.

The next slide goes over the impacted programs. This is the list for all programs within DHS but again think about, Medicaid funded personal care services that are delivered within a participants home. Home health again as well but, we're focusing on personal care for this presentation those are all the programs within DHS.

Okay as far as definition inform personal care services, this is something states have been really interested in how CMS is defining personal care services we are still waiting on additional clarification from CMS we're moving forward with our understanding from presentation that's they have conducted so far.

So they are saying personal care services would include, services supporting activities of daily living as well as instrumental activities of daily living and again, provided within a participants home.

Within the 21st century cures act it does require the Federal government to provide additional information. There have been, presentations, throughout the last several months we are expecting some additional information and that's something we will certainly share with stakeholders as that becomes available.

So the first piece that we, that we included as far as reaching taught stakeholders and collecting input so we can get a better idea as to what the impact would be on Pennsylvania and how we can best move forward was, a request for input back in July of 2017 so we sent out a

notice through our Listservs to collect information from participants, from family caregivers, provider agencies, individuals who are providing personal care services. And home health services, managed care organizations, and other stakeholders we wanted to collect information on, what are the best practices, who is already using electronic visit verification because there are a number of providers that already have included EVV as a part of their programming. We wanted to know from participants how they feel about the EVV requirements, what their concerns are, what they want the department to make sure that we keep, we keep at the forefront as we're looking towards implementation.

So based on the information that we received, there were definitely high -- definitely themes throughout the responses.

I will not go through all of the points listed on the slide but some of the main themes was first off, a closed system which would be a system in which the State chooses, that all providers would threaten be required to use was definitely a concern.

Especially, considering.

[then]

A number of providers have their own EVV systems in place, where providers may have provided significant training, participants might be used to it already.

They did not want the State to come in and say, here's the system you're required to use you need to throw that out the window and try our

system now.

So that was one of the main concerns. Another one that, that we really noticed was stakeholders saying they were worried this would infringe upon their options to be out in the community to have services provided outside of their home that's one that we have really, we're very sensitive to, has been part of the conversations we've had moving forward and certainly, a concern that we want to be very careful of.

We also had folks saying that a state system, would allow smaller providers that are concerned about the price tag that might come with finding a new system that maybe they have not used before and so the State having their own system that they could use, would be helpful to them. So again, several themes throughout.

But based upon the information we received we've developed a short term plan and a long term plan.

I will say, we're in the very early stages. So I will share where we're at so far but, there will be a lot of information that will need to come down the road. So in the short term what we're looking to move forward with is a state system that providers can choose to use, but to allow providers to use the system that they are either currently using or would prefer to use as well.

So, mix of the, the close closed system and the open system if you hear those terms out there. So we're hopeful it will provide more flexibility to providers so they can look at, at their system and

decide what makes most sense for them rather than one that is dictated by the State but then also, for providers that are not already using EVV or might be concerned with either the price of the new system, or, um, any of the background information that needs to be collected before land, the demos with new systems they would be able to look towards ours.

[hand]

We're going to be using or promise fiscal agent contract with DXC to comply with the January 1, 2019 requirement.

So, that is contract that we already hold and like I said we are in the very, very early stages of deciding what that will look like.

Still want to make sure that we're collecting as much information as we can, from providers and from stakeholders as we're looking towards that system itself. We are focusing on bear minimum compliance at there point. We flow that there are requirements, through the 21st century cures act that's what we're looking towards now, just coming into compliance, several of us participated in a recent webinar where numerous states were involved and they did an anonymous state pool to see where other states were in implementation, actually Pennsylvania was doing very well. So, we are not -- we're not behind in implementing, at the same time.

[pool is poll]

We're not unique in the questions we still have and the information we still need to gather as we're looking towards full implementation.

But I just want to stress we're sticking to bare minimum at this point, that's the short term.

And as we're looking towards a longer term solution we have first put out a survey in March to providers so we can get a better understanding of who is actually already using EVV and what challenges they found with that specific system. Maybe, features that they really liked that helped to streamline processes that we could consider as we're looking towards procurement down the road.

And we also have a request for information that just closed on April 30th, so we are just finished receiving those we did get 24 responses from different vendors.

So we have a lot of information, to sift through and again this is just for requests for information. So we're looking at the different feature that's are involved. To think, what providers are saying and what stakeholders are saying so we can decide what would be a good option what features would we like to include down the road.

But again, that is going to be, at a later point. We're going to use the existing contract that we have in place now.

We have gotten proper than 400 responses in the surveys, so we have a lot of good information that we're getting from providers that just closed March -- April 20th as well, all of this information, just came in and it is something that our work group is going to work together in going through. We'll continue to have to presentations like this, so

stakeholders have an opportunity to share with us their concerns,
features they would like us to focus on as we look towards the future.
And so I would like to open it up to questions, at this point.
Again, just repeating my preface we're really in the early stages so
there are a lot of specifics unfortunately I will not have an answer to
yet I will certainly take gown any questions I cannot answer and
hopefully we can bring answers back in a part 2.
>> FRED HESS: Pam I see you Tony.
>> TARA BREITSPRECHER: I'm pretty new to the group, let me know if
you're with an organization, if you mind share that too I.
[new]
I can have that in my notes.
>> PAM AUER: I'm Pam Auer, with CIL CP. They're not lighting up.
>> PAM AUER: I'm with my name is Pam I'm with the Center of
Independent Living of central PA and PA ADAPT, central PA ADAPT my first
question is, um, what is the data collect on the consumers where they're
calling in from, what is that going to be used for and how will that
impact the consumer reattributedtion against the consumers what is this
going to be used for what will the impact on the consumer is a
big concern I have other people on MA services going to be monitored the
same way people with disability is receiving home and community based
services are.
>> TARA BREITSPRECHER: At there point we're only looking to collect

the actual requirements within that act. No additional information outside of the six pieces I've mentioned before, and even the location has some flexibility. So some states have looked at, um, collecting the location with a radius, whether that is a smaller radius or a larger radius, that's still one of those specifics that we have not determined yet, when that will actually look like.

We have had calls with both Ohio and Illinois, which have used the same vendor that we're using. So we're trying to collected as much information as we can on what has worked well and what has not worked well so we can add that into our plan. But as far as how we'll be using the information, like I said, we're focused on compliance at is this point. We don't have a plan to be using the data for some particular project or purpose or anything like that.

