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Date: 6/2/2021

Event: Managed Long-Term Services and Supports Meeting

StreamBox

[Captioner standing by.]
>>SPEAKER: Good morning, everybody.
>>SPEAKER: Good morning Jamie how are you.
>>SPEAKER: Good. Good. Pat, I wanted to let you know RB, the secretary is set to join at about 11 today. Did German lateral you know.
>>SPEAKER: No, but we will watch for her and make sure we unmute her.
>>JAMIE BUCHENAUER: I think we sent her log in information. I am hoping they did. So, I said wherefore we were in the agenda we would break and turn it over the secretary to address the committee.
>>SPEAKER: Okay.
>>SPEAKER: I hope that's okay with the committee.
>>SPEAKER: Absolutely.
>>SPEAKER: [Indiscernible] I'm going to try to be on for part of the meeting today.
>>SPEAKER: I'm SOR are is this Tanya?
>>SPEAKER: Yes.
>>SPEAKER: Thank you for letting us know.
>>SPEAKER: You're welcome.
>>SPEAKER: We have about 10 committee members right now if that's enough for a quorum. And we can -- we may still have people coming in that will switch over.
>>SPEAKER: Okay. Would you like me to start with the attendance then? Or just wait a little? You can probably go ahead and start.
>>SPEAKER: Okay. Ali, are you online?
>>SPEAKER: I'm here, good morning hello everyone.
>>SPEAKER: Hi Cindy I see that you are on Neil are you on? David Johnson, I see that you are on. Denise? We will go on to the next person Gail? German? Are you online? Heshie?
>>SPEAKER: I am here, good morning.
>>SPEAKER: Thank you for joining us Juanita.
>>SPEAKER: Good morning I'm here.
>>SPEAKER: Good morning Lloyd.

>>SPEAKER: Present.
>> Matthew? Are you on Matt? How about Mark? And let's try Mike? Mike are you on? And next person would be Monica.
>>SPEAKER: I'm here, good morning.
>>SPEAKER: Good morning. And Richard told us ahead of time that he would be absent. Sarah? Are you on?
>>SPEAKER: Good morning, I'm here. Good morning. Sister Cathryn, I see you are on. Good morning.
>>SPEAKER: And Tanya?
>>TANYA TEGLO: I'm here, yes.
>>SPEAKER: Okay and William Spotts? Okay. So we are still waiting for just a few more members. I will go on and do the housekeeping talking points.
>>SPEAKER: While you are at it this is [name?] Just joining.
>>SPEAKER: I'm sorry, who is this?
>>SPEAKER: [Indiscernible].
>>SPEAKER: Hi, thank you for joining us German. I will do the housekeeping talking points committee rules please keep your language professional a point of order this meeting is being conduct window a webinar. All webinar participants except for committee members and presenters will be in listen mode only during the webinar. While committee members and presenters will be able to speak during the webinar. We ask that you use the mute button. This will help to minimize background noise and improve the sound quality of the webinar. We ask participants to submit your questions and comments into the chat box in the pop up window on the right side of your computer screen. Type into the text box under questions and press send. Please hold all questions is and comments until the end of each presentation as your question may be answered during the presentation. Please keep your questions and comments concise, clear, and to the point. Meeting minutes, the transcripts and meeting documents are posted under MLTSS meeting minutes these documents are posted within a few days of receiving the transcript. The caption TPHEUS for our captioning and audio recording the caption TPHEUS is documenting the discussion remotely. It is very important for people to state their name or include their name in the chat box and speak slowly and clearly otherwise the caption TPHEUS may not be able to capture the conversation. This meeting is also being audio recorded. The meeting is scheduled until 1 o'clock and to come ply with agreements, we will end promptly at that time. If you have any questions or comments that weren't heard send your questions and comments to the resource guide. For your reference the account is listed on the agenda as well. Public comments will be taken at the end of each presentation. There will be an additional period at the end of the meeting for any additional public comments to be entered into the chat box and the 2021 MLTSS meeting dates are available on the department of human services website for your reference. Thank you.
And I believe that we are ready for the follow up discussion on the listening sessions and the feedback.
>>JAMIE BUCHENAUER: Good morning everybody. I am happy to be with you this morning the to talk about COVID-19 listening sessions before I get into the material that is I have presented for you today. I wanted to give everybody a heads up. So approximately two months ago now. We got a new secretary of the department of human services Meg Snead and she asked if she could attend. So today we took her up on her offer and I believe she will be joining the MLTSS subcommittee to say say few words and introduce herself to the committee members about 11:00 a.m. And so, at that point. When she joins the committee, I am hoping we can take a quick pause and give her some opportunity to address the committee members and take some questions from committee members and the audience and then get back to our agenda as she leave it is committee. I am hoping that is okay with the committee members and the audience

members.
So, getting into the agenda that I have for the committee today, obviously, we are going to follow up on our MLTSS listening sessions that were held in May and June. We have broken those I want to say what we heard down into key themes. So we are going to address these key themes by talking about the community health choice program considerations and some considerations for the American rescue plan act funding opportunities how we are going to structure our discussion today. So, around our key themes, I think I said -- well I know I said at the conclusion or almost the conclusion of the May meeting I try today summarize of course what we had heard at the May meeting and what we heard again at the June meeting. When I summarized them and asked staff here at the office of long term living who listened is into both of those listening sessions to do the same, these are the key themes we came up with across most of the participants comments. I don't want to say all, but most of the participants comments. Participants had concerns regarding service coordination and so we heard about concerns about service coordinator turn over not being able to directly contact or difficulty directly contacting their service coordinator. And then once they did get in touch with their service coordinator, the service coordinator did not have knowledge of the program, knowledge of the services, they definitely needed some training and they had knowledge gaps, we heard many times the participant knew more about the program than the actual service coordinator. And so, we will talk a little bit more as we get into the session today about some considerations that the office of long term living is taking a look at regarding service coordination.
The other thing obviously we really heard about is concerns around person centered service plans. Many concerns raised about service reductions and that the assessment and reassessment process that happened in July through February and even into March of 2021 that whole reassessment process and any changes that were made to service plan it is that resulted in service reductions, that stood out as problematic and concerning for many participants and was reflected in many people's comments as well. Also, participants talked about challenges with home modifications, [word?] Modification, and different services on their service plan. Some of those we already have on going work groups as we try to work through issues with, you know, I think what came up that I heard was the time it takes for home modifications to be completed and the back and forth between the service coordinator the participant, the managed care organization, the contractor that may be involved in those home modification and possible a DME provider. Challenges with that communication. And then we heard issues with the appeal process challenges. Participants talked about how it was very difficult to navigate the appeals process challenges and how it was almost a full time job to navigate that process and how people needed support doing that.
How people didn't understand the processes and procedures and all the time frames they need today go through to access those appeal processes and the different ones and how they fell in order and maybe how you had to exhaust one in order to move to the next step. And what could happen at the same time and what had to happen sequentially. Definitely heard appeal process challenges. The other big key theme that we heard was challenges with the direct care work force. And, this was echoed by participants as well. Challenges right now with obtaining direct care workers, challenges with retaining their direct care worker, the challenges with missed shifts and challenges with getting people to provide the service that is people really needed in order for them to remain in their homes and communities. Challenges with training, challenges with getting personal protective equipment I know I heard that from participants and we have it lumped under direct care work force but it was a challenge for participants as well. Those were the key themes summarized very quickly from what I heard. I will say again, this is not the only comment that is we heard from those listening sessions. Please don't feel your voice was not heard. It definitely was. It is -- we try today lump everybody's comments and kind of make some key themes to organize ourselves within the office of long term living. I want to say that again,

no body's voice or comments was lost or not heard in those listening sessions.
So, moving on to those -- the things that the office of long term living is considering when we look at and let's first talk about service coordination. So there is a couple of things that, you know, surrounding service coordination that the office of long term living can take a look at and consider when we look at the service coordination requirements. So one of the main thing that is is outlined in the agreements is the service coordinator to participant ratios. Right now I think they are for home and community based services it is a one to 75 participant to service coordinator ratio. And I think we heard from participants at the listening sessions that, that was high. Or that may be unreasonable. So it is really the -- it is really up to the office of long term living to look and assess those service coordinator to participant ratio to ensure participants are getting the assistance and feedback and obviously communication that they need. It is definitely on our radar to take a look at those service coordinator to participant ratios and make a determination as the to whether they need to be changed and what the impact really of that change would be for the CHC program and the office of long term living. That's on our agenda to take a look at.
The other thing that we have talked about the office of long term living internally was the service coordination training requirement. Very early on as we were rolling out and I am -- I just wanted -- I want to caution everybody that I obviously wasn't here when we were rolling out CHC as it has been explain today me.
As we were rolling out the community health choices program, there was a lot of training that was provided to the MCOs for service coordinators the office of long term living had proactively cured and had a lot of that training content available. My understanding is that there was a training that was provided and service coordinators were using that training and the MCOs were using that training at least as a basis for their training provided to service coordinators. We also know that service coordinator have workshops that they have collaborated on to ensure that the MCOs are training service coordinator adequately. However, we know that, that continual circle -- that training has to be continuous. You know, for -- across all at least since I have gotten here in the last year. I know they have been constantly been hiring new service coordinator and filling that role and they constantly have a kind of circular meaning probably they have just gotten people hired, filled, and started that training process when more people left. They have had to hire, train, and start that revolving door, I want to say again. So, you know, it is on the office of long term living to ensure those service coordinators are continuously trained. I don't want to make excuses for the revolving process that continues to happen for service coordinator but I can understand that it is probably difficult especially during COVID to hire and on board new staff and to enshire they have all the training they need before they I want to say take on their job responsibilities. COVID has really shaken things up and if anybody has tried to on board staff remotely during this time or even during COVID it comes with its own I want to say challenges as communication is a little tougher during COVID. More people are working remotely. It gets a little bit harder to ensure that everybody has what they need. So, you know, the office of long term living will continue to insure that CHMCOs have their service coordinator trained and they have a base of knowledge as they start their jobs.
The other thing that we heard from the participants and so is on the office of long term lives list is the comprehensive needs assessments we heard from participants about that reassessment process and the fact that as soon as they have completed one reassessment process which they thought was their annual reassessment they may have been reassessed again. We know some of the them were doing more frequent assessments and we heard from our participants that while the CHMCOs are explaining the more frequent assessments are to ensure participants are getting services they need that more frequent assessment process may be burden some for the participant as people are participating in those assessments. Looking at how frequently participants are being assessed whether they must be assessed at least

