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DATE : 6/4/2020

Event : Managed Long-Term Services and Supports Meeting

>>Pat : Just a reminder for those of you that are unmuted. Staff and committee members, if you can self-mute, when you're not talking, to reduce the background noise. And if you're using your computer, please be sure to mute your microphone on your computer. Thank you.

>>Kevin : Good morning, everyone.

>>Speaker : Good morning.

>>Kevin : Did we introduce Jamie in the last MLTS?

>>Speaker : We did not.

>>Kevin : Okay, her first MLTSS.

>>Pat : Barb, we still have people joining but I think we have the bulk of the folks.

>>Barb : All right, thank you, Pat.

>> Barb : Good morning, everybody. We are going to call the meeting to order and we will start off by taking attendance. If I call your name please acknowledge that you're on the line. Blair.
>> Good morning, Barb, can you hear me?
>> Yes, can I. Good morning, Blair. Neil?
>> Good morning, Barb.
>> Good morning. David?
>> Good morning, Barb.
>> Good morning, David. Denise.
>> Denise is here.
>> Good morning, Denise. And Drew, you're here?
>> Yes.
>> Gail? Gail? Do you need to turn the microphone on your computer? I do see her name.
>> Heshi. A reminder, folks, please self-mute when you're not speaking to keep down background noise.
>> Linda Litton is on.
>> Jim Pieffer ?
>> Jim Pieffer is on.
>> Good morning, Jim.
>> Jessie?
>> This is Jessie. Good morning.

>> Good morning.
>> Juanita?
>> Linda?
>> Good morning, this is Linda.
>> Matt? Matt is on. You're self-muted? All right. Mark?
>> Mike?
>> Good morning, I'm here.
>> Richard Kovalesky? Richard Welling ?
>> I'm here.
>> Good morning.
>> Good morning. Steve?
>> I'm here. Good morning.
>> Good morning. Tanya?
>> I'm here.
>> Good morning. Teri?
>> Good morning, I'm here.
>> Teri Brennan, sorry. And William --
>> Good morning.
>> Good morning.

>>Barb : Just quickly go through some housekeeping points. Please keep your language professional. This meeting is being conducted as webinar with remote streaming. All webinar participants, except for committee members and presenters, will be in listen-only mode during the webinar. While committee members and presenters will be able to speak during the webinar, we ask that you please mute when not speaking. This will help to minimize the background noise and improve the sound quality of the webinar. Please submit your questions and comments into the chat box located in the go to webinar pop-up window on the right side of your computer screen. And to questions or comments, type into the text box under questions and press send. Please hold all questions 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.

Could people please mute? We have some background noise.

Transcripts and meeting documents are posted on the list serve under MLTSS meeting minutes and they are normally posted within a few day is of receiving the transcript. The captionist is documenting the discussion remotely, so it is very important for to you state your name or include your name in the chat box and speak slowly and clearly. Otherwise the captionist may not be able to capture the conversation.

This meeting is also being audio recorded. The meeting is scheduled until 1:00 p.m. and to comply with logistical agreements we will end promptly at that time. If you have any questions or comments that weren't heard, please send them to the resource account and for your reference that account is listed on the agenda.

Public comments are taken throughout the presentation. All our 2020 MLTSS meeting dates are available on the website. And with that, I'm going to pass it over to Kevin for the OLTL update.

>>Kevin : Good morning. Bear with me for a second while I get the presentation in front of me. Good morning, everybody. My name is Kevin Hancock. I will provide some COVID-related updates. I will then hand it over to the secretary to talk about HB2510 to talk about the provider community and the safety manage care organization to cover COVID related 19 costs.
At this point, since we have not -- I've had an opportunity to introduce Jamie individually to a lot of stakeholders but just as a reminder, people could mute their phones. We definitely have someone not muted. If someone could mute their phone when not speaking, that would be grately appreciated.

We might actually have to, Pat, mute everybody, unless that individual is unable it mute their phone.

>>Pat : I think I have taken care of it, Kevin. I got it.

>>Kevin : Thank you.

>>Kevin : So at this point, I would like to take the opportunity to give Jamie a chance to introduce herself. She will be taking over my position, actually, formally tomorrow. Although I will still be working for the department of human services until June 12. So Jamie, would you like to take a moment to introduce yourself?

>>Jamie : Hi, good morning, everybody. So as Kevin said, I'm the incoming deputy secretary for the office of long-term living. I come to the office of long-term living from the office of medical assistant programs. I am familiar with some of you from the work that I've done in the medical and systems programs. I was a bureau director for the fee for service area and actually spent one year as acting policy director so I was very involved in the medical assistance advisory committee meeting as well as fee for service medical expense advisory committee. So I'm excited to start my role. The issues for the office of long-term living are not unfamiliar to me but I admit to being -- I admit to having to come up to speed on the issues. So I did work at department of human services very closely with the office of long-term living issues from 2008 to 2011 and at that time I was the person project director so I worked closely with the long-term transition program and obviously the office of mental health and substance abuse services and office of developmental programs moving state from state facilities into the community with office of long-term living waiver support. That was a very interesting project as well. So I'm happy to give an update today and happy to answer my questions that you have. And Kevin, if it is easier, I will do it after the end of my update on house bill 2510.

>>Kevin : Sounds great, Jamie. Thank you very much.

So starting with the COVID-19 updates, we are currently working on guidance for how providers and many to offer as we move from red to yellow county. And from yellow to green counties. This guidance will follow closely with the recommendation from the Pennsylvania Department of Health and centers for disease control, or CDC, and we look forward to making sure it is clear that when we do move from red to yellow, we are not expecting any changes to occur for long-term care providers

and long-term care services, which means that services that were in place many -- so the restrictions that were in place for red counties will continue to be in red for yellow counties. However, when we do move to green, there will be some easing of some of the restrictions, recommended restrictions, and this is long-term based care but we want it make sure that we follow the point that is green does not mean everything is okay. Secretary Levine has been very clear about that. Green still does mean that there is still the requirement for social distancing. CDC recommended requirements for personal protective equipment for good hand hygiene, and for the types of protective measures that we had in place for red and yellow phases.