But solely for compliance at this point.

>> PAM AUER: Okay.

The compliance though, what are they, you know, whoever you're collecting it for, the feds whatever what are they collecting it for, what are they monitoring how is it going to be used.

Is there any background on there?

>> TARA BREITSPRECHER: I'm going look over to OLTL to see if anyone has any specifics at this point, I have not heard anything.

The specific plan as to -- what the data is going to be used for at the Federal level.

>> SPEAKER: So if you -- if you go back to the six requirements what Tara was talking about for the minimum set, Pam, if you look, it is the type of service prided they want to make sure the service that was, that was scheduled was actually provided.

So that will be something the data collected. The individual receiving the service making sure it's the person receiving the service, it was delivered by the individual who was supposed to deliver the service you take that, that's the first 3. So that's data that is pretty basic that we actually gather now.

Based on time sheets and information that comes in, to PPL and to the agency when they're providing services through the agency model that's basic information.

The date of the service making sure that also goes with the service plan, that's pretty basic information that we're gathering with time sheets through. Location of the service delivery and the time of the service begins and ends, those are all things that we gather currently that's what Tara was saying that's the minimum, bare minimum has to be collected that's what we're looking at collecting now, where that information goes it goes the same place it goes now. We use it, to make sure that the services are being delivered correctly.

That they're being delivered in the, the -- the pirn's home a where they're supposed to be. By the person who is, signing off on the time sheets like they're supposed to be.

So it's going to be all of that, the only difference is instead of having a paper time sheet it's going to come in electronically and we understand, there are going to be -- issues and problems with that, that we already have identified, that we're going try to work through. So if you look at when Tara says the basic information, that is required, so, those six things we're looking at there's no more on that than we gather now, through other sources.

>> PAM AUER: Still be the availability of the flexibility you say, you know, performed at home as it should be, but not everyone uses their attendant care at home.

>> MALE SPEAKER: I understand that Pam I've been around for 30 years. You were awry know you do.

>> MALE SPEAKER: When we talk about how the service is provided where the person needs the service to be provided and whether I say at home I just mean where ever the person is, okay.

If it's at work if it's -- you know, if they need to go shopping all those things nothing, none of that is going to change because of, electronic verification. What the committee what the group is trying to do is make sure that wherever the person is going to be, that we're able to track it and we're able to make sure that we're able to gather these types of things. So that we're in compliance with the Federal government. Tarp tar as far as where services are being delivered that's something, that is one of our first questions.

[Tara]

How do we make sure people are still able to receive services and the location they choose if you decide to, go somewhere different than where those service began or you end somewhere different where you thought the service would end that there's functionality built in so we can make those corrections, so the participant is not limited in that.

>> FRED HESS: Go ahead.

AR.

>> AUDIENCE MEMBER: My name is Tony brooks from Philadelphia, ADAPT. You see, I know about this EVV system but, it's one thing which really, effects me myself and anyone else, like I said the location GPS location. It is like, you tracking me in every level, every little thing I'm doing. It's invading my privacy.

I do understand that, if you can turn off that GPS system, but, I just came from a conference. People were showing units which you it sets up like, the EVV but it has a location on it, which cannot be turned off. And it always has to be on the person who the services is being provided for.

I don't like it's like tracking me. Invading my privacy you know, that's something that they have to take out of the system, so that -- yeah. I could be, here, right now.

I call my attendant cornel meet me here. Take care of me here.

It's okay GPS. We have to do something, about that.

That's all I'm talking about.

>> TARA BREITSPRECHER: Sure I can appreciate that. Outside of the requirement to, to track where service began ended that's all we'll be interested in, we'll evenly be picking up those two pieces. Rather than, tracking through out the length of the service being provided additional one decision that's been made is that device that will be used will be one that the individual providing the service will have. It will not be something that, remains with the participant all the time.

It will be something that the individual providing the service will, will bring with.

So, we're trying to, trying to look at what flexibility we have as we're looking towards implementation to alleviate some of those concerns but I can appreciate it and I will say it's one that we've heard.

>> TANYA TEGLO: Is it -- okay.

I have stated my concerns already to Heather. To Kevin, but I'm stating them here again, for public record. The concerns I have about EVV and let's be open let's be real, what this is about is they're trying to cut down on fraud that goes on nasally throughout the system now, one of my other concerns is that that I know I have brought up, before no one has yet answered this.

Participate it has to do with the fourth amendment of the constitution.

Search and seizure.

It has been ruled illegal by justice Scalea, anyone remember who that is, Supreme Court justice, GPS tracking is not to be used in criminal information.

[Scalia]

Is the Federal government in a sense, making a statement that they're going to give more rights to criminals they suspected of committing crimes than us.

I can't stand, I can't sit here, stand here whatever here and say that I'm okay with that.

Because I'm not.

Um, the other thing is, okay.

If this tracking thing is used are the workers guaranteed, that when they are done with their shifts for the day, that tracking device is turned off and the Federal government can into the use it in any other ways, means, shapes or forms? And I understand completely that you guys have to implement this whether you want to or, whether you agree with it or whether you don't.

I it's something you must do, because of the funding, attached to it.

Like .25 percent decrease, in Medicaid funding in the first year, if it is not done. A I don't think, that the Federal government should ever be able to strong arm states into doing that. B, I understand, why it must be done.

But, I am, asking with everything I have that the -- that we as a Commonwealth, work together to make sure privacy on all levels is protected and that the very confidential details that are in those service plans, and already are discussed, with the service coordinators, that confidential information, whatever they're really going to be using it for in the Federal government because to me, they have not been completely transparent in that process yet. I've done a lot of research on there, I've looked at the laws you guys know that. I'm very, very worried how honesty and trust is going to be prevail between worker and, part participant and are at this point and how much harder this tracking issue could make the hiring process, for all involved.

I know -- we have a lot of thinking to do.

We have a lot of work to do.

I'm giving you know, I'm fully volunteering my services -- once again, to make sure -- to make sure that process, is is done correctly, for everyone in this room.

And, with the MCOs coming into this, no one yet has asked you as organizations, what your perception of EVV is going to be.