annually and for any type of trigger events occurring, but does a participant need to be assessed biannually or does a participant need to be assessed more frequently? And is that actually a burden on the participant. So understanding the benefits of those more frequent assessments, determining if they are necessary, and talking to our CHMCOs about their processes. We have that on our follow up as well.
And then, the other obviously service coordination item that came up repeatedly is service coordinator response timeliness. We heard from many participants that they were unable to contact their service coordinator or that there was a different process in place for contacting the service coordinator. Heard that at least one CHMCO doesn't -- the first contact is not to the service coordinator, it is to a customer service line which can troubleshoot and resolve some of the issues the participant may have before putting that person in contact with the service coordinator. So recognize that one CHMCO might have a slightly different process and heard that some participants may not be used to the process under fee for service the first contact was service coordination or the service coordinator themselves so that help resents a change and that is something that participants may not necessarily be in favor of.
But, I think what came out at least to me was to ensure that participants had the information they needed in case they couldn't get in touch with their service coordinator. If their service coordinator was unavailable or didn't pick up the phone and there was an issue a participant needed addressed, do they have a second number so they are able to get in touch with somebody and let somebody know their service coordinator needs to make a call back or needs the to be in touch with a participant? If they can't get in touch with their MCO do they have the number of the office of long term living and are they able to call into our participant line? So the office of long term living is aware of whatever issue is occurring at that the PARTD need it is input of the service coordinator. Making sure that the participant are armed with all of those numbers and have all of that information so they are not sitting and waiting for a service coordinator call back that is going longer than a week or two weeks, I mean I think I got that sense as I listening to participants and I want to make sure people have that information they need if they can't get in touch with their service coordinator they are calling their CHCMO. And so they are not waiting that however long they are waiting to get in touch with somebody.
So, I think we have sent around as the office of long term living many of those phone numbers that were on the slides for the MLTSS and again, I believe we sent them out as a list serve as well to ensure that participants have those numbers and are using those numbers if they have needs that need addressed.
But the other thing I would say around service coordination response timeliness. I know we have been asked for data by one of the committees it may be the consumer subcommittee about the requirements for service coordinator response timeliness. Do we keep data on this? And what should these response timeliness standards be? And I don't, you know, somebody at the office of long term living can correct me if I am wrong. I am not recalling we have them currently in our agreement. So, the office of long term living is taking a look at are they needed? So, how do we measure that? And because we are not currently collecting data. Obviously taking a look at that issue as well.
So, the next slide talks about the person centered service plans. And avenue usely many participants talked about the service plan reductions they had experienced as a result of that assessment or reassessment process that had happened July -- through like I said March. So the office of long term living is working on an in depth analysis of service plan reductions what we are doing is we have heard that many were concerned about service plan reductions.
So, Randy's bureau has asked each of the CHMCOs for a sample. He picked a sample of service plans across all three CHCMCOs and it is not a small sample. He is looking for 60 plans. He is going to ask them to provide all information regarding those assessments and then any Corr supporting service plan reductions. We will have our clinical staff review that

information and take a look at it. We are then going to talk to the CHCMCOs about their processes and what the clinical folks at that time office of long term living found as a result of those reviews. And then I know that stake Holders have asked for updates on our analysis and our project of reviewing service plans. And so, once that analysis is done we will have information to share with stake Holders right now we are in the process of collecting the information on the assessments and the service plan reductions from the CHCMCOs they are still many the process of sending to us. There is not anything we can share on that yet. Know that it is under way. And the office of long term living has been asked about what the purpose of this is. You know, we talk a lot about the assessment and reassessment process and that services are, you know, when an assessment happens that services are adjusted based on the results of those assessments. So, in our review of those service plans, we want to understand what the CHCMCOs are looking at and what guidances in our waiver and agreements and what guys us in our operations memos and other guidance we give to our MCOs is followed when they are conducting those assessments, reassessments and making any changes to service plans based on those assessments. That work continues. But I wanted to the MLTSS to know that in depth analysis was under way. The other thing, you know, I talked a little bit about our process and sharing information with the stake Holders. We will use the results to determine if additional compliance requirements or CHC agreement amendments are necessary. So, you know, taking what we have learned and making any corresponding necessary changes. And I know that we have gotten feedback from many who have gotten a service plan reduction about informal support. Taking a look at the informal support policies to determine if any revisions are necessary particularly in that area.

So, I want to say on the person centered service plans and the service plan reductions as a result of the reassessment, more to come. The office of long term living is actively reviewing those.

Hopefully we will have more to come in the next couple of months on that analysis. So, the appeals process challenges, I think we have heard from the commenters as I talked about earlier that many had challenges accessing the appeals and, you know, I know one commenter said it was basically their full time job. We have also heard from many of the advocacy groups who are over well PLed with the number of participants that are reaching out and looking for assess TAPBS going through the complaint or grievance or due process and hearing process. We have talked internally early on there was information SREUBL for participants to better explain all of your -- all of the appeals process and the due process and what needs to happen with each step. You know, the office of long term living is considering what else we can do to support participants through these different challenges. More education, more resources, you know, more advocate availability. All of those suggestions are under consideration. I know that we have talked about -- at least with the Philadelphia health law project. I know once they had a helpful resource and they provided training to participants about this process. So is that something that we may need to -- I want to say redo. Just doing it once, I think we are hearing loud and clear from participants just doing something once or upon the roll out of CHC is probably not sufficient. You know, that COVID changed not only I want to say all of our lives, but it is a really good reminder just because you did it once doesn't mean it needs to be done again. Taking another look at how we can help participants be educated and informed and supported during the appeals process.

So, the next -- am I -- okay. So the next slide I want to give you some background information before I get into some recommendations or thoughts about supporting the direct care work force. So, the American rescue plan act was passed by the federal congress and signed by the president in March of 2021. And one of the, you know, it was a huge multihundred page maybe even thousand page piece of federal legislation which supported states and governments and people with COVID related issues. But in one paragraph of this very important piece of

legislation the federal government provided 10 percent enhanced FMAP for home and community based services from April 1st, 2021, through march 21, 2022. For all of our home and community based services provided and paid for by the state of Pennsylvania. The federal government was going to give us 10 percent more on their portion. That 10 percent has to be used to supplement home and community based services it cannot be used to [word?] State funding. And so, a state medicaid directors letter was issued on May 13th providing states further guidance on how we could use and kind of the guardrails for spending the that 10 percent enhanced FMAP. So the federal guidance said that states can use it for two main buckets. One is COVID related home and community based service needs. And so it went on to explain what those COVID related needs were. The other bucket was home and community based capacity building and long term and service rebalancing reform. I will back up and say as soon as the America rescue plan act was passed the department of human services and the office of long term living started taking input from stake Holders before we got the federal guidance about how stake Holders thought and participants thought we should be spending and using this 10 percent enhanced FMAP and what we should be spending these dollars on as we have to use them on new things. We can't just use them on the state funding we are currently using to support our programs.

So we have collected a lot of public input on the use of the -- we have an act RO them for everything I like to call it the ARPA (sp?) Funds. We had a lot of conversations early because the CMS state medicaid directors letter said we have to our state plans due within 30 days. That doesn't give us a lot of turn around time. Those spending plans and narratives are initially due on June 12th. It is now June 2nd. So we have 10 days. But, all that to say, I think one of the opportunities and we can go on to the next slide. One of the opportunities and one of the key themes that we heard during the listening sessions was more support needed to be given to the direct care work force. We heard it at the MLTSS listening sessions from multiple participants. But we also heard it from almost every stake Holder group we got input from when we were asking about ARPA funding. It came out time and time and time again which is great that, you know, most of the people that the office of long term living talked to said the direct care work force need it is to be supported. And so, it needs to be supported in terms of wages, it needs to be support ed in terms of benefits it needs to be supported in terms of training, it need it had to be supported in terms of making sure you can recruit and retain the staff we have. We heard the home and -- the direct care work force was the backbone of home and community based services and if you captain shore up and support the direct care work force to ensure you have the work force to support your participants, Pennsylvania, you are in trouble. Office of long term living, you are in trouble. That came out in our listening sessions too. If you go to the next slide, the office of long term living is definitely, you know, our priority for that ARPA funding is to strengthen the direct care work force. So work force initiatives under consideration for use of ARPA funding. Training opportunities, career ladder development, recruitment incentives, wage incentives. Obviously we heard loud and clear the office of long term living needs to support our direct care work force. So, you know, this is one of our funding priorities for our 10 percent enhanced FMAP. So, with that, I think my very final slide again is the slide that I have talked about earlier with all of those phone numbers and that information for participants if they aren't able to get in touch with their service coordinator call one of your CHCMCOs and make sure they know they are trying to get in touch with your service coordinator and you have an issue that needs to be addressed. If you can't get it addressed by them, we have a participant line at the office of long term living. Call the participant line. They can lodge your issue and work with your CHCMCO to have it addressed. We also have an e-mail box that people can use to send their comments to the office of long term living. We do monitor obviously those e-mail comments and address them. I see the request go around to staff and staff answer them. Or they send the issues to CHCMCOs for follow up getting them to address those.

Please, if you aren't been able to had communication issues previous, please take down the information on this slide or we are happy to send this information out again. Take a picture, you know in any way you can. Make sure you this have information handy if your are a participant and you are going to need this information to get in touch. And, with that, that is all the information that I had in my slides, I am happy to take some questions that have come in from the group. Or, happy to turn it over to the CHCMCOs for any comments they have prepared or talk about and follow up to my comments.
>>SPEAKER: I see Luba and Lloyd both had questions I don't know if there are other committee members. Llyod, do you want to go first?
>>LLOYD WERTZ: How were if files for service reductions chosen to be send from the MCOs to your office for review?
>>JAMIE BUCHENAUER: So, Llyod. I will say a few things --
>>SPEAKER: [Indiscernible].
>>JAMIE BUCHENAUER: I didn't know if you wanted to take this one.
>>SPEAKER: You are asking how we pick the cases and decide to do this reduction review.
>>LLOYD WERTZ: That is correct.
>>SPEAKER: We collected data off of that. I worked with the analytics unit to look at that report and collect data off of that and they ran a program on that report to randomly select the cases. So, there was 60 picked for each MCO and we tried to pick at least the goal was to pick 12 from each of the five regions there were a couple that may not have 12 cases so we picked randomly. It was all random selection. The data we are collecting is the NERI and all the assessment tools we utilized for the formulation service coordinator notes, and any other notes relative to the case if there was a denial letter or stuff like that we are collecting all of that information.
>>LLOYD WERTZ: That's greet. Really well thought out. It was not just send us 60 records I am glad you did that.
>>SPEAKER: No, sir. That way it would be random and no conflict of interest with it.
>>LLOYD WERTZ: Good move I appreciate that. Were any of the record it is that were chosen, did they include individuals with mental health diagnostics or mental health services on board. You may not be able to answer this at this time. Thank you.
>>SPEAKER: We didn't look at everything and any diagnosis or anything like that. If first group of records came in at the end of last week and the team is reviewing those right now. I am planning to have a meeting with the team next week to walk through what they saw. The second 30 records are due this week. So then I will have a team meeting with them and so I meet with them I won't know if the reductions were in [word?] If there was any diagnosis or whether it was dementia, whether it was mental health, or end of life issues. I won't know that until I meet with the team.
>>LLOYD WERTZ: Thank you.
>>SPEAKER: Sure, no problem.
>>LUBA SOMITS: I was wondering if there was any discussion about perhaps expanding the role of [word?] To include handing CHC complaints. I think that many years ago there was some language that [name?] Was also able to handle home care complaints and again, looking to expand an area where a process and system already exists. Is it possible then to include community health choices and the CHC process in all of that?
>>JAMIE BUCHENAUER: So, Luba I will have to get back to you on that. I know that, you know, obviously I am most familiar with the role right now as it pertains to nursing facilities and other long term care settings. So, you know, I know that there has been some out reach. I think they have been contacted by some CHC participants. So, we can definitely have a conversation with them or the department of aging.
>>MONICA VACCARO: We have received questions about a complaint process as compared