But it does mean that there will be easing of restrictions for the operation of certain types of businesses and also certainly hope that in long-term care facilities, individuals that were otherwise restricted would have some in the communities be able to see family members in person. We're looking no ready to sharing that guidance and adapting any guidance offered by the Department of Health to our specific providers in our specific programs. If there is anything more to come on this, we ask all of our people to pay close attention to the information released by the office of long-term living about moving through these phases but it is something that we want to be very cautious about but at the same time, look for opportunities to ease when it is appropriate and when we know that something can be managed.

>>Speaker : Kevin?

>> Kevin : Yes.

>>Speaker : I would request if you could speak a little bit slower.

>>Kevin : Okay. Never heard this request. I apologize. I did slightly overcalf nate this morning.
So related to the guidance, on June 3, the department of aging released guidance outlining the steps reassociated with reopening adult day living centers. If you remember, adult day centers were closed at the point of the emergency declaration eab that did extend to the life plans as well. This guidance published yesterday outlines the steps that the adult day centers need to take to be able to function operationally. We were happy to see this guidance, most specifically, because we want adult centers to reopen quickly. But as safely as possible. And also to be part of the service offerings as well as choices. Adult day centers we consider to be an essential part of our community home choices program and we want it to be offered, in some cases, in lieu of offering personal assistance services because we think that adult day offers socialization even in the situation like this where social distancing will be required in the facility and where there will be enhanced training associated with the -- there will be enhanced screening associated with the reopening of these facilities but we want adult day to be a vibrant part of the program simply because it offers so many great arrays of services and we are very happy to submit once again they will be moving towards the reopening process.

So the guidance did focus on social distancing and cleaning requirements and also focused on the requirements related wellness screening and infection control, all following from the Department of Health and centers of disease control and we would like everyone to be part of this, as well as life plan as well. Pay attention to the guidance and offer questions that you may have to the department of

aging on how it may be implemented and you can certainly reach out to the office of long-term living and office of long-term living will make sure we convey any questions or comments for the department of a aging.

But the goal is to get them open as soon as possible. In regards to personal protection or PPE, as I have stated previously, on the director work force primarily because, as I mentioned on a couple different occasions, that work force is pretty much on its own when it comes to access to PPE. We want those individuals to have whatever they need to did their jobs safely for their own sake as well as for the sake of participants they serve. So that prioritization continues. We work with PPL as well as representatives to be able to successfully prioritize the distribution to the direct care work force. And also open to working with agency model personal assistant services nursing facilities and residential rehabilitation providers. Those entities to have other means to be able to access PPE. So that's the reason why the participants direct work care force was prioritized. But we were encouraged agency providers and facilities to reach out to the MCOs to see if there is an opportunity for partnership for PPE acquisition if you are having challenges or if you are not in the position to act directly through the Department of Health through their PPE distributions.

So today, as noted on the slide, we have been able to distribute 137,000 masks. Other types of supplies, including gloves, surgical disposable gowns, and other supplies have been distributed as well. This is a good number. We hope it continues throughout the crisis period. And we consider the crisis period it likely ex tipped based on all communication, at least until the end of this year. That distribution will hopefully continue throughout and as I mentioned, we will continue to prioritize distribution to the work force. Before I turn it over it Jamie, I did want to talk about HB25 and payment distributions. This is, as deputy, my last MLTSS. I have been doing these now for five years. With the deputy since 2015 and when I took over as deputy. It has been my honor to work with everybody on this committee. And I want to say a heart felt thanks to the committee. And thank you for all of your contributions of standing up of community health choices. I think we are developing one of the best MLTSS in the country. We certainly have one of the best launches in the country and largely attributed to the hard work and thoughtful guidance of committee members here and stakeholders everywhere to make this program what it needs to be, which is delivering services that are very much in the best interest of our program participants. I thank you, heart felt thanks for me, and I look forward to connecting with many of you when I'm on the outside. And with that, I'm going to turn it over to Jamie Buchenauer.

>>Jamie : Yeah, Kevin, can you still maintain control of the slides?

>>Kevin : Absolutely, Jamie.

>>Drew : I wonder if we can ask Kevin a question before going on to Jamie?

>>Jamie : Absolutely.

>>Drew : Sorry, this is Drew Nagle. I wanted to talk about Kevin's role in this huge process I felt has been a very inclusive process and it has been extremely responsive to all participants and concerns

that have been brought forward. So thank you, Kevin, for the really heroic effort you made in making this happen. So if we could clap, I would like to clap now.

>>Kevin : Thank you. It's been my honor.

>>Drew : I also have a question for you on what you just presented regarding reopening of the adult day centers. Would that also apply to structure day programs, another type of benefit under CHC?

>>Kevin : A lot of guidance is applicable to structure day, Drew. We do need to send out more information regarding structure day because the service description is more intensive for structure day in some ways than adult day services and the waiver. So I think that it would be fair to say this we do have to tweak the guidance to be more specific to the service definition and for structure day providers. Thank you for that question.

>>Drew : Sure. And will that be for the red to yellow as well, which starts this Friday?

>>Kevin : So we have taken positions that there will be no changes for any providers, for red to yellow. The change will be from yellow to green.

>>Drew : Okay. So just to clarify. The reopening for adult day centers is for yellow to green?

>>Kevin : Yes.

>>Drew : Got it. Thank you.

>>Drew : Kevin, a couple more questions. Sorry, Barb. I just wanted to ask if I could interject in here. So Jamie, we definitely look forward to working with you and Kevin, I just wanted to say, I know the last few weeks you've been saying you're devised to various organizations an committees. I wanted to say, take this opportunity, to tell you how much we, the MLTSS sub committee appreciates all you have done for our community. Both providers and consumers. I know have you worked tirelessly for consumers for the services we need. We were so impressed with the time you took to listen to consumers and their experiences and how you work to find solutions. You cared. And we so appreciate that. You and your team were always available to trouble shoot and have you always responded with grace and professionalism and I just want you to know, you will be missed very, very much and we are blessed to have worked with you. We all wish you well, and perhaps one day our paths will cross. And we send you a virtual hug instead of clapping.