And I think that is something that fully needs discussed further down the road. Because this E virus V system in my humble opinion has the potential to undo a lot of like what is copa setic in the care industry, I understand and fully state for the record I believe fraud should be stopped and should not be done, what scares me is the perm

Nancy, that this policy is going to have.

Now, some of you know, a little bit more about my personal story, some of you do not.

But as someone that has seen their own sibling have to go through the justice system and how the laws work and don't work I don't want to see anyone's rights trampled on, I think as government officials and health human services officials, yeah you have a responsibility to do this mandate I understand why you must.

But you also, have the responsibility to make sure that the integrity of your people and their good standing and their rights to live a life is protected.

>> KEVIN HANCOCK: So Tanya --

>> FEMALE SPEAKER: This is Brenda Dare I have a question as well.

>> KEVIN HANCOCK: Brenda, before you jump in, just to respond you did have a few questions in there, and, and, we appreciate you -- you raising your concerns to be on the record.

So I think, I'm sure Tara made it clear this is Federal law it's something we have to comply with and there are built in penalties as you stated very clearly if we do not comply.

All that being said, you have the commitment of the department we'll do everything we can make sure we're maintaining the privacy, not only of the participants but also the direct care workers the way the services are provided and, we'll make sure that this scope of the over

sight is only relevant to the service hours that are associated I think that, that's part of what we're trying to evaluate in this, review of the program so you have, those commitments from the department.

>> TANYA TEGLO: Thank you. Sorry Brenda.

>> FEMALE SPEAKER: That's ok.

My first question does the department feel like you have sufficient stakeholder inputted on this issue? Because I certainly don't.

I know there was a public comment period I know there was some outreach, but other states had multiple listening sessions just about EVV and I think that, we should be having those stakeholder sessions.

So my first question is, do you feel the stakeholder inputted has been sufficient?

>> TARA BREITSPRECHER: We no way think we're done, with stakeholder inputted, this is the beginning of the process.

We needed to do, some kind of preliminary outreach, so that we could better understand what the landscape was, within Pennsylvania.

I think through that we have, some of that background information, we're ready to, to present options and, um, and to hear more details from stakeholders on what they would like incorporated what their concerns are, but by no means do we think this is complete there is the first time, that I've met with the group to share about this. And, and we, plan to have many more sessions similar to this, so I would just encourage to, to please share with us, we do have a resource account

it's the last slide on the presentation.

You're more than welcome to share any information you would like with us and like I said, as Kevin said we're fully committed to taking stakeholders concerns and questions and bringing them back to the work group as we're looking to make decisions. So by no means are we done.

>> FEMALE SPEAKER: The next question I have H there is an opportunity for are for Medicaid director Allen to apply CMS for a waiver to allow are how for 12 more months for implementation we strongly believe, here in southwest Pennsylvania that needs to occur.

Is it being considered at all?

>> TARA BREITSPRECHER: So I will admit I have not heard of a 12 month waiver.

CMS has talked about after demonstration of a good faith effort, there being an extension allowed but they have made very clear in previous webinars a good faith effort would mean you have looked to move forward with implementation and because of a system issue, um, you are not able to implement by the deadline so, that, that is the only extension that I have heard of so far I'm more than happy to take that back to the group and have that be something that we look into further and if anyone else from the group has leader of that you know feel free to jump in.

>> KEVIN HANCOCK: No.

>> FEMALE SPEAKER: We could demonstrate a systemic barrier to good faith implementation based upon the fact there had not been sufficient stakeholder education about this.

There has not been sufficient agencies that are using EVV are having problems with it I think that, you know, there are some of us out here myself included, who would, volunteer to detail what those concerns are.

I'm a consumer I work very closely with several provider agencies my own and I don't think anyone is ready for January 1, implementation.

And, I would be willing to sit down and talk more with the department staff about that.

>> TARA BREITSPRECHER: We'll be more than happy to have the conversation with you like I said I would be happy to look further into, the option that, that you're sharing but I would -- we do want to hear more input especially from providers that have had experience with EVV so like I would be lap happy to set up a time for us to have that conversation.

>> FEMALE SPEAKER: Thank you.

>> FRED HESS: We're going to have to hurry as is we're not going to be able to do the CHC financial management services we're going to have to cancel that particular, segment, reschedule that on the agenda for another time so please let's get our questions and answers out as

rapidly as problems I believe Daniel.

>> MALE SPEAKER: Okay.

Thank you.

This is Daniel from statewide independent living council I would like to ask, what happens if you find that consumers are um, in places that you don't expect? Let's say they are spending their winters in Florida because they're a snow bird what if they are on vacation at Niagra falls what happens then? What is the response the State is going to be?

>> TARA BREITSPRECHER: So, we're looking at, um the services being provided, and the providers rather than the consumers being somewhere we didn't expect to be that, that is not going to be a -- that's not going to be the concern on our end we've talked to them, we've talked to vendors so far what options exist after something like that occurs we thought a service is supposed to take place, it didn't, what correction can we go back to, how do we change in a in the system to current for that, individual not receiving the and would that then allow us to have the opportunity to look into why that service was not provided but that would be the concern for us why wasn't the service provided not a question of you weren't where you were supposed to be.

But that is something that vendors do have options in place, how you go back and correct that. Like I said we don't have specifics as what that will look like for us, in demonstrations so far, there are a number of ways that can be corrected after the fact. But the that's

life, people are going to go on vacation they're going to be in a different place at a different time. And, these are the, these are the logistics we need to work out, to make sure that there's -- there's an option for us to correct that afterwards. There will be no penalizing on the part of the participant for livering their life. That's that's not what we're looking for.

>> AUDIENCE MEMBER: It sounds like you guys are putting a tag on us just to keep an eye where we're going, what we're doing.

Because that's like putting a little chip in a dog. Oh, where is the dog now.

[laughter]

What is she doing?

>> TARA BREITSPRECHER: Again I appreciate the --

>> AUDIENCE MEMBER: I wind up in the hospital a lot they don't let you have that stuff in your body if you have a -- a metal thing in your leg, you're not going to let you put anything else that is electronic -- near you unless, it doesn't effect that.

I don't want any Gizmos put on me.

>> TARA BREITSPRECHER: Again that's part of the reason that we have -- to decided to go with the individual providing the service, being the person that has that device.

It will not be something that a participant is required ore it will

not even be apart of.