to a grieve sense process and whether those are different.
>>JAMIE BUCHENAUER: So Monica, they are different processes. Randy do you want to explain the difference. I know you are -- I know I have the information, I would have to find it to explain the differences in terms of acomplaint and a grieve sense.
>>MONICA VACCARO: And more specifically I think the grieve sense process is very clear but there are questions about how to make a complaint that doesn't reach the level of a grievance.
>>SPEAKER: Yeah, is [name?] On? It would be good to have policy. But you are right the grievance process is clear cut. After that decision it can be filed as an external review or a fair hearing request the grievance process is clear. The complaint process side the complaint that is we see are that, I a provider didn't do this or the provider was rude or the provider was two hours late in seeing me for my appointment. Most of those complaints are handled through the MCOs themselves. And they handle most of the complaints there are some KPHRAEUPT that is get through the process and may get over to the external review and we will work back with the MCOs to try to resolve the complaint itself. It is something that we track the KPHRAEUPT that is come in. Most of them are customer service related we do track those through the MCOs to resolve them.
>>MONICA VACCARO: Is there a process someone should go through to register a complaint?
>>SPEAKER: I will have to get back to you WHRRPBT we have it spelled out. It is a matter of calling the participant hot line either at the MCOs or they can call the participant hot line through the office of long term living and we follow up with that there is a complaint somebody calls in and says I have a complaint about this. The doctors office was rude and the staff were nasty or I get a complaint about how the driver drove or interacted with people in the van. If those complaints come in through us, we work back with the MCOs to revolve those.
>>SPEAKER: Jen isn't on. But Ryan is on. If he has anything he wants to add.
>>SPEAKER: Yeah sure this is Ryan. So, the main difference between a grieve sense and complaint is a TKPWRAOEU SREPBS is something that involves appealing medical necessity or service as Randy said a complaint is more something like a did something wrong. Timeliness. Things like that. When we are looking at at the time grievances it is medical dep necessity determination and that can lead to other levels of appeal through the process. Randy covered everything I would have said.
>>MONICA VACCARO: Thank you.
>>JAMIE BUCHENAUER: It was that Monica that asked the question.
>>MONICA VACCARO: Yes.
>>JAMIE BUCHENAUER: The definition and requirements for complaints and grievances are outlined in the CHC agreement and we can send you a link there was a question that speaks to this. It defines them and goes through the process.
>>MONICA VACCARO: That would be great. Thank you so much.
>>JAMIE BUCHENAUER: Yep.
>>SPEAKER: I think Sarah also had a question.
>>SARAH GLASHEEN: Hi good morning. I just had a question if there would be an opportune to see the full ARPA funding plan. You mentioned the direct service worker supports if funding would support that. I was curious if there were any other areas the funding would go towards.
>>JAMIE BUCHENAUER: So we are actually working on the plan now. It is -- you know, I want to say it is a little complex because it is not just a plan for the office of long term living. The office of developmental programs will be getting an enhanced match. And so will the office of OCTEL (sp?) Will get an enhanced match on their services we are all working together to put it all together the budget as well as the narrative piece. We probably will not be able to I want to say post it prior to submitting it to CMS. But, I have heard that we do intend to post it after we have submitted it to CMS. I also want to caution everybody that it is an initial plan and CMS has let states know because many states push back and said listen this is not enough time for a stake

Holder input process. Luckily the office of long term living got a lot of stake Holder input before they crafted their plan. But, I don't know about all other states. CMS said, you know, it is an initial plan. You can always submit something and it can always be changed and evolved as the needs of your states and change potentially involve. States were given march of 2024 to spend this funding. It is not that it all needs to be spent within the first year, states have the opportunity to spend this funding for the next three years.
>>SARAH GLASHEEN: Thank you. That's very helpful.
>>SPEAKER: And then it looks like Juanita may want to make a comment.
>>SPEAKER: Yes, how is everyone today? I want to speak on the completes and grievance process. I know I have had to go through that process. It did not work in accordance to how it was explained. It was not that easy. There is a lot of difficulty. I got a lot of negativity from the appeals board from the service coordinator themselves and from the MCOs when I tried to make a complaint to the office of long term living. Well, you have to go back to your service coordinator or you have to do this or that when it came back that the determination was so negative they didn't take into account anything, they didn't listen to my complaint. They wrote up everything to make it in favor of the MCO or the service coordinator which was really, really disturbing. My other thing was the cut -- I was told directly by service coordinator or MCO and the service coordinator from Keystone First that is office of long term living, the CEOs and their supervisors and managers told them at any cost to please cut all the hours they can for services for participants and they didn't care this young lady told me that. I can write it and sent to you where she is. They said they used the assessments to do that specifically for that reason. I said why would you do something like that. She started laughing and thought it was funny. Well disability services that young lady should not be working in this line of work. It was hurtful and it was just disrespectful. And I wanted to let y'all know that.
>>JAMIE BUCHENAUER: I don't mean to interrupt you. I am hoping you can send me the name of the person that sent that to you.
>>SPEAKER: I will.
>>JAMIE BUCHENAUER: We had another situation where that happened. We got the name of the individual that worked with the CHCMCO and it was addressed promptly. That is just not true. And I was disturbed to hear it. I think the CHCMCO were also disturbed to hear that information being said by an employee.
>>SPEAKER: I actually cried.
>>JAMIE BUCHENAUER: KWRESZ, please send me that information.
>>SPEAKER: Thank you for caring. I am glad someone else had that same situation. It was made up. This is what is happening to us as participants. So thank you for listening and I will have that to you today.
>>SPEAKER: This is Randy, I apologize that happened and in no way is our program set up that, that is what our purpose is to reduce services we have been clear since 2015 and 2016 since we started this program that was not the purpose of is program. It was not the purpose of the program to be a cost cutting measure for this sake. We have been clear on that. If that miscommunication is out there I appreciate you letting us know. We will certainly deal with it.
>>SPEAKER: Okay. They left -- when I left I was actually crying Oen the phone and they were so rude to us and when I tell you we are being mistreated by the MCOs and service coordinator we really are.
>>SPEAKER: We will certainly address that TOFPLT your other point with the difficulty of getting through the grievance and hearing process. They ought the to be helping participants with that process. If you talk to your SC they should be able to assist you with filing a grievance filing a fair hearing that's part of their responsibility also F. You do have issues, we know it is a compute Kated process that's why we put it in place the MCOs are responsible in assisting. So hopefully they are doing that.

>>SPEAKER: Well, they do but they put thing that is was not said to make the grievance not go through in accordance to what we complained about. They are interpreting it wrong to when it gets to that level, I have been on one of the grievances and the recorded statements and the panel is -- I meant the -- they were really bad the grievance board. They were so disrespectful to me. And the only feedback I got from the service cord nay door and MCOs that's what it is there is nothing we can do. Yeah.
>>SPEAKER: Okay.
>>SPEAKER: I'm sorry, but thank you. I am glad thank you for Randy I have been supportive of you. Thank you for implementing this program for us. And I am for sure going to be speaking the to the lady, she is fantastic. I know y'all will help us. It is not some entities is not helping us.
>>SPEAKER: Thank you for your feedback. We will certainly address this.
>>SPEAKER: Okay. Thank you, sir.
>>SPEAKER: Okay. Jamie, I wanted to do a time check. I know Cindy also had a question as well as Gail.
>>CINDY CELI: This is Cindy. I was curious to what is percentage of face to face assessments were being done in the field versus telephone now at this time and is there an expected time frame to be back in the field for assessments and reassessments I'm curious if that had impact on service coordination and things like that.
>>SPEAKER: This is Randy again, we have been encouraging the MCOs for the last couple of months to do as many face to face assessments and let the participant make the choice whether they are comfortable in having somebody come into their home. Probably about three months ago, we were probably seeing about a 90/10 split. That number in the last month has actually switched a little bit we are seeing a lot more participants allowing or opting for the face to face. I think and I don't have the stats in front of me. I know in the last stats I got last week there was a market increase in the amount of face to face assessment visits AmeriHealth Caritas Keystone First was doing. I think the numbers are probably now closer to 57 percent telephonic and 75 percent face to face. We are looking for that to increase. We are also encouraging and having discussion with the independent enrollment broker about doing face to face meeting now. We are starting to see some increases across the board on all of our assessment types. We are currently using the apen TKEBGS K flexibility that allows us to offer both. But we do anticipate in the next few months some of those flexibilities will be lifted or ended and we will be moving back to completely face to face. We don't have a time line on that yet now. But it is something we know is coming and we are starting the to prepare for. But, we are I have been happy with some of the increases we are seeing face to face. People are getting more comfortable and getting their vaccines and we are seeing increase along those lines.
>>CINDY CELI: Thank you very much.
>>SPEAKER: Uh-huh.
>>SPEAKER: And Gail.
>>GAIL WEIDMAN: Thank you. Back to the use of the ARPA funds is there any consideration being given to reSPAPBD is HCBS services to include assisted living residences and the services they provide. I wanted to ask that question.
>>JAMIE BUCHENAUER: I think we got that suggestion from one or more stake Holder commenters. Part of the plan is looking for the sustainability and you have to explain to CMS how you are going to expand home and community based services that is something we are considering as we craft our plan. It is under consideration. The sustainability, I think is kind of what we are trying to work through.
>>GAIL WEIDMAN: Thank you.
>>SPEAKER: Any other committee members have questions? And I am sorry, just a reminder or request from an audience member. So please remember that there are a lot of individuals