>>Kevin : As I said, it's been my honor. Some of the best people I've met in my life have been on this committee. Thank you, Pat.

>>Pat : Sure. There were a couple others, in addition to all of the committee members are unmuted, if you would like to say anything to Kevin at this point. I know a lot of folks are sending comments.

>> Richard : Thank you, Kevin, Richard Kovalesky.

>>Tanya : Kevin, hey, it's Tanya. It's been fun. I hope can you be a part of the presentation I'm supposed to be in August on services.

>>Kevin : If that is possible, I will. I love the clip you sent me. It is absolutely fabulous. You convey so much credibility in that clip. And I really expect it to make a difference.

>>Tanya : Thank you. I try. I don't know what I do a lot of times, but I do try.

>>Speaker : Okay. So if no one else wants to make any, try to embarrass Kevin, I'm sure he is glad we are doing this by webinar. There are a few questions that relate to some of the possible thaits might make sense to cover now if that's okay.

>>Kevin : Sure.

>>Barb : The first is from Pam. She is asking, will any materials with this information, I think regarding some of the transition information you talked about, go out in plain language to consumers moving through phases and plain language, meaning it is cognitively accessible.

>>Kevin : That is always our intention. We are certainly open it feedback for any information we are sending out to participants. I'm sure they are open to feedback it make sure the information that we are sending out is as accessible as possible.

>>Barb : And two PPE acquisition-related questions. One from Angela, wanted to know where she could get PPE for workers free of charge. And then Richard also asking about a f life program was included in the PPE distribution plans.

>>Kevin : So with the -- we were talking specifically about PPE so we would recommend, my question would be if the first question is for direct care worker. The best resources, two best resources for PPE would be the CHC-MCOs directly. And make sure that individual will know, or it would be known that their direct care workers would need access for packets of PPE that could be sent. And then I will have them reach out from PPF and PPO to make sure they are on the list for PPE distribution. If it is for agency model, recommendation would be agencies reach out to CHC-MCOs. Mentioning prioritization is for direct care work force. But we will partner with agencies for PPE acquisition pch and if none of that works, reach out it OLTL and we will do what we can to make connections. For life plans, obviously the distributions, life plans wouldn't be appropriate, and if the life plan needed support in accessing PPE, reach out to the life team to Jonathan Bowman, Erin, your life leads, and we can certainly work with the Department of Health or PEMA to see about d distribution. But we are expecting some sort of procurement related access or purchasing opportunities for PPE but the reality is that everybody, we're a nation competing, still competing for PPE even though it is better than it was two months ago or a month ago. It continues to be a challenge for everybody. But we are certainly happy to help if we can. So recommend that life plan many and the team itself.

>>Barb : Okay. And then, there were some questions around the appendix K extension, if there is a timeframe or where you will make a decision about extending that.

>>Kevin : So we are considering it now. It is likely that some of Appendix K will be extended. But not all. We are considering a timeframe right now.

>>Barb : Okay. And then in follow-up to Drew's questions, Daniel has a follow-up about structure day. Will this also apply to individuals funded by CHC waiver ?
>>Kevin : That's a very good question. Employment skills programs are something that would be considered as part of the evaluation for all of our services. It certainly, and skills development is an area where we want to see growth in services, so the emphasis would be just to have them available and reopen as quickly as possible simply because of the fact we want them to grow in the waiver. I don't have any specific timeframe for when that guidance will be going out but it certainly is something that would definitely be considered and we will take that as a follow-up to be able to provide an update to the committee.

>>Barb : Okay.

>>Drew : Barb, could I just ask a follow-up question related to that?

>> Barb : Sure.

>>Drew : So I think just to be clear, Kevin, the concern is that if somebody already has a job but is being kept home from that job because of the restrictions on living in a community-based residential setting, could there be some provisions that would be allowable to get out and back to work? Just to make it really –

>>Kevin : Thank you. So I was really thinking of the employment services. Drew, thanks for the clarification. The way we have been managing the questions is case by case. Every individual circumstance would have to be taken into consideration. My response is we will do everything we can. We have living arrangement and work itself before we are able to contribute any type of direction.

>>Drew : So just a process question, how can a provider manage best? Through the MCO? Through service coordinator? Through OLTL? That's I think where we also need guidance.

>>Kevin : So the OLTLs will check on the individual issue but also because of this very unusual situation with COVID-19, that the situations that you're raising, it would be appropriate for direct outreach with OLTL. We have -- we have engaged the Department of Health directly on some thoughts on different types of services. So this would be a situation that would make sense. We will process it with you and with the MCOs to figure out the best path forward.

>>Drew : Great, I appreciate that response. It is the goal of helping people to be productive in their life and if they already have a job that they are not able to get to it because of a restriction of the program. That's really ironic then. So let's see if we can get that moved forward.

>>Kevin : Sure. And we share that goal. We want people to work if they want to work. I've said it a thousand times. Trs but it is, we also have to be cautious here. I'm sure you understand that.

>>Drew : Sure. I do understand that, and I think that employers have procedures for making sure that they're safe. So you know, it seems to me we should be able to figure out procedures to keep not only the employee who lives in a group home safe, as they go to work, but as they come back to the home. We should be able to figure this out.

>>Kevin : I agree. And we will figure that out together.

>> Drew : Very open to that conversation. Okay. So I hope Jamie is listening.

>>Jamie : I am. Definitely. A lot of what you said makes sense. If people have a job, they should be able to keep that job. So find a way to let them do that safely.

>>Drew : Great. Thank you.

>>Pat : So Kevin, the next question I have, what phase will participants be allowed to switch their MCO?