>> AUDIENCE MEMBER: My attendant I have 3 attendants.

Participate I can tell you right now, I can tell you not one of them is going to carry it.

Because they're going feel like they're in jail.

They have you wear those a ankle bracelets you are you in jail you put out on parole you have a little time to -- you still have to serve, they put a ankle bracelet on you. They try to keep you in the house what are you going to do threaten?

That's what this is going to do, because a lot of attendants are not going to be willing to do it.

>> TARA BREITSPRECHER: That will be something we'll need to consider as far as what training looks like for providers making sure they feel fully comfortable with the plan moving forward we, don't --

>> AUDIENCE MEMBER: It's not the providers it's the consumers.

The providers are one person.

But the consumers, and the attendants are another.

They're not going to do something that is not going to be comfortable, to them.

And, neither would I. That takes away my privacy.

You got do know where I am, what what I'm doing. You know, half the time I wind up, I'm sitting here in Harrisburg I'm supposed to be in

Philly.

So what are you going to penalize me for it.

>> KEVIN HANCOCK: Just, just to be very clear, I mean, electronic verification is not about the, the consumers or the participants at all it is about, verifying, services.

>> AUDIENCE MEMBER: I notify what it is for, that's what it making me feel like it's going to do.

[know]

>> KEVIN HANCOCK: That's to be part of our messaging we're trying to comply with the law number one and number two, um --

>> AUDIENCE MEMBER: Just don't it as a Guinea pig those do it.

>> PAM AUER: Is it just people with disabilities or all MA programs.

>> TARA BREITSPRECHER: All MA.

>> KEVIN HANCOCK: Home care and home health, service focused it's not rail, it's not really --

>> PAM AUER: Home care and home health what other MA programs.

>> KEVIN HANCOCK: Anyone, yeah.

Home care, and home health doesn't matter which program. Torr Tarini of the stand ups or anything else just -- fully other you know,.

>> TANYA TEGLO: Little more clarification on that.

It will start, it will start in like home health for home nursing and stuff.

>> KEVIN HANCOCK: It startness home care actually.

>> TANYA TEGLO: Yeah. It will start in home health by 2023. They're starting with home care first.

And, my -- I think you can guess what my personal opinion on it is already.

But why I think they're doing it, is well, the fraud thing, yes. That's one. But to make sure that the billing and stuff is accurate too, because unless you have taken a look at, like all of the, hospital systems and everything else, the billing processes, have become so complicated and so complex even for things like physical they're by like all the documentation and stuff, they have to do, this is part of what they're kind of trying to do to get that to be, more accurate.

I do know that is part of it. But, what else it implies I will never be in favor of.

And --

>> PAM AUER: Just the fact it is people with disabilities being monitored again I'm asking is it a broader thing or is it just us being monitored or monitored for everything we do.

>> KEVIN HANCOCK: Just to answer your question Pam it is definitely broader includes anyone with home care services and, which could be, like, in our programs, anyone who receives personal assistant services that would be in our waivers and our waivers are for people with disabilities it also effects the service of developmental programs, it

could potentially effect, with home health it will be across the State plan so anyone receiving state plan services home health state plan services as well. It is not, person specific at all it's service specific.

And that's -- that's the way it was designed.

So, and -- Tanya you know -- I think it's fair to say that, that -- we'll continue to engage you, as least as part of the messaging to make sure it's clear not only are your concerns heard but also that we, understand how we can communicate this in a way to make sure it's note, in any way, from our perspective we're trying to avoid any risk of this appearing to be punitive to any of our program consumers or participants.

It should be seamless to them but, but we still have to comply with Federal law.

So --

>> TANYA TEGLO: The one question Kevin, that I still have for you on it, the money that they expect to recrcoop, will something be done, make sure that the money that is being wasted or being frauded out of the system will that same money be given back to the Medicaid program?

To make it stronger? Can we advocate for that.

>> KEVIN HANCOCK: So I hope, we talked about this a little bit yesterday.

So, the answer to that question, the reality of the long-term care it doesn't matter what payment, whether it's managed care or otherwise

the reality of long-term care especially in Pennsylvania, is it truly a growth enterprise so, we are constantly increasing the State and Federal dollars we're spending on the program I apologize for not speaking into the microphone. So we can't, I don't think we have to advocate for that specific money coming back into us, because the growth of the program is such that, that we have to increase funding to continue to provide the service and increase enrollment any way.

So, yeah.

>> TANYA TEGLO: I mean because to me what would seem fair is, to say, okay.

We cleaned up this amount of money it wasn't getting to the people that it was supposed to get to, now, we're giving them money back to the -- back to the departments, and give to the people to put back in the programs to make them stronger.

I know you say, it might not need to be that way.

I would think that should be the correct message that your government leaders would want to send on this one.

>> FRED HESS: Okay we've got time barely one last question we're already half hour behind even with canceling out, our CHC financial management services so please Jesse make it really fast.

>> MALE SPEAKER: Jesse health care Pennsylvania, from the worker perspective on this, we have seen this implemented in other places where workers are not provided the technology or provided training on the

technology how to use it workers don't get their paychecks it becomes it could be a real disaster.

And so -- we need to, we need -- this is part of the thinking already we need to make sure that direct care workers themselves are, involved in understanding the system that we're thinking about rolling out, thinking about how to train other direct care workers so they can highlight it, test it, make sure it's easy enough to use they have access and to the tech nothing and I don't know what the devices are you're thinking about giving to people or, if people are going do use their own, whatever the technology is, um, there's a cost issue, on obviously we need to make sure anyone that is working with a lot of direct care workers know it's a low wage job you know if you need cell phone data if you need you know minutes on your phone those kinds of things become major issues if the system is dependent upon that,

I don't know what you're thinking about developing we need to take owl those things into account because you know we've had situations here in Pennsylvania before where for one reason or another, direct care workers,

we implement change direct care workers don't get paid it creates a huge problem and the people they support, when we roll this out you know,

we would like to be involved in thinking about the training and capacity building to be necessary to be able to -- make sure that, it -- you know, that, that the direct care worker also has the support that he or she needs to not end up going without paychecks for weeks at a time.

>> TARA BREITSPRECHER: I appreciate that I will say Ohio and

Illinois had similar stories to share about the beginning of the implementation that's something we're already looking into the training piece especially we've already decided that, that the amount that was proposed, would not be sufficient based upon what they shared with us. So, yes, we will absolutely continue to engage and look at, ways that we could.