who may not be as knowledgeable as all of you. And they don't always understand the acronyms you use. If you can say the full name. That would help them. Thank you.
>>SPEAKER: This is Juanita again. I have one more questions our services was cut for the YMCA. I was told by the MCOs it is not necessary for us to have that anymore because we are disabled. They have disabled Olympics and everything and they have disabled -- use are supposed to be able to go out into the community and enjoy other services and if they can whether you are in a wheelchair, whether you are mentally disabled, physically disabled, emotionally disabled. They have taken that away. One of the services they said they won't pay for it anymore because the disabled community don't need it.
>>JAMIE BUCHENAUER: So, I was not aware that any of the CHCMCOs had made any changes like that. I think we will need to follow HRE up your separately to talk about that issue.
>>SPEAKER: Yeah, because my -- I am supposed to be getting physical therapy and that's part of physical therapy through there. And they cut it. It is gone.
>>JAMIE BUCHENAUER: Yeah, definitely, you know, maybe an off line conversation about your distinct services would be probably helpful.
>>SPEAKER: All right thank you.
>>JAMIE BUCHENAUER: Great. Thanks. So Pat, I think we have secretary Snead on the line if we want to break here and turn it over to Secretary Snead for a couple of remarks. Welcome to the MLTSS the Managed Long-Term Services and Supports Subcommittee of the MAC and I will turn it over to you.
>>SPEAKER: Wonderful can you hear me okay?
>>JAMIE BUCHENAUER: Yep.
>>SPEAKER: Okay. Good. Good morning. Thank you all for inviting me to join you. I have the honor of serving as the acting secretary for the department of human services. I am really excited to be back in an agency. I am not new to DHS or to this work. I started working for the Wolf administration and the DHS policy office focussing on medicaid, mental health and substance abuse policy in 2013. The human services world and the work we do here are what really make my heart tick and it is an incredible honor to have an opportunity to lead DHS and make a difference in the lives of people we serve. I know I am coming into the role in a pivotal moment and while certainly things are improving COVID-19 remains a threat. We are looking forward to safely resuming many normal aspects of life we have missed for so long. We can't do that without recognizing the reality of the last 16 months and what that has collectively done to all of us. It is an important time to coming into the DHS and leading the agency I am trialed to be here. I am looking forward to working with all of you and getting back into the meat of the work that moves us forward as a state as we look to recover from the pandemic together. I am here to listen today but happy to answer any questions and look forward to working with all of you going forward.
>>JAMIE BUCHENAUER: Thank you. Does anybody have any questions for the Secretary?
>>SPEAKER: This is German can you hear me?
>>JAMIE BUCHENAUER: Sure can.
>>GERMAN PARODI: Thank you for joining United States. With secretary TPHOEUPL TPHOEUPL with the public health emergency declaration what are our state's con TEPBG I plan ifs it is not extended in July and to that what are our counter measures in being able to continue to acquire those services thank you.
>>SPEAKER: So I will take that in two parts. I am not not entirely sure we are wrapped our arms around what the plan is if that comes to an end. We are in the midth of a pandemic. We are looking at a lot of the flexibilities we were able to put in place in order to address the pandemic like telehealth that is one of the things if the disaster declaration comes to an end we will have the funds to make sure people have access to telehealth services it is an important way to access health care. The pandemic has shone a light on how important it is outside of

traditional settings. We are working hard to identify all of the flexibilities the that we put in place and what our plans are for keeping them in place or shifting back to a world where those regulatory waivers don't exist anymore but we continue to ensure people have access to the care they need.
>>GERMAN PARODI: Thank you appreciate it. I suppose our state has not heard from HHS [indiscernible] 60 days prior to ending the COVID health emergency.
>>SPEAKER: I don't think we anticipate the federal public health emergency coming to an end. It is a possible our state disaster declaration will be lifted before then. We are operating under the assumption the federal emergency will continue. We may not have that same flexibility at the state level.
>>GERMAN PARODI: Thank you.
>>LLOYD WERTZ: While I think this is in the ball park. I want to strongly encourage as any act is moving forward toward reissuing the rise PA initiative, I would strongly encourage the inclusion of behavorial health as one of the domains that is part of any RIZE initiative going forward. I certainly would hope that it would be behavorial health issues need to be considered in over all whole person health and part of a rise referral tool being considered. Thank you.
>>SPEAKER: And, secretary I think Tonya has a question. Tonya?
>>SPEAKER: Yes, I am here. I wanted to ask what was her over all vision that sees to enhance independence in the disabled community and what is the plan to make sure once this pan testimonyic is over to get the disabled community fully integrated again in society and doing it safely and how we enhance how we do things?
>>SPEAKER: Thank you. My vision for the agency I come in with three over arching priorities. I am focused on housing, maternal health, and on licensure and over site of the facilities we over see. That is not to supplant a lot of the great work that has done over the last six years as part of this administration to implement community health choices to ensure more people are receiving services in the settings where they want to receive those services. A lot to wrap my arms around in terms of what my agenda is in that specific space, but I will say opportunities like this to talk to you all and understand the issues that you are facing that the providers are facing at the local level are critically important in informing my vision going forward. I come from the advocacy community happen to see myself as an advocate that sits inside of state government now. But will always look at things through the lens on the floor putting people first and systems second. How do we build systems where we take people and wrap the supports around them that they need rather than taking people and trying to plug them into existing system that is aren't as TPHREUBGSable. I don't know if that necessarily answers your question. It will be really important for us to continue to have these conversations as we come out of this pandemic and tackle the next 18 months of this administration which will go back both in the blink of an eye I think. There is a lot of work to do but a lot of listens to be learned coming out of a pandemic and how we can make the state and services and people that E we serve stronger together going forward.
>>TANYA TEGLO: It does. Thank you.
>>JAMIE BUCHENAUER: Secretary do you have time for one more question.
>>SPEAKER: Sure.
>>JAMIE BUCHENAUER: Does anyone in the committee have one more question for the Secretary?
>>SPEAKER: Yes, I do have one this is Juanita. I wanted to [indiscernible] that we are having with our services and what, you know, what can we look forward to as participants in terms of getting things, you know, working better for us?
>>SPEAKER: Well, I think it is really important that you all continue to share your point of view and participate in meetings like this. As we come in and return to the office in the future, my door is always open. Jamie will continue to be an important contact for all of you. If there is ever

anything that I can do that you think we are missing don't hesitate to shoot me a note or when we are back in the office to pop in and see me. I really want to look at everything through the lens of the people that are receiving our services. You all know what is happening and are the experts much more than we are. The high level answer is continue to participate and share your voice and I will do my best to listen and use that to inform the departments work.
>>SPEAKER: Thank you so much.
>>JAMIE BUCHENAUER: Thank you secretary. We appreciate your time in coming and meeting our committee and hearing your comments. Thank you so much.
>>SPEAKER: Thank you.
>>SPEAKER: Okay. Jamie, I wanted to do a time check. I think the agenda is scheduled for this portion until 11:30 did you want to offer MCOs any opportunity to make any statements or I have questions from the audience.
>>JAMIE BUCHENAUER: I think it would be helpful to offer the CHCMCOs the opportunity if they had anything they wanted to say. And if not, I am happy to continue to answer questions.
>>SPEAKER: Okay. So I guess, maybe we can start with AmeriHealth Caritas. I know Jen Rogers is on and should be unmuted.
>>SPEAKER: Can you hear me okay?
>>SPEAKER: Yes. Thank you, Jen.
>>SPEAKER: Hi everyone thank you. We are again grateful for the learning opportunity presented through the listening sessions at the last two sub MACs. We of course think that Jamie has really targeted the things and is actively working to make progress and improvements and quality improvement that you will hear about later in our CAHPS plan to continuously focus on the quality of the program and work within the structure of CHC. So, you know, I think the area has already discussed that we are focussing on from our clinical teams, training teams, quality teams to hopefully move forward in a positive way through a steady feed. Hopefully we are out of the dark of the pandemic and we are done implementing making improvements where we can. Communicating effectively with our participants, making sure they understand the appeal process, and tools that we use to make assessments on services and support. And obviously, how we can as a CHCMCO support the direct care work force. So thank you.
>>SPEAKER: Okay. Thanks Jen. [Name?] More PHW.
>>SPEAKER: I am here, good morning. I will just echo what Jen just said. We are certainly grateful for the opportunity to hear from our participants and hear your thoughts and to hear your concerns. And we certainly are going to work hard to continue to improve to program as Jen said this is the first year of implementation of what we have been called steady state and it is a great opportunity and time to focus on improving the program. We agree a hundred percent on strengthening the direct care work force. That is a major part of our DNA as an organization. We appreciate the significant and the great work our direct care workers do and we want to do all we can do to make sure they are supported.
>>SPEAKER: Okay. And thank you Norse and for UPMC I'm not sure if Mike Smith or Brendon want to offer comments.
>>MIKE GRIER: This is Mike can you hear me okay?
>>SPEAKER: Yes.
>>MIKE GRIER: I appreciate the time to talk to this a little bit and follow up on a the issue it is that were addressed. We are also going to touch base in our CAHPS presentation on some of the good news stories we had associated with our meeting last week. In the interest of addressing what we heard. I think we want to take this time to just talk about, you know some of this things we heard about, you know participants not being able to get in touch with our service coordinator. We do have an expectation that our staff get in touch with people within 48 hours. We have a call center as mentioned earlier in the discussion that is really design today provide

somebody to talk to immediately upon an issue coming up. Because, we are in the field and/or working with people that are on this call and participants like the one that called in on a daily basis our expectation is our staff are spending quality time with participants and the call SEBTer is design today take calls while they are in discussions with people who have very important issues. Aparticipant that is have very important issues to really have the focus be on those folks when they are in their Perez sense in their homes or on the phone (. I think to Randy's point and earlier discussion about getting back in the community. I will say right now if you have a UPMC staff person service coordinator and have an assessment coming up. Their first and foremost effort is to come see you at home that. Is part of what we train to and expect from our staff. We also understand that participants still have some concerns about being seen in their homes TOFPLT that point, we want to be respectful of the fact that some folks are feeling nervous about this and we are working hard to make sure that folks are aware of and supported in getting vaccinated as well so they will feel more comfortable with us in their homes we leave protocoled in place asking that people in the home and our staff be mask in those situations. Also, just wanted to mention that, you know, we basically track not only those contacts but also the successful nature of contacts and nonsuccessful. We have about 70 percent success rate right now with people picking up the phones. I get it, believe me. By nature of our work we pick up every call. If I had a dime every time an insurance company wanted to sell me extended insurance on my care I would be a multimillionaire right now. Just know we are tracking those things too and looking for ways to improve through texting or other forms of communication to improve that communication path with participants.