>>Kevin : I'm sorry, Pat, can you repeat the question?

>>Pat : Sure. At what stage will participants be allowed to switch their MCO? And this is from Pam.

>>Kevin : So we, I'm not sure if Jen Hale is on the phone but I guess this would be considered breaking news. They can change now. We moved through the process and with flow and thoughtful consideration from federal partners. We decided to just go forward to allow plan changes. There weren't that many, even in the third phase there weren't that many that were being processed. So we will be processing any requested plan changes for July 1 effective date.

>>Speaker : And Kevin, I have participants who are low income who may not have access to disinfected supply. Do you have any suggestions?

>>Kevin : That's good question. There might be help as when they look at home situations to look at these types of cases where some supplies may not be available to individuals for suggestions on how they might be obtained. But does anybody on the committee have any suggestions for something like this as well?

>>Tanya : I have one suggestion. You can get multisurface cleaner and turn that into a spray. It will still kill 99% of the germs. All you have to do is add water and make it work.

>>Kevin : I think part of the problem is that a lot of folks may not have the money to pay for the cleaning supplies needed, Tanya.

>>Tanya : Okay. Having it in stock or the other-

>>Kevin : Yeah, I'm taking the question to be more economic. There might be local charities that can provide these types of disinfectants. I know in the Harrisburg, area, for example, some local food pantries will have supplies in addition to food packages. But the anser to that question may be more local. We do not have a global program for distribution of cleaning supplies or disinfectants from a state level. So I think that the question might be based more locally. But I think we would be happy to help research it. Certainly open to suggestions.

>>Linda : It's Linda Litton. I know in Philadelphia, they had given away iPads.
But this is through the school system that every child was able to learn whether they had WiFi or not. So I'm just throwing it out there.

>>Kevin : Thank you. I think the answer it that question is probably more local.

>>Speaker : So the next question, final question that I have, is from Lester Bennett. He was asking if the Department of Health, who should be contacted to help with supplying PPE.

>>Kevin : Nursing facilities can certainly reach out the department of human services or Department of Health or even FEMA for that type of support. Agencies may want to start with CHC-MCOs or OLTL for suggestions for acquisition of PPE and we will certainly help any way we can.

>>Speaker : And another question from John. Relocating residents to save for cohort status. I don't know if you want to save this one Kevin for when the MCOs, for the MCO question and answer session.

>>Kevin : So, I actually think I can answer this, I should answer this question now. So relocation, when needed, have more been a responsibility for health and safety individuals who are either working with the Department of Health with nursing facilities, department of human services or in partnership with some of the local health systems.

The CHC-MCOs may certainly have been aware of these relocations but the individualized relocations that have occurred for whatever reason have usually involved in facilities themselves and in some cases Department of Health and department of human service answers some cases PEMA and some cases support for local in-patient hospital facilities through other health systems supporting the effort.

>>Speaker : Ok that is all the questions that I have that were submitted by the audience.

>>Kevin : It has been my honor. I can't say that often enough. At this point, I am literally and figuratively turning it over to Jamie to get through house bill 2510. Just let me know when you want me to advance.

>>Jamie : Thank you. I hope you will stay on the line to help answer questions as you are all-knowing.

>>Kevin : Of course. Certainly not all-knowing. But I will certainly stay on the line.

>>Jamie : Okay, great. So I get the pleasure of updating the committee on something that hopefully will be good news for all of the providers who have been addressing the COVID-19 public health emergency. So council on 2510 distributed the federal CARES Act funding. And it was signed by the governor on May 29. So it was rather recent. OLTL has been hard at work on plan to distribute this funding out to providers and different places that it goes. So the first kind of funding distribution program, the bill created the regional response help collaborative. And I'm not sure if this committee got a presentation, maybe last month, on what OLTL called the educational support and clinical consultation program and it is about health systems coming together with other health care facilities, teaching facilities, in their areas and providing support to personal care homes and adult assisted living residences and facilities when there was an outbreak they would provide education and provide clinical consultation. And really jumped into the health care facility having an outbreak or just education on whatever they needed. So the bill actually took the educational support and consultation program and provided $175 million in funding. For grants to fund those types of programs when they are created in regions around the state. So OLTL is working with the secretary's office now on a grant or RFP kind of process that the different health systems will be able to apply for funding in different areas to supply support to nursing facilities, adult daily living centers and personal care homes. I'm sorry, assistant living centers and personal care homes, to provide to them that clinical consultation, testing, if testing needs to be done.

Someone talked earlier about relocation. If there is an outbreak in a if silt and the facility needs help with relocation, this money would help with relocation. It would really just give health care facilities support that they need to get through this COVID-19 crisis. And it gives that health systems and whoever they collaborate with the resources to do that.

So more information to come but just know the department of human service says working on getting that teunlt out there so that the health systems can apply and we can really start supporting the health care facilities that need it due to COVID-19. So the next funding was provide he, $245 mill yop for nursing facilities, 196 million allocated based on medical assistance care during third quarter of calendar year 2019. So that funding is really targeted to nursing --[Inaudible]

And then there is a bucket of 49 million allocated based on licensed beds. It is going to fund both the facilities that take medical assistance patients and those facilities that do not.
It doesn't discriminate, it has an impact on all facilities based on just the population that, the population that is housed in this facility.

Next slide.