>> MALE SPEAKER: I hear that you should consult with the people that work with direct careworkers most closely when you think about throws things so I just ask that, that will be part of the process.

>> TARA BREITSPRECHER: Okay.

Absolutely. Thank you we'll make sure to do that.

>> FRED HESS: Yeah I'm going to see if we can't get more on -- the, EVV at another meeting and stick it on the augend do so we can get spend an hour or so, exactly on this, because this is a huge concern for everyone and we all know that.

It is making a lot people worried and people nervous, and -- you guys are correct, it is like we're being tracked. And things like this , which I really really disagree with but like I said, we are really really short, short short on time, so I would like to get the Laval and David gates up here.

They're going to talk to us about the legal aid for CHC participants . So could you guys come up?

>> LAVAL MILLER-WILSON: I brought a few

handouts for the committee, I'm passing some on this side and some to my right.

Okay.

>> MALE SPEAKER: Sure, if -- I brought enough so -- maybe the audience would if they're interested in these, there's another set.

This is for the committee I don't think the committee has these.

The notices are going around the third is just notices, and they're marked, A through D. It doesn't matter, which one you take.

I just wanted to use them as examples.

Good afternoon I'm larval Miller Wilson I have the privilege of directing the Pennsylvania health law project. My colleague to my right is David gates how many people in the room know David gates.

[laughter]

David is a bit of our prop he is, um, he is, an attorney one of the best attorneys in the State he does, an excellent excellent work representing folks.

And he will supplement a bit about what I have to say.

Our topic is about legal aid for CHC participants.

And, our are folks hearing me as I speak into the microphone. Okay.

Okay.

I'm going to follow a bit of Tanya's excellent lead and not be so attached to the PowerPoint presentation it's helpful to have it, it's a bit about a conversation about legal aid

with the committee.

And questions as we go through, potentially for the audience.

So at the outset, what we're trying to describe is where do participants go when they are denied coverage or services? When someone seeks Medicaid long-term services and supports, and they're denied by the county assistance office, based upon clinical or financial eligibility, or, when they're in a CHC plan and they're entitled to cover long-term services and supports.

And then the MCO denies the type of coverage or the amount scope and duration of the coverage. Where do they go?

How do they challenge?

We're here to talk a bit about a resource that is available which legal aid. And as I mentioned at the outset, I'm privileged to direct the Pennsylvania health law project which is a provider of that legal aid, but we're not the only ones in the State.

There are other groups that do some of this.

So I just wanted to note that.

And, describe a bit about the resources currently available in Pennsylvania for participants.

I want to go right to the heart of the issue that Kevin raised earlier about inflated service plans. And what help is available to consumers especially those in the southwest when there are inflated service plans they need to deal with their MCO in challenging that

inflation.

That's, that's really, one of the hearts, where do you go?

And how do you know to get to legal aid? As Pam was noting earlier Pam Auer, about these notices?

So that's really the heart where we're at I'm not trying to be defensive I'm not here for the State in terms of describing oh, legal aid will take care of it what we're trying to do is describe to folks the kinds of services we try to present in a limited way. The goal what we're trying to describe as in terms of PHLP, we do, two kinds of services one is, um, front door work helping people become eligible for Medicaid and again, that's a denial of eligibility from the county assistance office. And, when you're denied, Medicaid did he county assistance level there are notice that's say call the health law project that's one area. Front door eligibility work. We'll help folks when they're denied Medicaid based upon financial eligibility or clinical eligibility.

The Affordable Care Act made it easier to get into Medicaid we don't do as much of that work we still do it for programs where it is, for example, difficult getting the medical assistance for workers with disability program.

Or if you're trying to get made long-term services and supports there's a clinical issue, and you're denied, in NFCE, that determination,

we'll challenge on that front.

But increasingly we're concerned about the waiver work community HealthChoices and where the CHC MCOs are going to be challenging and reducing the amount scope and duration of LTSS.

This is all the Medicaid space. We don't do Medicare. Medicare also can da knew. That's not the lane we are in. We're Medicaid.

It can be confusing.

Because consumers at times will see, a Medicare denial and it doesn't say call the health law project. And there will be some areas that we're facing and will face, about who whether Medicare needs to deny first and then Medicaid picks up that's not what we're about in terms of describing work our work it is legal aid, helping folks challenge a Medicaid covered service that's enough.

On that front I don't dispute there can be an issue of Medicare. And the most we get into with regard to Medicare is if in is an issue where Medicaid should be picking something up, that Medicare is not picking, not covering.

We are, at the health law project a part of the Pennsylvania legal aid network. Which is a network of independent legal aid organizations around the State. We are, let me just emphasize independent.

We get support from the State but we're not apart of the State and we challenge the State and we challenge, we're independent.

No one is buying the Pennsylvania health law project.

Our staff is pretty small at the health law project. We have 3

offices and in those offices, they're kind of scattered Pittsburgh, Harrisburg and Philadelphia. And we have five attorneys, and 3 paralegals and we handle about 5,000 matters a year.

And, folks are able to reach us through our help line.

And we're covering folks in each of the 67 counties that are in the Medicaid system.

The urgency of bringing this topic and talking about the services available, are I think as Pam, again, noted we have got in the southwest about $99,000 folk that's are legacy participants. They.

[99,000]

They started January 1, they got a continuity of care period, that is about to end. On June 30th. And at that point. As this audience knows then -- plans can go ahead and start reducing.

They can reduce services.

Reduce providers it goes back to the question I said at the outset.

What are -- folks, and the position, to do.

How do we, at the health law project prioritize some of the calls coming in what our general rule is, with CHC, I should say we're -- we're, we're still waiting for this to happen. We're also pretty anxious about this dynamic.

It exists for again the jeopardy is for the 99,000 folks that are generally in a continuity of care period. But it already, happening because some hundreds of folks in the southwest, are new to CHC and

never got a continuity of care period.

So they're in the process of, probably having some services denied.

At the health law project we are intensely interested in getting cases and challenging MCOs.

I don't care what kind of case it is. We just want to test the process, and see how it works.