Another thing is I wanted to address a little bit about complaints and the fact that we do take complaints seriously. We have seen a reduction in complaints over the last several months. And you know, we will discharge staff. We will discipline staff and we will retrain staff associated with those complaints and we take them very seriously. We are hoping for the most part our staff are always doing and handling thing ins a professional manner. For myself speaking sort of like the Secretary earlier I come from a long line of advocacy in my background. So I take AOUR advocacy and support of individuals pretty seriously here. In addition thoracic outlet t to that I wanted to talk about service coordinator not being helpful in addressing needs and being just basically trained about how we communicate best with participants and ensure our grievance process and connecting people to our member service line for support on the grievance process and I won't have time to go into detail today. Be assure that had is happening today as well as working through issues with home modification and things of that issue. And one thing we heard is we will acknowledge in September, October of last year when we had to go from when we started probably actually July is when we were told that we could resume face to face visits, through August, we were manning our staff or providering them with the equipment necessary to go into the homes safely as well as the training and sending out information to participants by mail and through calls to make sure they were aware of how we were going to proceed. We did loose staff during COVID. You know, people had children who were out of school and unable to basically make their home and work life work together. So we had some turn over at that time. That probably is reflected in some of the dissatisfaction that folks mentioned in the earlier call. To that point, we will talk about some of the results of a survey that was conducted at that point which had some positive results. The other thing I wanted to make sure people know, we take the fact that our staff are knowledgeable in their work very seriously and to that end, we not only have weekly trainings that are provided through their service coordination supervisors. We also have quarterly, almost day long session that is are held with staff to go over significant policy and procedural trainings as well as well as discuss these types of interactions. In addition, in January of this year we instituted biweekly formal trainings. We have done training on our CAHPS SER have a so people know how we are being view ed in the community. We present some of those positive results as well as some that were challenged with that we are trying to

make improvements on later today in this session. That is great as well. We did behavorial health train consideration, dementia training, those are all things that we have worked on with -- this is in addition to the two weeks of training, the four weeks of case load management. Somebody goes through our initial two weeks of that I knowing all of this later training is going on throughout the year and retraining is done on various trainings. So we do take very seriously making sure people are up to date on those trainings. We also in addition to all the trainings, we release weekly updates those were daily updates for about two and a half months. We did daily updates to our staff and move today biweekly and now we do weekly update that is includes everything COVID as well as any operational changes occurring. We have a social justice sere release that was added to our training (efforts to address systemic and other types of implicit bias in the system. That is also part of our on going efforts as well. And so, you know, we -- the last thing I want to say here because I think I am going over time. We have looked at our percentages and how we are looking in terms of what we have done with service reductions on a whole, we increase plans more than we decrease plans. That is just the reality of our circumstances. Our increases in services in the first three quarters of this year in the two regions south west, and south east are above 60 percent versus our reductions and that is up from the previous year where it was about 55 to 58 percent in those two regions. In the central, we are about where the south east and south west was last year because we can't look at last years first quarter. So all plans were increased or there is a few cases where an increase might be part of a denial process. For the most part our central is not doing anything differently. You know, I think that's an important note that didn't get a lot of discussion in the meeting with folks last year. With that, I am going to be quite here. I hope if you have questions or concerns we can follow up at some point.
>>SPEAKER: Okay. Thanks, Mike. Linda, Luba, Jamie do you want to transition to the CAHPS presentation or take a few questions?
>>SPEAKER: I have a question. Thank you that was a long presentation. You mention there in the middle that UPMC is encouraging their social care workers [indiscernible] how consumers may be feeling about this. But for just for the record we have resent [indiscernible] commission statement [indiscernible] employees to be vaccinated and PMP encouraged the home basic [indiscernible] during a pandemic can you clarify if the PMP is requiring a [indiscernible] all of them to be vaccinated at the time.
>>SPEAKER: I'm having a hard time hearing you, but I believe the key point is are we mandating vaccinations. However, as a plan we basically want to have everybody be vaccinated and a vast majority of our service coordinator are vaccinated. But not every single one.
>>SPEAKER: I hope that this data [indiscernible] last KWRAOEBG EOC statement and of course if you implement do clearly put up what [indiscernible] like people with [indiscernible] situations thank you.
>>JAMIE BUCHENAUER: Linda and Luba I would defer to you whether we want to move on in the agenda. I want to make sure we have time for additional public comments at the end of the meeting.
>>LUBA SOMITS: I think it would be helpful to hear from the MCOs and then take some additional questions after that. Are you okay with that?
>>LINDA LITTON: That sounds good to me Luba.
>>LUBA SOMITS: Okay.
>>SPEAKER: Okay. Bryan.
>>SPEAKER: Thank you Pat. This is Bryan. Thank you so much for having myself and also the plans as we present in regards to the resent 2020 home community based services the consumer assessment of health care providers in systems survey. Also known as CAHPS in regards to the plans various areas for improvement plans in which we will be discussing this

morning. Next slide, please. Just really quickly here. It is a slide just to kind of have a brief snapshot per se of the resent survey results from 2020. And regards to various areas of improvement that were identified and also by the plans themselves. A statewide average our over all participant experience was around 82 percent. However, we did have identified some several areas in regards as you can see here that fell below the threshold we used in regards to participant satisfaction at 86 percent. We do use that as a benchmark as you know we similarity a similar number 86 percent of our reporting per se at the federal level in regards to various reports and whatnot.
So with that said, you will see we did have a couple such as the PAS/BH staff that fell around 86 percent and same as coordination of participants to medical activities. From previous years, with 2018 and 2019 SUR ray result it is those results were higher and we want to make sure the plans were aware of these as far as the slight decline. We did find with past presentations to groups some of these numbers were impacted by COVID-19. They will probably be addressing that as well as to how that has been a challenge for the past year and how they are looking to especially since a lot of the restriction with COVID-19 are easing, how they are working to address those issues as well.
So, with that, I want to hand this over to each of the MCOs this morning starting from [name?] And also from UPMC we have Jamie Kennedy and also from AmeriHealth Caritas Keystone First we have Jennifer Rogers who will be presenting as well. Please note each of the plans after they give their presentations this morning will have an opportunity to address any questions or concerns members of the audience has Malik.
>>SPEAKER: Just a mike check are you able to hear me.
>>SPEAKER: Yes, loud and clear.
>>SPEAKER: Okay. Great. Thank you for the introduction and I would like to thank you everyone for [indiscernible] to talk a little bit about our action plan as you move forward. My name is Malike Haynes today I will talk to you guys about our action plan on how we will be improved our read outs from our consumer based services for health care and providers system survey. You can TPHAPBLG that aa lot to say I will pair that down to HCBS CAHPS survey. For those of you familiar it is a sent out toparent who receive long term services and measure their response. In order to participate in the survey you have to be 21 years or older and be with the plan for at least three months and receive at least one qualifying service. We heard you guys loud and clear during the listening sessions and I believe some of the actions the that we put in place today will help address that. If we go to the next slide I will talk about how Pennsylvania health and wellness perform during this survey. We had areas of success and saw an increase in our scores when it comes to listening and communicating to the participants and the personal safety of the PARTDs and allow participants decide their daily schedules as well as assisting participants. We heard Bryan show a slide how the state performed over well. And we plan to address a good TPORGS force of those areas of improvement. I will walk you through how each one of those are compiled in one particular measure and how we plan to address that. We talked about assisting participants in being active in the community. As you can imagine THRBGS is based off of 2020. You know, we were in a global pandemic at that time and there were a lot of challenging being able the to get out what we plan to do this year, some of the feedback from the community we received during the participant advisory committee meetings is a lack of awareness of thing that is could be done in the community. We plan on identifying thing that is could be done in the community based off of our community connect software and other things we can identify and make sure we have that readily available on our website and send that information out to those that don't have access to that. When it comes to choosing services that matter to the participants. Does the SC really understand what services are in the care plan and are all the services being maximized as you can imagine we know you get a lot of information that comes your way. We are putting together a service available guide book. It is a

paired down version of our member hand book that is visual prospective of the services that are available and our service coordinator will have that in their hands to make sure that all the service that is you may want that we offer you are aware of.
We will talk about the personal assistive service staff being reliable and helpful. There is a multiple operational issues we want to make sure we improve. There is a report that we work with our past providers as well as the state generated report that identify any missed point of impacts. We identify any providers on those report that is may have a trend of more missed points than others and reach out to those providers to make sure they are aware of it and address that. We are also working with one of our vendors to track this information as well where we can identify in real time when an appointment is missed. If we can do that, we can reach out to the participants as well as the provider to bridge that gap. We do a lot of provider education and trying to hold our providers feet to fire if you will by implementing a statement of work which is essentially in addition to their contract that will hold them a bit more accountable for being REU liable in missed appointments. This week with have our participant advisory committee the thing about the HCBS CAHPS survey is an annual set of question that is is being asked and we would like to be able to get increased feedback from the participant. Our service cord nay doors will have an after call survey where four questions will be asked to measure how PHW and the past providers are doing. With that information, it will give us more real time information to help move the needle and a lot of the issues came up today we would have already addressed because we would be aware of this information. I am going to talk a little bit more about the benefits information if you increase participant awareness of services we are improving our mechanism we have in place to bridge that gap. Today when information comes in it is not sen RALized the idea is we get that centralized with one of our housing specialist and get that information and track it all the way through oppose today just passing it and getting it back to the participants and we want to work with you guys on that. When it comes to increasing participants SNAP benefits we have identified counselors in the region where the food and security. We are adding SNAP benefit links to our website so it is going to be more in depth information on the website you can review and if you don't have access to that, we will be able to met that information out. The other piece I want to talk about is really important. Assistance. You know, we are have our community connect software that is on your website and one thing we identify second degree employees this is being requested more and more. We are working with community partners to increase that knowledge and that relationship as far as when it comes to information for employee assistance.
So, the last slide the big one for us and I know we probably can't talk a lot about it here. One of the things we want your feedback on is the dental portion. You may saw a slide there was 28 percent of folks that are going to the dentist. A couple of things we are doing is increasing awareness. If you call up to our customer sir service line we send you out a dental kit all with the motivation for you guys to continue your oral hygiene journey. We also are working to do training for the staff so everyone is aware of the benefits so when participants call up they are aware and can provide requested information we also put new information in our member newsletter that is five top dental tips. We will take that information and create awareness with step two being hearing that information and start increasing the dental benefits. When it comes to transportation I know that a bit of a challenge especially with COVID we have implemented a service within our customer service department. If you call up and have any challenges relate today transportation WAE are trying to address that on the spot. We are working with our transportation vendors to look at their no shows and unavailable that comes in. We want to turn that in and move the needle and improve it through data. We have heard this. We want to make sure the vehicle is showing up on time. We work with our transportation vendor to determine the team to make sure the right vehicle is coming out to you guys. Thank you for allowing me to present on how we plan to improve our survey results from 2020. I will take a moment here if