The next bill is 8 million. It will be third quarter in 2019. Particularly for ventilator services. Eligible facilities would have to have 10 or more patients and 17% of medical patients receiving ventilator or

care focusing on December of 2019. So obviously during this public health emergency, ventilator services have been so critical and we want to make sure that those facilities have the resources that they need to take care of the patients. So $8 million was allocated in the bill for those facilities. Assistive living and personal care homes allocated 50 million. 45 million allocated based on occupancy during the most recent inspections on or before April 1 and 5 million to be allocated proportionately on residents in facilities. So this one, this one is very important, obviously, we know that we have had COVID-19 and these types and it will help the facilities obviously with their PPE needs and staffing needs and I know a lot of them have add lot of staff effected and infected by COVID-19. So they have had to go alternate staffing arrangements. So hopefully we can get this funding out soon to help facilities. Our struggle here is that the department doesn't have a funding stream directly to assisted living centers and personal care homes. So we are working on our plan about how we can get this out to these facilities soon. So this funding will likely go out later than funding to probably those nursing facilities for whether we make payments. Just information about that one.
Next slide. So personal care assistance -- personal assistant services allocated 140 million. There is 112 million that would go to the agency model on past services. So allocated proportionately based on medical assistance units billed. So by the home care agency of third quarter calendar year 2019. So our data people are working on pulling files so we can review them and make sure we are getting this funding out to the agencies very soon. They are in the process of doing that. Then the bill included 28 million allocated to direct care worker, employed through participant directed employer model based on the units. So we have been working with our staff have been working with the direct care workers, asking questions, so we can answer the best way to get this funding out to them and so those conversations continue. I just got an e-mail about this. So our goal here is to get it out to these agencies and these workers as soon as possible.

As we know, as we have heard on this call, a lot of PPE issues and staffing issues, too. So they put them selves at risk and they need this money soon. So for residential rehabilitation, based on the total number of medical assistance for service and medical health choices payments during third quarter 2019 so this money can hopefully go out soon.

And the next one, next slide.

So adult day services, we know this service has been hit particularly hard as these adult day services have been closed during red phases and yellow phases of the state. So 13 million is allocated through them to assist with their costs that they have incurred during the COVID-19 public heal many emergency. It'll be based on fee for service and community health choices payments during the third quarter of calendar year 2019. So the community health choices plans were allocated 50 million of C.A.R.E.S. funding so it'll be distributed based on, it should be medical assistance nursing facility clinically eligible participants, as of March 31, 2020. So the plans have really incurred additional costs and with having to provide services, different types of services to people during the emergency period. So 50 million will help them. Then life program will get $10 million according to the reimbursements in the first quarter of 2020. We know our life programs are usually have adult day services. They have not been able to offer those services. So they today retool their programs to provide services to people where they are in their homes in order to care for them during this

emergency time period. So 10 million for them.

Next slide.

So as I said, OLTL is working on a plan to get these funds out as soon as possible. We hope the first funds will good out in very early July. Barring any issues that we're having. We know that if provider currently doesn't have a funding relationship with DHS, like nursing facilities that currently don't take MA participants or personal health homes for example, it'll take a little longer to get those funds out as we have to set up those funding relationships. They are on a longer schedule to get those funds out. Any questions?

>>Drew : Jamie, this is Drew Nagle. Can you go back one slide, I have a question -- yes, that one. Adult day services. So would the 13 million there also apply to providers who offer structured day services.

>>Jamie : I would have go back and look through. I don't think it does, but Kevin can correct me if I'm wrong. I think was particularly for adult day services. Those programs that are licensed as adult day. So would the structure day be licensed as adult day service?

>>Drew It is possible that some are, but many are not. But it is a CHC service that is similar in structure. It is a program where people come to do cognitive and social behavior work to improve their skills in a group setting. And so you know, the difference is that the adult day services are usually more for older adults have dementia. But the settings, if you just look at the settings, they are alike in the sense of large groups of people together in a congregate setting. So they are both affected equally by COVID.

>>Kevin : Jamie, if you don't mind me chiming in.

>>Jamie : No.

>>Kevin : So we focus on billable adult day care services Drew for this funding because we allow some services offered through structured day should be provide he through telehealth and still be billable. I think that's the reason why the 13 million is prioritized for adult day. Because adult day centers have to be closed.

>>Drew : So I do appreciate that Kevin, that distinction. But I can tell you that the amount of services able to be provided, the amount of structure day service able to be provided through telehealth is only a fraction of what would have been otherwise provided. So there is probably, you know, relief needed there as well. I guess the next question is the category of community health choices or is that 50 million going to MCOs or to the providers?

>>Kevin : So 50 million is going to MCOs. MCOs were not only did they, were they required to be able to provide augmented services through the COVID crisis period, but they were also required to free service plan estate wide. So they have been able to demonstrate pretty clearly based on the add-

on costs that they were supporting services beyond what they were paid.
So structure day, my recommendation to Jamie would be, so fully transparent through structure day is not part of this round. But there will be more distribution later in the year, hopefully this summer, and it would be something I would encourage provider community to model. As part of a future distribution. Components of the service continue to be provided and if you are able to demonstrate a gap I would certainly recommend --
[Inaudible]

>> Drew : Okay. Well, we will let the brain injury program know that and maybe they can give you some data about that.

>>Kevin : Sounds great. For residential we were able to work with [Inaudible] to provide models and help us get to where we landed. And that will be recommended approach for structure day to demonstrate a gap.

>>Drew : Great, we will do that.

>>Pat : Okay, if there are no other questions from the committee, there are a few that came in through the chat box. So the first question is from Pam Auer, why does the life program get money per person no matter the setting? What would be the additional costs they would have incurred?

>>Jamie : Kevin, I can start. And maybe you can chime in if you have something to add.
My understanding is the life program, much of the program is based on the adult day services, off to their populations so when their adult day services had to close, they today immediately retool and make sure they are serving their populations in their homes so that meant getting meals to them, staff out to them and providing services in their homes.

I think if you are in an adult day program you probably weren't prepared on the first day to provide those life services in a person's home. So they incurred additional costs to be able to do that. They have barely been able to do that and do that well and continue to serve as they need to. For some they had to, for some of the more I would say critically ill patients that had more complex needs, they today serve them in facility setting just to make sure that they were, you know, taken care of.

>>Kevin : Nothing to add, Jamie. You covered it. Thank you.

>>Pat : The next question I have is, will there be additional funding to allow provider agencies to pay their staff overtime.