There is again, when it comes to LTSS it is not challenging the department that's what we did in the fee for service side that's what we still do in OLTL waivers, we're challenging the MCOs, we're challenging that determination, of medical necessity.

And we feel, um, that the contract, gives us a good basis to challenge it.

And to win.

But we can't get there, until we get some calls.

And we suspect we're going to get more and more calls when that continuity of care period ends. Let me just note again the areas that we're concerned about.

We're definitely concerned about covered in-home services and supports.

Adult daily living.

Home health services.

Personal assistant services.

Therapies that are done in the home.

We're concerned about the amount and the type of and -- the duration of those services we're also concerned about services that support competitive and integrated employment.

Like benefits counseling and, employment and skill development and getting to the job, which is nonmedical transportation.

If there's a limit on that, in that area, that's also a covered benefit in the person centered service plan if there's a reduction or denial we want to challenge that determination. It sounded like you had a question on that?

>> AUDIENCE MEMBER: Yes. Thank you.

That's -- this question I want to ask, it is an example. For example, I've been denied a DME, and, it is not under Medicare it's under Medicaid.

I come to you, they said well you don't need the DME but it is something I need. Personally.

To use in-home and outside independently how would you help me on that.

>> LAVAL MILLER-WILSON: Looking at that area, we're going to revisit whether Medicare should be picking it up. Because Medicare does, for dual, let's -- so at the out set are you a dual or not.

If you're not a dual you're solely in Medicaid for medical coverage and long-term services and supports clearly the CHC MCO has to pick it

up and that's where the challenge goes. But if you are a dual, Medicare does pick up, some amount of DME and moreover since Medicaid is the last payer before, Medicaid is going to pick up that service Medicare has to deny, so you know what is T* is complicated. Because in some cases you have to get the denial of Medicare first do you have to appeal Medicare? We're going to have to see. Or, can we say, the denial is sufficient, now, let's go do Medicaid, and see if Medicaid can pick up the medically necessary matter. This is why, um, it is complicated and this why you need to really look at the rules and the contract, and see. So I can't answer the question that theoretically, bottles what we're working on participants as we go through.

That's on CHC with regard to CHC MCOs and, um, and -- a bit about Medicare. But let me tell you a couple other things that are not always on the radar but we're interested in.

What about mental health services that are prided by the behavioral healthed care plan? What about partial hospitalization? What about mobile mental health care? That is not, that's -- that's the responsibility of another managed care group which is the behavioral health MCO. Same process, which is you're in Medicaid and you're entitled to that benefit are you denied? And so we'll challenge on that front too.

So, of course we're going to go look at CHC MCOs and behavioral health MCOs are also, an area that we're concerned about.

And as I mentioned before, the counseling for getting into Medicaid, and getting long term services and supports, is an area that we focus on.

In the handout that I distributed and we'll make sure is available there's a fact sheet about how to appeal a denial. In community HealthChoices. And, I'm not going do walk through the fact sheet. We just don't have the time to go through it.

But, it is going to be available for folks to take a look at.

And, there are various layers it is a complicated area and there are time lighttights, let me go back to another core area that is raised in another conversation in this meeting. Consumers have ten days, from when they get a denial notice, to to challenge. Now these are, that's those with the existing LTSS, that's the continuity of care period.

And from ten days from the date that they get that is on the, post mark of the letter, they need to challenge they're either calling or they're sending a letter.

If they don't do that, they're going to lose that opportunity to plain taken the service. We're going to have to see how many we really hope that folks call. Not call us, call the MCO don't call the health law project caught call the MCO and say I want to challenge, I want to challenge and keep my services going that's enough.

Then you can call the health law project and counsel and someone to

help you with it.

That's a big, big worry.

And we're going to have to see, and challenge the department to say, well, well at the outset let me say, not enough people, realize that resume.

That is called A paid pending not enough people understand that.

That they need to respond in ten days and, we will be working I think with the department and asking for data, about how many denials did MCOs, make and -- also, correlate that to see how many how many people challenge the plan and how many did so within ten days you get what I'm saying in terms of that data, that's what we think. We're asking the department likely to say how often is that done? Let me reference the chart in terms of just, how, why does legal aid, why does having a lawyer make a difference?

And there's a, there's a chart for those that you have Kevin said it was in your packet if the audience has it, it's a chart, um, about 2016 complaints and grievances, front and back. And these are lessons, from physical HealthChoices.

And I just want to note one piece on this chart, it is the, the 2016 complaint and grievances and, the system is a bit different now, in community HealthChoices.

But look there are grievances. Because that's what we're talking about, complaints are about the provider the grievances are about your

long-term services and support plan and the amount of that. That's what we call it in Pennsylvania.

And HealthChoices there were two levels, you go to your plan in order to challenge that. That's what you have to do.

So here's what happened in physical HealthChoices in the calendar year 2016. Of the 2 million people that are in physical HealthChoices, approximately in 2016, how many grievances were filed? 8599. That's the total number of grievances.

That's a small number people don't file.

Now, of those 8,599 what is the outcome?

Before I get to that, hold on.

Of the 8,599, these grievances can be filed by a member or a provider.

You don't need a lawyer to file a grievance let plea also say you don't have to have the health law project, you can do it on your own.

But, these grievances were filed either by a member or a provider you see those numbers.

But let's go to, so what's, what was the result of these grievances what happened?

Of the 7,589 decisions that were made, some were just withdrawn of the 7,589 grievances that were plead, at the plan level, because you're going to a plan initially, only 1,858 favored the member.

5,731 favored the plan, how often does the plan win? 75 percent of

the time.

75 percent of the time the plan wins in a grievance.

Whether legal counsel is involved we have a much higher success rate

. We just, can't do it with these numbers I can say, that we have a

much higher success rate. So the question comes up about so, why?

Why and why do legal aid make a difference? Why do consumers have

such difficulty.

Because this work is pretty emotional and representing

yourself, when your livelihood is on the line, takes a bit out of you.

It is hard to provide a coherent narrative when your livelihood is threatened it's about the lawyers

understanding the rules and the evidence. It's about understanding how

to bring provider testimony and frankly expert testimony.

In some cases, we try and hire an outside expert to come in and

provide and improve medical necessity that's just part of what we think,

good lawyering involves and that's what we strive to do with the health

law project. So that's some of the, the challenge versus if you're on

your own and you're doing it.