there are any questions in the chat for me.
>>SPEAKER: I don't have any at this point. Do any committee member versus any questions? No?
>>SPEAKER: I know we have a section at the end so I will be on at the end. So thank you for allowing me to speak today.
>>SPEAKER: Thank you Malik I guess we can go to the next slide our next presentation is with Jamie can Kennedy from UPMC.
>>SPEAKER: Actually mike is going to take the first slide if we could unmute Mike and I will take over.
>>SPEAKER: Can you hear me okay.
>>SPEAKER: Yes, we can.
>>SPEAKER: Perfect. Okay next slide. We want to take an opportunity to talk about some of the good news that was in the CAHPS survey in this slide FP we thought the way it might unfold that we would have this up whenever we were talking prior. I think it was good how it worked out. I think we were able to speak to a will the of activities and things we were doing to address some things we heard on those calls. I wanted to point SOUT some good news that is what those around service coordination. And really, in the first lean there, just highlight the fact that the CAHPS survey happens once a year in a snapshot and it happened last September. And so, you know, what I have highlighted here in the first three rows is some of the positives we heard back and are they perfect? No and can they be better? Absolutely. Ability to contact your SC. 88 percent of the folk that is responded and there are hundreds that respond to these surveys and each question has different levels of responsiveness. In this -- for these categories, you know, we had a response basically yes, to you can get a hold of your service coordinator. That is sort of reflects, you know, that we are on the vast majority available. Were service coordinator helpful? 8086 percent of the time people said yes. Folks rated UZ a 91 percent either 7, 8 or 9. Would you recommend your service coordinator to somebody else. 93 percent of the folks said they would. This is against the really difficult conversation that we heard prior and I think it is important that we hear those conversations but we also have some, you know information on the other side. These are from randomly selected individuals across the state as was discussed earlier by Bryan. Knew their service coordinator. 81 percent knew their service coordinator. Yeah it is a bit of a problem. Almost 20 percent didn't know their service coordinator's name or information about them. We take that personally and will try to address that. We did that by putting out magnets with the service coordinator name on them and providing additional contacts for getting back to people. Changes to -- that are being asked for are being made. 87 percent of the folks said that was occurring. Yes, we do get back to people with their durable medical equipment. Getting help they need dressed and bathe 94 percent and the PCSP includes things that are most important to them 89 percent. I really just tried to lay out a few point that is were relate today the CAHPS survey. We are also doing things to make sure our participants have access to our member services folk around grievance process and stream flows. I want it had to lead with that. Often times I think the CAHPS survey because it is a point in time and we go over the things we need to address sometimes it is God to look at the thing that is are working or you can still improve but are on a positive side. So I wanted to present that today. Thank you so much and I will turn it over to Jamie.
>>SPEAKER: All right. Next slide. Thank you Mike. Good morning everybody I am Jamie Kennedy the survey acomprehensive tool that measures per force, experience and satisfaction through the eyes of participants by using an objective third party vendor. Each survey takes about 30 minutes to complete. And UPMC we have really valued this survey we share the results with our various teams and leaders. In order to receive feedback, TPAGTer ideas share observations and discuss the results and what we can do with this information. What is it telling us? In response to the 2020HCBS CAHPS survey taking that feedback and really trying to

operationalize that. In the next few slides we will share a high level review of the survey results compare it had to the previous year and the EUPBT SRER strategies to address the concerns found in this areas or maintain our hyper forPHAPBS. Next slide.
In the area of choice of services our rates increased in a few key areas. Scores for the question did your service plan include the things important to you. Went up in 2020. Our rate for the asking service coordinator to help in getting changes to the services went down in the aggregate score across zones and we have discuss that had with our teams. We have great results with other service coordination questions as Mike mentioned 88 percent of respondents could contact their service coordinator when they needed and 93 percent said they would recommend their SOER. So improve the quality of service planning, we are adjusting our staffing model for service coordinator and targeting a lower case load ratio and adding roles to better support the service coordinator including senior levels and team leads. So they have more resources available when they have questions.
As Mike mentioned service coordinator receive training and bimonthly training by subject matter experts within the health plan or through contracted vendors on how to improve in certain areas of their roles and responsibilities and educate them on any new resources that might be available, changes to the program or how to improve the person center planning. During scheduled calls to theparent the service coordinator does follow some speaking points to help guide the monitoring the discussion with the participant and gather feedback on Services the quality of services provided to see if there are any problems that need resolutions. Fer certain services service coordinator are asked to better explain theparents role in setting up services and help manage participants expectations for key areas. Understanding what the service is used for and how to utilize it will help manage those expectations. All service coordinator are also offering participants that are dissatisfied to select an alternative service model which is participants direction that offers that participant another choice to meet their individual needs. We have also developed and started distributes the magnet that is have important phone numbers on them including the number for protective services and SC hub lines and they can also be customize today write additional numbers on them for other local resources or their back up plan. We are asking the service coordination associates in the SC hub call center to confirm with participants if they know who their service coordinator is and if not, they will provide the service coordinator name and [word?] Transfer to the service coordinator.
Next slide.
For survey questions relating to personal assistant services many of the scores increased in 2020 which we were happy with and we shared our results during a training held earlier this year. For the questions for PAS staff which stands for personal assistant improvements which was really good and if their PAS staff worked as long as they were supposed to we saw an improvement there. One area we did not see an improvement in was did somebody tell you if your PAS staff cannot come. We understand that is a significant problem when the care givers assigned to participants don't let them know they are coming or they are running late. It can disrupt a person's day and be a health and safety issue. We are also in that area. Encouraging participants during the meetings or follow up calls to let the service coordinator know if these things happen and remind them to access their back up plan if these incidents occur. Our scores for PAS staff explaining things in a way that was easy to understand also increased. We were able to share that with LTSS providers and reinforce how important it is with on boarding training before they assign them to participants.
For the question would you recommend the PAS staff who helped you to your friends and family? 97.3 percent of respondents said definitely yes or probably yes. These results show if there are some problems with the PAS services that over all participants would recommend their worker to others.
To improve the quality of services and increase the safe if I for participants we have

implemented several strategy ins this area. Once again the service coordinators consistent reinforce that need for back up plans during scheduled calls and what to do if there are service interruptions and to help that participant feel they should advocate for themselves and call the provider and get these issues resolved. We developed an educational [word?] For setting up the worker expectation and training so they would understand what is important to them and what is on their service plan and any general rules of the home and any other expectation that is participant has. We educated providers on the HCBS CAHPS questions. What our results were. Strategies they could employ to make improvements. We also educated providers to have trained, trusted back up for the participant when staff do not come. They understand if a schedule care giver can't come they can see if another person if at that agency can go out and provide that service. Next slide.

In the area of dental services we did see a drop in the 2020 results for the question about getting care from a dentist office in the last 6 months that score did drop. We feel this is probably as a result of the many dental offices that were closed for a few months during the pandemic last year that effected everybody. The other scores improved. More respondents rereported going to the dental offer in the last 6 months and the satisfaction scores improved from 2019 in the south east region that showed a marketable improvement and a higher rate of satisfaction. Our strategies to improve dental services in 2021 incrude that we selected a new dental administrator in April of 201. Dental postcard went out regarding dental care benefits this was sent out in January. We had a dental health igeria educational article in the quarterly news and we met with service coordinators and had dental professionals at the health plan provide training on not just the dental benefits that are available, but covering those health impacts relating to dental issues and how to help PARTD connect to those service that is can prioritize getting help if people are having significant dental problems or not doing preventive dental care that could help avoid dental and health problems.

Next slide. The next topic area is transportation. We understood through feedback during the sub MAC meetings that transportation services and vail ability can always use improve. (In the HCBS CAHPS survey we saw positive improvements. 80 percent participants said they were able to get to appointments. And 89 percent said that their ride usually or office arrived on time. So we like to see that positive increase there. We work with our vendors on trying to improve their timeliness and the comfort level for the participants for those rides. However, because we know there is always areas the to improve in this area our current intervention strategies include increasing the service coordination utilization portal that we developed by requesting transportation through that portal. And then we have intervention to increase awareness of the friends and family program that focused on participants transportation need and if they have a goal in the person centered service program. We are changing this to driver mileage reimbursement program and we are updating our work flows and training with everybody involved to start in each region with this service.

We also have a transportation tip sheet we are still developing with feedback from multiple levels within the organization and from our participant advisory counsel to assist the participant in managing the expectation and that benefit and what to do if their ride does not show up. And the service coordinator associates will send requests the to a transportation vendor and determine the also the most appropriate and cost effective mode for the participants need. If they are calling in and requesting certain services such as Lyft but it is not the most appropriate or available solution for them the SCS will connect skip and educate them based on where they live or the type of transportation needed.

Next slide.

For employment, our rates stayed about the same for respondents who voiced work at pay at a job and if they asked for help getting a job for pay. So, it has been pretty static. We haven't seen an improvement as we had hoped. Respondent that is want to work for pay reduced in 2020.

Which is related to concerns of working in the public and getting COVID or just unsafe conditions based on the conditions that they have they are living with. A positive improvement was found for those that knew they could get help to find a job which is a reflection of the increased focus on these questions during the person centered planning process. We also have a very active employment initiative that is leading the charge for strategies to get more of the community health choices participants employed. In 2021 our employment discussions were on agendas that the participant advisory counsels on how to access employment services and that employment team is obtaining feedback about employment concerns so that we can continue to figure how to address those during the meeting that that occur UPMC has partnered with [name?] Technical assistance for long term employment and they spoke with the service coordinators on the services they provide so there is a better understanding of this opportunity and coming up in July of this year we are starting an employment peer network so participant who express interest in working but maybe are on the fence they can hear from other participant that is are employed and understand how they over come some of those concerns and the benefits in working and what solutions they might want to consider for their own life. We are also rolling out new employment questions in the [word?] When an interest in employment is identified so there can be better follow up and goals to follow up relate today employment when somebody is interested.

Next slide. In the area of housing we saw significant increase from 2018 to 2019 of respondents reporting they received and if they were aware of their rights regarding housing. And then they stayed pretty static in 2020. For the question on having a person assist them. The rate also stayed about the same in 2020. We have seen a small improvement in that area. We know this is an area that requires specialization and subject matter experts in housing who can be a resource to service coordinators especially with some of the zones or communities around the state that have significant housing challenges and solutions. Current housing strategies include the service coordinator was reminded and shown in the participant hand book where there were housing services available to discuss so they can do that during that person center planning meetings. There is a housing over view including homeowner ship, tenant rights, illegal lock outs on annual agenda the participant advisory counsel meeting and we have an UPMC strategy teams regarding housing training opportunities available subsidized housing and technical assistance. And they are hiring an additional manager for housing strategy ins the central region. To assist with housing availability opportunities, that housing team can provide support to service coordinator teams based on the area. So we choose people on that strategy team who have experience in the local areas of that state who can provide more targets support to that participant.