>>Jamie : So I guess I'm p exactly sure which kind of staff, but if it would be for the personal assistant services, the agencies would be getting additional funding. It would be up to the agency what they were using that additional funding for. So this CARES Act funding they have to use for any kind of cost incurred due to public health emergency. If there was an additional cost they would use funding for those purposes. And I would see that to be true for any of the facilities that were getting funding through the CARES Act. If they've today pay out over time as a result of the COVID-19 public

health emergency, they could use funding for that purpose. But it would probably be based on what that agency's needs were and why they've been struggling with at least financially during this emergency time period.

>>Pat : I believe she is asking about methodology, Jamie.

>>Jamie : So the methodology, as I understand it, there is 112 million that will be allocated proportionally based on the medical assistance units billed excluding overtime, we aren't taking overtime into this equation, by the home care agency by third quarter of 2019. So we basically pulled a file of all of the agencies that billed units during third quarter of calendar year 2019. So every unit billed would be provided by $113 million an allocating that funding by an actual service location or by home care agencies address proportional to the units that they billed. And I hope that's clear. I am totally not a math person. That's what our financial folks are working on now. To generate a file that people can look over and cross check and make sure that an agency is getting their portion of the 113 million that corresponds with what they build in that calendar year, 2019 third quarter time period. And just so you know, the idea is that once we have the amounts for all of these agencies, all of these funds that need to go out, we would post a file on the website so agencies would have access to it prior to even getting the funding. As soon as we know, hopefully the agencies will know.

>>Speaker : Thanks, Jamie. Are those payments going out through promise or CHC-MCOs?

>>Jamie : Well the payments through promise, the payments will go out through gross adjustments. That's my understanding.

>>Pat : Those are all of the questions that I have for you.

>>Barb : Okay. Thank you, Pat. Thank you, Kevin and Jamie. Appreciate your time.
We are going to move on to the PA home care association with the PA survey results many.

>>Teri : Hi, thank you. This is a follow-up from a prior meeting and a lot has happened since then. But I was asked to survey members regarding the PAS rate increase taking effect in February of 2020. I will give you a brief overview of that survey. By way of background, everyone here knows in January of 2020 after years with no increase, the fee for service rates for personal assistance services were increased by 2% based on then existing rates this amounted to about 35 to 39 cents an hour depending on the region. A few months ago, we were asked at this meeting how agencies have used that amount and more spefically whether they passed it along to direct care workers. At that meeting I would say one agency spoke and said, or maybe more than one, and said they had already previously increased wages and more than the 40 cents an hour to maintain qualified workers. We did survey to find out how they handled 2%. We had responses from more than a hundred agencies, representing more passed funding on to direct chan 15,000 workers. All passed funding on to directe care workers. The timing varied. They didn’t always wait until January. Just like the caller or I can’t remember if it was in-person speaker at the February meeting or January meeting maybe, many had to increase wages just to be able to hire people. The job market was very tight. As everybody knows.

Many had increased wages. Many pay on the anniversary date because that's the way their agency handled increases and some passed it on as soon as they received it in January. Some did identify a portion of the offset to pay increased insurance costs. Other similar costs or costs of training. Only a few agencies representing less than 100 direct care workers said they did not pass it along. Those agencies again, two or three, said they used it to gap losses.

We are very appreciative of the funding that is coming through, I think act 24, house bill 2510. The big buckets and I know this was just part of the discussion that our agencies have seen kochts and expenses relating to PPE. Some agencies say they spent in three or four weeks what they spent in all of 2019 for PPE. Those are not going away. Other two buckets are overtime. And the need for incentive pay to care for in specific circumstances or specific regions. That's all I have. If people have questions, I will answer if I can.
But that's it.

>>Drew : This is Drew Nagle. I do have a question about Methodology. You said a hundred agencies responded. Do you know how many was out of, what's the percent of response?

>>Teri : I can get you total number of past agencies who are members of our association. Sometimes it is licenses and sometimes actual agencies. I will share that with the group. It can be sent out. But that's why I always shared the 15,000 direct care workers. That's a gauge you can use across the state to gauge how many were represented.

>>Drew : And you're only surveying personal assistance services. But didn't the increase apply to other workers as well?

>>Teri : Yeah. The discussion we had at the meeting in terms of our survey related to past services. But if there is another request, I'm happy to tackle it.

>>Drew : I'm just not sure what proportion of the direct care workers that the increase applied to were covered under your survey.

>>Teri : Yeah, well someone from OLTL can answer but my understanding is about 90,000 under those waivers. Is that correct?

>>Kevin : Teri, that is correct. Between 80 and 90,000, I think.

>>Pat : Okay, I didn't receive any additional questions, Barb. Or Teri.

>>Barb : All right. Thank you, Pat. Thank you, Teri for undertaking the project and providing results.

>>Teri : Thanks.

>>Barb : Next, up on the agenda is Nora Carreras who will provide with us the resource and referral tool.

>>Nora : Good morning, everyone. Just give me a couple of seconds to share my screen.
Okay p.m. I'm Nora Carreras and I work with the special advisor to the secretary. We have been calling this project the statewide resource and referral tool. We are looking to procure an on-line platform to help connect individuals with services they need to address social determinants of health and the approach including all of the sectors and stakeholders in different areas and I will talk a little bit more about that. Also, the way we are looking at this platform, so a way you identify the need around social determinants of health. We will have information about agencies and social services providers that can address the need. But we really want to increase access and make it easy for constituents to really find services that they will need.

It also has a side for service providers when you are working with a patient, a client and you identify the needs, you are able to make a referral through system to help connect and later follow up and can you see whether or not the person was able to receive the service. It is really important to talk about the care teams approach. This will give you the opportunity.

To the next slide just to show you an example.

Many families we serve have complex needs. This is just an example of three adults and two children. Every child in head start has a case manager working with that family. They might also have someone in the family who is a senior, a veteran, someone with a condition that might have somebody of the MCO level working with them. Right now there is no way to coordinate care and it leads to a lot of service duplication and you know, we could find a better way to coordinate. [Inaudible]

If you are an agency and you can take the leadership in finding housing or food and you don't have two care managers or case managers trying to connect the family with the same knowing there is someone else helping with that.