This sort of legal aid is not a right.

It is not public defense work where you're about to get incarcerated.

But, there's not much of a difference when your livelihood is

threatened. And so there we get into the issue of, the sufficiency of

resources.

Now, before I just got two more points to make, one is, um, and it

goes back to Pam's point.

Sorry to keep referencing you Pam, you raised the issue.

[laughter]

You've been raising the issue, I know at various meetings, this is not the first meeting where you have raised it.

About the outreach and education that is needed.

We are lawyers. We're not community organizers.

We work with groups. We work with CILs and AAAs and we work with folk that's are doing the outreach.

But the denial notices that I passed around, and they vary some are labeled A, some are labeled B some are labeled C, some are just standard denial notices, some are partial denial notices.

Some are notices for a continuity of care they all vary.

But I don't think they vary in this regard. How readable are they?

So you can take a look at them and, at your leisure, I'm sure we're going to have more conversations about improving the readabilityity. They're not easily understood.

And they're especially callings for persons with physical disabilities which conclude a physical impairment.

[challenges]

With visual impairment or cognitive impairment or just I'm having a bad day they can cause confusion because, they're there will be

some Medicare denial notices and Medicaid denial notices that will come out.

So, participants just need more than a notice.

And, health law project is out there, but we have to partner with other folks, like providers.

That provide this work and also are aware, and can help their patient get the services that they need.

And, frankly can testify about that. So those are essential partners we're not going to do our job at legal aid unless we have other partners. Other stakeholders helping us.

So so I want to get to the last piece, but, before I do I know there are a couple of questions we're going along so -- Tony and Tanya do you have something?

>> AUDIENCE MEMBER: Yes. Um Michelle brought up this point.

What if the -- a notice comes, but, you were in the hospital. Admitted into the hospital.

What are you going do do? What can be done? It's turned out to be a bad deal already. When you see the notice.

>> LAVAL MILLER-WILSON: Ten day rule is the ten day rule.

What will we do if we got a call from Michelle, that said, I wasn't at that location, so we challenge and say, to the MCO, you weren't aware where your member was.

I thought you were the MCO I thought you know where your member is.

So don't you know that they're in the hospital?

And shouldn't the notice go there.

That's probably the first part and frankly, I think, that there would be some frankly I think there would be some understanding and -- and, um, and slack from the MCO about where they send the notice.

I think that, an MCO and the department would probably probably with proof we need to think differently about that den day period not putting anyone on the spot. But, I think that.

[ten]

That would be something we bring to the attention.

>> KEVIN HANCOCK: Speaking from the department we would agree.

>> DAVID GATES: The other thing to mention we are lawyers and if the MCO doesn't agree we do go to court.

>> AUDIENCE MEMBER: I have into problem with going to court.

>> LAVAL MILLER-WILSON: Tany.

>> TANYA TEGLO: Something I want to ask of the PA health law project and this the State at there point, how important do you think, having clear documentation from medical doctors and from community organizations from wherever a person can get it, to help establish the importance of that person centered like planning process and to avoid the situations like this, where things have to go to a process, everything else to keep the system running for the consumers, like it should, when it is warranted that they get the medical equipment and the

services they need, how important is it for the consumers, to be more actively involved in the process, and getting the proper paper work as well.

>> LAVAL MILLER-WILSON: I think that, this is, person centered planning. And, community health choices, and in the ambitious is to deplorer in person person centered planning than exists in the current fee for service arrangement. So consumers and their trusted family givers or caregivers are involved in person centered planning.

We like the standard for which long-term services again this is a -- a standard, from physical HealthChoices, of medical necessity.

Jack Kane helped put that standard together.

But here is the additional part of community HealthChoices that we like.

And I'm going read it.

Medical necessity there are four prongs I like the fourth, you provide long-term services, if it will provide the opportunity for participant receiving LTSS to have arc
access to the benefits of community living to achieve person centered goals and live and work in the setting of his or her choice, that's the definition of medical necessity.

I'm reading it from the contract. That's medical necessity.

And, that's the standard, for which, we will go in to -- court, and argue for LTSS that is sufficient and an amount scope and duration do we

always have do prove a medical doctor to bring in something go RESPIT or pest eradication or home adaptations, no that's not expected. Here's the definition we may bring in some other folks in. That's a really powerful piece of the standard. And, frankly we're prettying excited about taking on MCOs and proving that. I'm pretty interested in seeing, which -- which MCRs did he fly, long-term services and supports.

[deny]

Part of the urgency here is what is aning on July 1st I get that, that's really palpable, you can touch it I also have to say candidly I'm thinking not what is going to happen on July 1, of 20 self-I'm thinking, what is going to happen 3 years from knew. In 2020 and 2021? Where do we want this system to be.

[now]

When there's not as much attention to community HealthChoices. And, where we suspect that with less attention might come less scrutiny that's where we want the system to have the checks and balances. And that's where we want to have conversations, in these individual cases, frankly, taking it to the department and saying, we have got an issue with this MCO, they're handling Tanya one way and some of the MCOs are not doing that, what are you going do a to do about it, that's good dialogue with the State. It's not necessarily a lawsuit against the State.

It is dialogue with the State, which we assume is interested in this monitoring function.

And going in and talking to the various MCOs that are, that are be living in away that may not comply with the contract if that doesn't work there are other avenues that are available. But, it is, first dealing with the individual and raising issues that we get concerns about to the State.

And, hoping that this the State can work it out with the MCOs. To stop changing some of this -- pattern and practice.

I don't know if that gets to -- I think I didn't give a chance for Kevin to answer.

>> KEVIN HANCOCK: So -- specific to the question, should participants, be proactively or engaged in the process of supporting your argument for agreements? Would always encourage that, would always encourage the, the participants and they're caregivers to be as engaged and know as much information and be, part of the process of for supporting that information, that but as the law is made very clear I strongly agree with this point the process itself is very complex. So, there's -- you will, looking for help, that would be offered through the plan or the health law project, will, potentially help participants be be even more prepared to navigate through a difficult process.

>> TANYA TEGLO: And I'm assuming, and correct me if I'm

wrong Kevin that the Commonwealth, will also do everything in its power to make sure consumers are being treated fairly throughout this process.

>> KEVIN HANCOCK: Beyond any doubt. Session towing thank you.