And then we also have added questions in this area to assess if participants are stably housed and identify potential resources to the participant so the SC team can develop goals and see what resources may be available and written into that service plan to address housing issues that arise.

Next slide.

For the topic area of awareness of resources we looked at response on community related resources and SNAP benefits. We also saw a decrease on respondents affirming they could do things in the community they like when they would like to do that. These decreases are likely due to COVID as well and how most of us were restricted from getting together with others over the last year. For the SNAP questions we found 71.3 said they do receive snap benefits we have discussed the issues that come from social isolation. The effects it can have on a person's physical and mental health. Ideas for community engagement and social connections and how to link supports including those that are available through the CHC benefit that is can help participants get together with their friends and family or engage with community groups adult day centers or other activities to address some of the social isolation concerns if they are

identified. For SNAP we have a vendor on contract who can conduct asituational out reach to participants about additional benefits that might be available to them. And we have reinforce today the service coordinators at quarterly training more talking points regarding the SNAP benefit to help participants with purchasing food and we added the link to the website to our CHC micro site on the web and service coordinators may link them to this site during a meeting if they are voicing an interest so they can get mediate help to showing them how to apply for this service. This concludes what our presentation today and we will ask if there are any questions at this time and want to thank you for listening.
>>SPEAKER: We have one question although we are running a little close on time. Do you want to me to ask it or save it?
>>SPEAKER: Is it specific to UPMC?
>>SPEAKER: Yes, it is.
>>SPEAKER: Yeah. Sure we can go ahead and ask.
>>SPEAKER: So Jamie, we had a question from Paula wanting to know to find the participant guide for home modifications.
>>SPEAKER: I'm going to ask Mike if he can help with that question.
>>SPEAKER: I am going to tag a friend. If Karen can help me with that. I think we are planning to have that as a hand out for every event that has home modification so they have a sense of modification. So let me know if that is correct but I'm pretty sure if I am thinking of the right form that is what we are talking about here.
>>SPEAKER: Can you hear me now?
>>SPEAKER: Yes.
>>SPEAKER: Our process for home modification starts with the service coordinator who makes that request internally and then a participant will receive a follow up phone call to schedule a phone call for the OT which is occupational therapy individual to come out and do the assessment and then the recommendation is made based on the functional need of the participant and what the physical environment is related to what the modification request is. What we have is a newly created document that we leave behind with the participants so they know each step of the process and in general how well each step takes some of the difficulty has been that we have not been clear in creating expectations that is not an immediate result and the other part of the process is supply vail ability during COVID-19 it has been more difficult (also in terms of the provider availability. So I think that document will help clarify the time frames and increase the opportunities for communication between the participant and service coordinator. I think that will allow people to feel a little bit more satisfied with the process.
>>SPEAKER: Okay. Thank you very much and do we have any additional questions for Jamie or UPMC at this time?
Just --
>>SPEAKER: No other.
>>SPEAKER: Go ahead.
>>SPEAKER: I was going to say a suggestion if they could postthat on the website that would be helpful.
>>SPEAKER: Thank you.
>>SPEAKER: Quick question for Jamie my apoll gees you mentioned earlier to the survey you are looking for targeted case load for service coordinator what is that targeted case load? (.
>>SPEAKER: I am going to punt that to Mike because he is the lead.
>>SPEAKER: I will take that one. So a couple of things that we have noticed we have had tremendous growth at UPMC that is a terrific thing to happen when you are in the middle of COVID and growing rapidly on top of having the issues I laid out there. We have taken the approach we are hiring our staff at a rate that is projected based on three months worth of growth. We look at how we are growing and target our hiring to that. The idea is to have folks

hired with ratios -- case load ratios under the 75 to 1. More like 70 to 1. As well as we have added staff that have lower case load ratio so we have capacity to absorb the growth in the program and changes. If we are not growing we will not hire and what we are hoping to keep those ratios in a 70 to 1 ratio which allows us to be within the 75 to 1 ratio and also helps us with, you know, choice and things of that nature as we move forward we have capacity in the system as we grow. That's generally what we are targeting there.
>>DAVID JOHNSON: That's helpful. Thank you.
>>SPEAKER: On that note, there is no other questions, for Jamie or UPMC at the time. I would like to give AmeriHealth Caritas Keystone First an opportunity to speak this morning. Jennifer Rogers is speaking Jennifer it is all yours.
>>SPEAKER: Thank you so much. Hi everybody. Good afternoon. The advantages of going third I will try to make this as expeditious as possible but to be mindful. My name is Jen Rogers. Presenting today what are CAHPS survey results were and areas for improvement and the EFRTDs we are going to take on this year to EUFRPTment those changes. Next slide. So you heard from my colleagues one of the areas where we scored as needing to improve to tackle choices of services that matter to participants you can see our scores in the south east and south west for 2019 and didn't change much in 2020, but signalled to us we need to think about what interventions we are deemploying to make sure we are talking about services that matter to participants and that those in CHC how to access those benefits. One thing I am excited about are our intervention includes a benefits video that outlines for our participants what services and supports are available through their LTSS benefits. I liken this to the preflight videos that sometimes we see when we are traveling that are done by the airlines where they are explaining the safety protocols and safety protocols one needs to take. The message to be consistent, clear to our participant it is to it informs the service and care planning process in a way that is helpful so it is not just about PAS or just system services but also talks about community integration, peer support, employment services so folks know what is exactly is available to them. Further, we are looking to survey our participant ins a targets way to get more information from them to understand what their level of understanding is regarding the CHC program and the services that are important to them. Our service coordination training also focuses on services that matter. When we think about goal planning, we made updates to our person centered service plan that articulates out how someone scores during their assessment or there is [word?] Survey would flow to their person centered service plan as a need and frame out development areas that are important to the participants. We also want to be mindful of allowing the participant prioritize what goal they want to work on and in what order. We talked about the interventions that are already completed. We are right at the beginning of the pandemic is when we rolled out the new version. But the feedback has been phenomenal in helping us having better person centered planning team meeting and focussing on goal that is matter to our participants.
So another area of need is informing participants when staff cannot come on time or at all. We hear about this when we talk about the missed shift reports. That information is valuable to the service coordinators when we are talking about what is working and what is not working. So, in collaboration with [word?] Exchange we developed a new data feed to have up to date information that is actionable for our service coordinators to work with participants to engage their back up plan or figure out if changes need to be made to their person centered service plan or proactively SRAOEURDers. We work closely with our provider management team to help our community and make sure they understand it is their responsibility to inform the health plan of missed shifts and accurately filling out that information so that we have accurate and actionable information that then informs what happens next on that person centered service plan and again gives us information to talk to the participant what is working and what is not working.

Interventions we completed in this area, we have a minisurvey that is integrated in our person centered service plan it reminds the participant it is to speak up and tell us what is working and what is not working regarding their shift coverage. Again, it is a pause in the survey to remind participants that they are at the center of their service plan and they are empowered to make changes and it is the service coordinators role to make those changes happen. Our service coordinators have conversations with the participants to remind them at the center of this. It has to work for them not necessarily work for the direct care workers schedule or any other factor really. It is about making sure we are promoting independent and putting together a plan that does just that.

So personal assistant service or behavorial health staff are re[indiscernible] so we developed some surveys for working to develop survey for our PAS agencies. We want to coordinate efforts for out reach to provide additional choices of services that interest participants. If there is anything to be learned in this process, it is through a survey and getting that additional information so that we are talking about the same thing and we can effectively make changes where we need to be as mindful of being effective as possible. We have developed an education theory for our PAS providers that high lights importance of their role in participant care. We want to open those lines of communication between the service coordinator and the chosen providers so that we can respond to those changes effectively with making changes or slight tweaks to the person centered service plan. We are also working to deemploy magnets and replaceable postcards with information. I have talked about this previously and those on the phone, my later information is that we are getting I call it truck staff out to the internal and external service coordinators to their preferred addresses so when they are meeting face to face this is a hand out that can be given at that face to face meeting and posted on their refrigerator or some magnetic surface to it is available and accessible to the participants or someone on their care team or someone working in their home so that question is who is my service coordinator and how do I get in contact with them, is easily located.

Next slide, please.

The coordination of participants dental care and follow up. We have a similar story that Jamie presented on from UPMC. Our interventions are carried over from previous work due to the COVID pandemic delaying implementation of various activities. Unprecedented times and huge disruptions in care. So we are evaluating dental care from emergency utilization with primary or secondary codes. We are creating out reach activity to contact participants with dental concerns and assist on available benefits. The interventions we completed were education materials on adult oral education were mailed out at the end of last year. Reminding participants of the importance of taking care of their teeth and oral health.

Next slide. So coordination of transportation to medical and nonmedical activities again I think from COVID impact here because folks weren't able to get out and see and engage their family and friends and do social activities important to them. None the less we took it very seriously. We know accessing transportation is extremely important to our participants and we want to get better at that. We tackled this by deemploying training and education for our service coordinators which includes a nonmedical transportation questionnaire this is model after what is already available [indiscernible] when the participant really understands the participants transportation needs at a granular level. We developed a transportation grid which is a map to understand what is out there and how do I access that. We talk about MATP. When is that appropriate or if I am member of DSNP which should I see if I have a need that fits my transportation needs do I prefer a curb to curb or door to door? All of that is important information that forms the arguization of the appropriate service. So we are excited about this. It has taken a lot of work. We have empowered or service coordinator to be more informed about the services available in Pennsylvania and giving and working with the participants to make sure they understand that information and authorizing the right service at the right time.

So, our system, our case management we call it eLTSS now features a new and improved argue REUization module where a service coordinator can argue rise the proper med of transportation to meet the participant's needs. This second intervention has a caveat. We did transition 4000 participants away from receiving monthly mailed public transportation passes with the goal of reducing administrative cost. The plans are diligently working and are transportation vendor which is MTM to transition to key card in the future. This is at request to be compliant of state and federal regulations. That work is under way and we are hopeful it will be a smooth and seemless transition for our participants more to come on that. Nothing is changing in the interm. Next slide, please.