It also includes the phrase based community will have access. Have you many churches that are doing a lot of work and we see that right now with COVID. And they play an important role. However they are disconnected from the more traditional organizations that provide social services. So these platforms will also be available to them to also be part of that health care helping the family.

So in terms of who would have access to the tool. Anyone already in Pennsylvania could access it through the public phase of the platform would, on the other side, on service provider side, so any health care provider case managers and nonprofit organizations, government agencies and this is important because we also have clients who are participating with programs but also might work with labor and industry or department of education and even within state government we do not have a way to see who else is touching the family and what else is helping them.

This would help with care. So care givers, if you have someone in your home and you need to connect them with a special type of service, you can use it and make the referral. Schools and colleges, we have opinion working with the office of the first lady. She is very interested in addressing college hunger and working with the department of education. So this platform could help and connect

students to the services they need.

As I said, faith-based groups and advocates. So I wanted to give you background on how we got here because I would tell you that this has been a stakeholder-led process. We spend a lot of time, we have been working on this for over a year now, and listening to stakeholders, meeting with stakeholders, providing opportunity for public comment, because we did not want to have a system and after it becomes available to providers and then realize it is not going to work. We wanted to hear concerns of their stakeholders and ideas up front before actually procuring it. So back in December, 2018, we issued a request for information to gather background information on three areas p for example, Lancaster county has a system for coordinated care throughout county with over 50 organizations and that includes health care community based agencies et cetera. So we wanted to learn from counties like Lancaster to see how they are doing it, what lessons have they learned, what is working, what is not working. We also wanted to hear about how everyone is under social determinants of health, which kinds of assessments were they using. How are they incorporating them into the work flow.

And finally, what platforms are out there. We received information from 26 vendors. And we spend three days working to, sorry, having vendor demonstrations. So what we did is that we created multicenters, stakeholders advisory community and that had representation from care organizations, from non-profits provider association, state agencies, VHS advisory boards, county, et cetera. It was over 100 individuals approached to be part of this and it was also important we had representation from rural and urban areas. After we put that group together, we invited them to vendor demonstrations. At the end of the day, we asked them, what do you like and not like. We gathered over 48 comments from those stakeholders. From that committee we created three committees. Because something we learned quickly is that this is very complex. And there was a lot of information that we needed to gather and maybe unanswered questions.

So we also recognize the need to bring some specific expertise. So we created three committees to specialize in those areas where we need information. We have wanted for them to look at different ways to address social determinants. Which assessments are there already. How are people using it. What would be the best way to did an assessment through this tool. How can we do that in a way that can you continue to do what you are doing.

However we can work together to gather data and to see how effective are we in addressing social determinants and the long-term affects of addressing social determinants. So we also had a subcommittee, the subcommittee comprised of attorneys from many of the MCOs and other organizations and they really spent a lot of time going through all of the confidentiality, with information sharing, and they created a draft form of consent because we heard loud and clear from stakeholders that information and consent is one of the biggest concerns making sure that we are following all of the laws and that we provide special consideration for populations for example information around HIV, domestic violence, behavioral health, et cetera. So the group spent a lot of time talking about what do we need from this vendor to make sure that none of the protected information is exposed.

And finally, we also created an information technology and subcommittee because another big concern of stakeholders is the fact this many, especially nonprofits, they already have data basis and they were concerned about the entry, how is this system going to interoperational with what they already have. Some people don't have to enter information multiple times and that makes it easier for individuals so they don't have to be asked the same question over and over.

So after going through the process of the health subcommittee, they came up with a recommendation that we focus on this domain that are on the screen. So in security health care classes for ability that includes access to pharmacy, medication, and housing, transportation, child care, employment, utilities, clothing, and financial strain. There are questions in the assessment and then if providers want to ask additional questions, that's great.
But least we are agreeing to use at least these nine domains.

So I wanted to share with you a little bit of the features that additional features that some of the systems provide. For example, somebody comes to you and they have to provide their income or they need ID so some of the platforms will allow you to upload documents so when somebody goes from your agency to another one, they don't have all those documents and documents are already in the system. So stores have information so somebody doesn't have to repeat over and over their information. Sometimes people have a lot of shame in having to go it a food bank or to a housing provider so it really helps just on the time this person has to spend telling their story over and over. You know, it allows the person agrees who shares some notes on the family that way if there are specific needs you can know that in advance prior to family coming to your organization and so the system really is a way to coordinate that for that family and ultimately to make it easier for people to access the services.

So we started for the platform eab I cannot speak it that because we are on the blackout period right now for the procurement. And so if you are interested in learning about the procurement per se, can you sign up for the e-marketplace and then you will receive notification when a procurement is issued. We have realized through COVID that it is really necessary for us to stand on this platform as soon as possible. So part of what we are going to do, and I would like you to stay connected and look for more information as we start implementing the platform. We are going to be creating county-based steering committees. We understand that DHS cannot tell the county or should not tell a county how will you make this work for your community. So we want to hear from the counties, what do we need to do to make sure that the right partners are on the table to make sure that the right profits are on the table. How do we get with the faith-based community. We will send out invitations to different webinars and information sessions so make sure you are connected. And we expect hopefully if everything goes well, you have in place some time in the fall, so I have shared a lot of information and by like to allow some time now for questions. Thank you.

>>Pat : I have a question. Were the ADRC link partners part of the overall steering committee from the department of aging.

>> Nora : So the department of aging was part of the advisory committee and we have been talk, we have been working with them very closely. Because they have a system they use to connect seniors

with services. So very actively involved with aging to see how this is going to move forward and they provided those contacts so when we started steering committees at county level to make sure they are part of those groups.

>>Pat : Thanks.

>>Nora : Use you're welcome. Any more questions?

>>Speaker : Yes. Pam Auer. Is access to the HCH access waiver application included in part of your process?