>> FRED HESS: Use your mic.

>> PAM AUER: Just a couple of comments. Um, I appreciate everything you said and it's a big, thing that you're looking at a big -- could be a lot of work for the small staff that you have. So, if there is a way to partner with some of the community organizations like you said train some of us to do because some of us already do help people appeal. But knowing some of the legal stuff would be good, but, if the State could put some money towards it, towards teaching some of us to be the, the -- funding to do the advocacy we do that as a center of independent living if we can someone dedicated to work with the consumer educate them on their rights that will be great. My last thing a is I know we're wrapping up is -- can we have on the next agenda um, some discussion on the certification for the service coordinations being plan dated by the, MCOs, because we didn't get into that, and, can we definitely have, time on the next agenda for nursing home transition. Get that on the record because there is a lot of concern about a lot of the service coordinators, having to go by the wayside because they don't have the time or the funds to get the accreditation that's being required.

>> KEVIN HANCOCK: Would it have to be the next meet something the

next agenda is already fully mean -- full, close to full.

What about -- what about July?

>> PAM AUER: That seems so late to be able to -- when it comes to accreditation stuff that seems so far down the road to talk about it, I mean if get a small piece.

>> KEVIN HANCOCK: Talking about NCQA the accreditation.

>> PAM AUER: We're not understanding what is happening. LAN-

>> AUDIENCE MEMBER: Is that something the MC works can cover,.

>> MALE SPEAKER: This is drew --

>> KEVIN HANCOCK: Before we do that just to be clear you're talking about the MCOs talking about the requirement for NQQA accreditation.

>> PAM AUER: Yes. Thank you.

>> SPEAKER: Maybe we'll squeeze that under their topics.

>> KEVIN HANCOCK: We do, just trying to -- think, just this is just logistics certainly we know how important the topic is but, we have to talk about the service plans as part of my update in the next meeting we want to make slur that the we're covering the end of couldn't flewity of care period the last meeting before the end of the couldn't flewity of care period, we've committed to talking about housing.

>> PAM AUER: NHT, you're coming to the end of the continuity care period we're wondering what is happening with people in the nursing homes that are, they're service coordination agency is what is going to happen with them.

>> KEVIN HANCOCK: NHT should be, part of that the end of the -- very good point yes.

--

>> FRED HESS: Go ahead drew.

>> MALE SPEAKER: I just wanted to say that, um, in terms of, grievance and Laval has been presenting that the brain injury association is prepared to take people's calls good they have questions about grievances to help make sure they do what Laval said they should do during the first ten days and get them to an appropriate advocate for help.

So, um, people in the southwest should know the brain injury association is there for them as well.

That's it.

>> FRED HESS: Okay.

Thank you drew we have time for one more question.

I know she has been waiting there very patiently and I'm going -- I'm trying to get to you quick as I could here.

>> AUDIENCE MEMBER: All right. Okay.

I'm from -- I'm and there are my dental, my insurance I'm having trouble pain in my gums and, right now, food tastes sour. Everything tastes Sour, at the point last summer, with them, I've been to my neighborhood dentist.

Which is closest for me to go to I should not have to go to all the

way into the city, just to get a dentist. Because, because the thing is, I need a total scan I need scaling of my whole mouth.

I asked if I hypothetically, if it would be paid in cash how much would it be, it would be $500 I cannot afford that I'm on all year round with my insurance.

Back and forth.

They said, they got approved by they sent over something for them about four or five times why should I have to go, when they know what I sent to them already.

I have to go back and forth for this, bureaucratic stuff red tape when I'm, I I'm sitting here in pain wondering what the hell is going on.

I'm trying to give them time, to -- to send the information that they need, and share contact me.

I've gotten like, 2 denial letters since I've been back on the known with them and, I'm not, I'm -- it's may, if they can't do it, send to someone else.

To me it's like common sense.

Why can't you do your job and just, you know, they're sitting behind a desk up on, near the airport they don't see me, they don't know what I'm going through.

So I mean, I can call on the phone and explain it to them. I cannot taste the food it's all sour, I'm brushing my teeth I -- I got, issues with my gums. Don't even count the bad breath I don't want to

inflict on or people I don't have fully choice I can't do anything about it they don't want to do their job.

>> LAVAL MILLER-WILSON: Right.

>> AUDIENCE MEMBER: I've been on the phone with them all year. Latch laugh I'm sorry you're going through that.

I -- I would like to have a chance to chat with you, a bit more.

About -- the situation.

Because everyone's situation is unique. Based upon their, based upon their --

>> AUDIENCE MEMBER: They put, grievances in, they put, um, whatever this paper is, in they put in.

I'm still have not gotten any relief.

>> LAVAL MILLER-WILSON: Let plea make a couple observations, about what.

[me]

What you're describing this is not unusual, we get these calls, like -- situations like yourself.

And, part of it is trying to package, is this a complaint.

Is this a grievance.

A complaint might be the dental provider, should be in my network it is not. My network is open, our network is closed and, it is not, how do I get a provider?

How do I get a dentist?

Is Medicare, picking up the dental care, because, some dual special needs plans market themselves as saying we're going to cover dental.

So, Medicare, should be picking that up.

If Medicare doesn't, item, or, again, if you're not in the dual situation, and Medicare should be picking this up, Medicaid has a dental benefit as well.

So, we have to sort this through.

And, this is personal in terms of getting into what is your coverage.

Let me work through that, let me see what your coverage is.

And then, and then, make a determination, about whether there is whether the MCO, denied the coverage.

Of a covered benefit, or, I got to say, I'll raise a technical term there should be a benefit limit exception.

Which is -- somewhat different process.

Is this, these cases take time. We silt behind a desk too.

He sits behind a decks he gets out in the community a little bit. But, he sits behind a desk a lot.

I sit behind a desk but part of I think, what we need in the system, is, empathetic people.

Understanding where things are at and, frankly, we still need folks in the field to help us connect with folks like yourself and other similarly situated persons to kind of help us work through some of this. So I really would like to talk to you afterward before there

situation.

But -- um, that's some of my initial response.

And, and -- I would like again like to talk to you more.

>> FRED HESS: Yeah I'm sorry right now we are out of time our next meet asking going to be it is not on the agenda says it will not be June 6th, remember it will be Wednesday, May 30th.