So transportation to medical appointments is easy to get in and out of. Our intervention here is we see the data from 2019 and 2020 indicates that we did improve in the south east. And the south west is an area we need to focus on. Our transportation render MTM has a satisfaction survey that tracks our membership over time. We identified both participant needs and their level of satisfaction with transportation with the below questions how often do you take transportation, how satisfy are you in general? Rate the level of services you received and what can we do to improve. We are looking for that feedback loop to make improvements where we can and recognizing there are other transportation providers in the mix here but with the shared goal of making sure the need is met in a quality way regarding transportation through the CHC benefits.

Next slide. So assisting participants with being active in the community and friends and family. Obviously I think for most of us these interventions are carried over from previous working delaying implementation and delaying the ability to gather with friends and family one of the ways we are tackling this area is to develop a more robust participant services and supports tool. That is really to understand what is going on on a daily basis who is in that person centered planning team? How willing, able, and cape L are they to contribute? We are enhancing or participant newsletter to provide local information on events taking place within the community that are still operational. So if things open up, we look for those information to disseminate to our membership. Also, targeting our participant advisory committee to include current events. Our agendas are looking the to include what is happening where to get that information out to our PAC members to hopefully disseminate to family, friends and neighbors to make it a little bit more local and tuned in to what is going on.

So increasing participants awareness of employment assistance, housing services and SNAP so our interventions for employment includes developing a form and receiving the needed status information from the office of vocational rehab. We created an educational employment and housing materials to be mailed. So any time something is mailed out to our participants our internal teams are made aware so if it is appropriate to have those conversations during regular contact to start the discussions. Our service coordinator use the [name?] To connect participants with local community resources it is a great tool to use in understanding local housing opportunities or resources. The SNAP video is now available on our website. It kind of walks anyone through whether you are a service coordinator or a participant about the potentially available benefits and how they can be used and how you are eligible. It is a great tool for a service coordinator to use to make sure they get the messaging right and help the participant where they can enroll in the SNAP program in Pennsylvania. Our interventions that we completed in the domain are employment and housing coordinators participant in [word?] Which they serve as subject matter experiments and support the service coordinator on specific participant employment and housing related issues. Our employment coordinator receives not if I education of job fairs, training opportunities and internal opportunities from our Pennsylvania office of vocational rehabilitation. Our housing coordinators currently serve in the south currently serve on the Philadelphia housing task force. The team discuss various ways to help connect participants to services and/or resources when hoarding behaviors are present. Our SNAP out

reach material were added to our internal repository and we will be talking about new visits with participants. Next slide, please. I am done.
>>SPEAKER: Yeah, so just really quick does anybody have any questions Pat for Jennifer regarding AmeriHealth Caritas presentation.
>>SPEAKER: No and I would like for us to move to stake Holder input.
>>SPEAKER: Sounds good. Thank you OEFRPB and it is all yours Pat.
>>SPEAKER: So I am going to go ahead and start with the questions in the order that we received them. So the first question that we got this morning was from Dana, at what point do we evaluate whether the service coordinator is being under the MCOs is best for the participants seems like a conflict of interest conducting the assessment seems to be a priority in order to reduce services.
>>JAMIE BUCHENAUER: So I think that's a comment for us to take back to the office of long term living. I think 2020 was the first year that CHC was fully implemented. So we continue to evaluate and I want to say make some changes as we go forward. So, I thank them for the input. We talked about earlier in the meeting the messaging that service reductions were some how required. If anyone hears that or hears that messaging, I would like to know about that. If you could provide me names that would be helpful.
>>SPEAKER: Thank you. And Jamie, the next question is also from Dana the 10 percent from the enhanced FMAP is one time not analyzed; correct? So it can't be used for an on going wage increase?
>>JAMIE BUCHENAUER: So, in response to Dana's question. Yes, we get the 10 percent enhanced FMAP from April 1st, 2021, through march 1st 2022. States can use it for a rate increase, however CMS is requiring in the interm spending plan and narrative states must enumerate if they are going to do a rate increase how they are going to sustain it.
>>SPEAKER: Okay. The next question was from [name?] Ward which is a variation of that. OLTL including a rate increase for providers with this funding. This will help us with recruiting as we will be offer a higher rate the care givers and how will it be ensured that actually goes to the worker.
>>JAMIE BUCHENAUER: Much of our stake Holder input like I said earlier on the ARPA funding we were encouraged to support the direct care work force. Many stake Holders also asked for rate increases or one time funding to support the work force. And so all of those are currently under consideration. I can't comment specifically what is in the plan yet. It is still under review and consideration. So I would say probably in the next 10 days or so, we can talk specifically about what is included in the plan.
>>SPEAKER: Okay. Thank you. The next item is just a statement from Cade TPHOEUPL TPHOEUPL it is important to retain the direct care workers with a living wage. And then I will move on to the next question is from Amy [name?] For the service reduction project. Will OLTL be reviewing past interREIs and other assessments and in other words will OLTL review the assessments that authorize the original amount of hours as well as the ones that resulted in a reduction from the original amount. If past assessments will not be reviewed, why not?
>>SPEAKER: This is Randy, right now we are currently reviewing the documentation we requested from the MCOs as anything relate today the current reduction or change in services once we get through the process of reviewing these records and we feel we need to go back and review an interREI or notes that is part of something we will do when we meet together as a teem. We design today look at anything that is currently relate today the reduction that occurred.
>>SPEAKER: Okay. Thank you. The next question is from Cade [name?] What about follow up with participants on grievances? And I believe this tied back to the original discussion on some of the feedback that you may have provided Jamie. I don't know if you had anything specific that is being done.

>>JAMIE BUCHENAUER: Not specific yet. A lot of things we talked about.
>>SPEAKER: Okay.
>>JAMIE BUCHENAUER: I am not exactly sure how to answer that question.
>>SPEAKER: Okay. If I get any clarification on that, I will come back. Next up is Kelli Barrett who wanted to provide some commentary. You should be unmuted.
>>SPEAKER: Yes. Good afternoon. My name is Kel lie i I am a member of the statewide advocacy group I would like to read a letter on behalf of the group we have written to deputy director regarding systemic change to home and community based services in Pennsylvania. We acknowledge many of those points have been addressed at today AESZ meeting and a plan of action is being developed however, we would still like to reiterate our comments and concerns as these issues can be a matter of life and death for participants such as myself. The statewide advocacy group is a collaborative body of individuals from centers of independent living across the common wellth for individual and system change we continue to see the direct personal impact that has been created because of the homing community based shortcoming and failure to provide services these service cuts, home modification delays, and lack of behavior health services have been devastated to our consumers. We appreciate the effort of your office in coordinating participant listening sessions in the months of April and May of 2021. In the May 2, '02 is meeting you identified specific areas of concerns and pledge today work on them. As stated by a participant. These accounts are merely the tip of the iceberg. These issues are far more pervasive and detrimental of the health and safety of Pennsylvania KWRAPBs with disability. Clear action items will be address that had will support and lead to a systemic change of the home and community based services system in Pennsylvania. I am going to read below some specific requests that can help start this process. Without immediate action to these concerns the state will continue to see a rise in preventable deaths of count less Pennsylvania KWRAPBs in institutionalized settings regarding service coordination we request the following actions be taken. Prioritize training on people first in place of profit first models. Offer training which addresses the understanding of the role of MCOs play in the independent living philosophy. Regarding the service denials, we request the following actions be taken. Insure with disabilities are members of the grievance review board. Ensure consider sis cut notification be communicated in clear language understood by persons with disabilities and indicates reasoning for reductions. Ensure transparency in the process by offering comments updates and other relevant information in further meetings in the future. Regarding the appeals process, and managed care organization participant communication we request the following actions be taken.
Appeal response time be changed from 10 days which is the current time frame to 30 days. All appeal letters be sent using certified mail. Verify that all appeal letters are received within the 30-day period and those which are not, will start a renewed appeal process. Ensure respect of participants through timely consistent, and courteous communication by service coordinators. Ensure that service cut notification be communicated in clear language understood by a persons with disabilities and indicates reasoning for reduction and appeal board rulings. Regarding home health care workers we request the follow action be taken use dedicated funding to raise wages of home health care workers to a livable and competitive wage. Regarding the home modification process, we request the following action be taken. Ensure timely responses to home modification requests regarding the structure of MLTSS meeting, we request the following action be taken. Provide a toll free call in option for all MLTSS meetings. Ensure participant feedback is respected by allowing participants to tell their story in a reasonable amount of time. Provide more frequent meeting dedicated as listening sessions with the understanding that managed care OLTL response meeting. By addressing the need of inclusion of people with disability to review a clear understanding around and promotion of independent living respect will increase. Regarding above requests the expected outcomes are

that by addressing training needs the underlying issue of turn over rates and burn out will be alleviated and respect for participants regarding communication will be promoted. Addressing the appeal process and its time frame participant right concerns will be alleviated addressing home health care worker wages the underlying issues of finding consistent quality care or staff will be alleviated. Addressing the home modifications time frame, participant rights will be respected and inability to perform activities of daily living will be alleviated. Through participant and advocates feedback, inclusion in a respect systemic change in the home based services system will occur. Without immediate attention to these concerns your office will continue to witness to deaths of Pennsylvania citizen with disabilities in institutional care settings. A copy of this letter will be provided via e-mail to the members of the MLTSS subcommittee in addition to the presentation here today at the MLTSS meeting. We request a written response from your office within two weeks time. Respecifically the statewide advocacy group.
>>JAMIE BUCHENAUER: Thank you. Definitely if you could get a copy of that letter, that will be very helpful. I don't think I received it before. So that will be very helpful.
>>SPEAKER: Okay.
>>LINDA LITTON: Any more questions from anybody?
>>SPEAKER: Yes what was the young lady's name that was just speaking, I didn't catch it. It was going in and out when I heard her read the letter.
>>SPEAKER: That was Kelli Barrett.
>>SPEAKER: Thank you so much.
>>SPEAKER: Linda we do have additional questions but we are also at 1 o'clock.
>>LINDA LITTON: Right. So I guess send them in as e-mails.
>>SPEAKER: Yes, we will forward those to OLTL for the remaining questions and comments for a response.
>>LINDA LITTON: Okay. Well, I hear from you all on July -- I forget what date. The third I think.
>>SPEAKER: July 7th.
>>SPEAKER: Thank you.
>>LUBA SOMITS: It is 7th.
>>LINDA LITTON: Oh, good. The 7th. Okay. Well, I guess we are done for today. I will see you all next month.
>>SPEAKER: Buy Linda thank you this is Juanit.
>>LINDA LITTON: Thank you. I am looking forward to the day we can all see each other again.
>>SPEAKER: Yes. Bye everyone.
>>LINDA LITTON: See you later bye bye.
>>SPEAKER: Thank you.
>>LUBA SOMITS: Bye bye, Linda.