>>Nora : Maybe Jamie or Kevin, can you give me a little bit of background on this question to make sure I understand it correctly?

>>Speaker : I think what they are asking more specifically is the Medicaid application process for and correct me if I'm wrong, but the Medicaid application process for community health choices. I think that you are just -- your concept or design has a connection with compass, if I'm not mistaken, right, Nora?

>>Nora : So that is a great question. So this is going to be done in phases because it is really complicated in terms of how do we prioritize what needs it happen. And phase 1 versus phase 3 or 4 for example.

One of the capabilities that the platforms have is to do preliminary eligibility assessments. However, we are not anticipating that at the beginning the system will be doing any type of assessment. Whether or not somebody is eligible for benefits such as Medicaid. But I would say it is important for us and we have that resource in there so it will have a link. So if somebody says they need to be connected into medical care, then they can click on that and it will take them to the actual site where they can apply. Does that help? A later phase would have an interphase with compass potentially but Pam can clarify if there is more to the question.

>>Pat : Let's see if Pam answers back. In the meantime, another question. You may have mentioned this, Nora, will there be a procurement process, selected vendor to administer this?

>>Nora : Correctly. I cannot speak about it because we are in the blackout period but I would say if you sign on for e-marketplace and maybe Kevin or Jamie you can share the link to the e-marketplace and you will be modefided when a procurement is issued.

>>Pat : Okay. And we can probably also perhaps as much it that link as part of the follow-up. And Pam responded back that you answer her question. So she is good.

>>Nora : Okay, great. If I can add something to that answer. I have seen similar services working on places and this is really remarkable how you have entered a basic set of information and the system

will generate a list of resources. Based on information provided. So what that does is to prevent the person to waste time going to places where they might not be eligible to receive services. Although the system is not intended to do a final eligibility determination but at least it will cut on things that are very black and white and really save time for families and help them get services faster. Do we have any other questions or time for any other questions?

>>Pat : Yes, I have another one that just came in, again from Pam. She was interested in knowing who to contact to be part of the regional county steering committee.

>>Nora : Definitely. Can you send me an e-mail. My contact information is on the first slide.
And once we get there, we are really trying to do this faster than with anticipated. We are going with phased approach where we would have a -- however we are rethinking how this will be implemented because of COVID and the need that we are seeing for families to be connected to services faster. So stay tuned. We are still making those decisions.

>>Pat : And then I just got anotherring -- go ahead, I'm sorry.

>>Steve : Yeah, Steve. I like the idea, I heard you say something about a follow-up. And outcomes are important to see whether or not people follow through with recommendations or on the resources made available. So can you talk a little bit about what you see as sort of some built-in outcomes in terms of being able to measure whether or not social determinants of health have actually been impacted as a result?

>>Nora : Sure. Great question. So part of, and I think the idea of having all of this organizations working together, including the MCO's, ompleghtss, physical and behavioral health, that data captured and that's why we need to agree that we all will at last look at those demain answers in the system will capture, so how many referrals did you make as an organization but also capture connectively how many referrals on food were done in the last three months? From those referrals, how many people actually received a service? How many people didn't show up?
Also where there is a need for food because referring them and there was nowhere to refer them to. So once we get all of that information and I just wanted to be clear in the expectations, this is not going to be fast. It is going to take time to build networks, to get the nonprofits through buy-in, to get trained, so it will take some time.

But the idea is that later on, we can even tie this data to the data that DHS has and for MCOs and based on this intervention what seems to be work, what is happening to cost for example, and what is happening to somebody who is getting housing and food. Are they using more services?

So there is a lot on the outcome side and that we hope to get organizations will have the ability to pull your own reports and your own data. So it really gives you, it is a great opportunity to really look very in detail in terms of the impact that addressing social determinants will have.
But also I think it will paint the picture for Pennsylvania in terms of what people need. Can they get it. And if not, maybe decision-making and policy making. Does that answer your question?

>>Steve : Yes. Certainly moving in the right direction, I believe.

>>Nora : And if you have ideas, feel free to share them. We are certainly still welcoming stakeholder input. This is a stakeholder driven process and every recommendation that came from the advisory group, it was reflected on the procurement so we really want to make sure that this will work for you.

>>Pat : And I received another question from Lo UI sa pl and this may require background from Kevin or Jamie. Is this similar it a resource tool like the aunt Bertha that the MCOs are currently using.

>>Nora : Again, because of the blackout period, we cannot discuss. But we have had extensive conversations from MCOs and buy-in from the MCOs and they have been working with us. We know some have already procured tools. We encourage them to did that because we didn't know how long it would take the state to procure it. So go ahead and learn the lessons so when we have a system in place we can learn from you. And then you make a commitment to eventually once a tool is available to switch. That's why it was important for us to have them at the table from the beginning so we can have that buy-in from MCOs. And we don't know enough about systems that are fairly new so we don't know what is the capabilities for the ability between systems. So if you have vendor A and other MCO has vendor B you have to switch or can they connect and those questions we are still working through. And so I hope that answers your question and gives you more information on how we get to that point.

>> Pat : Okay, I didn't get anything back from her. That's all of the questions that I have received from the audience.

>>Nora : Okay, thank you so much for the opportunity. My contact information is there. Feel free to reach out if you want to be engaged in the conversation. We will be happy to include you and I will be happy to come back and give you an update when we procure the platform. Thank you.

>>Pat : I should note, or I should note that Jamie sent the link to the e-marketplace and I posted that out for everybody.

>>Speaker : Man, I really look forward to the deployment of it. Sounds like a really great idea.

>>Nora : Thank you.

>> Speaker : Sure.

>>Barb : At this point we will open it up for CHC-MCO questions. So whoever has questions, now is your chance.

>>Pat : If no committee members have questions, I do have a couple that tie back to earlier presentations.

>>Speaker : Okay, thanks. Go for it.

>>Pat : Okay. And it is a combination of an MCO request and OLTL request. So I think Pam Auer was asking, and this would be MCO as well as OLTL for enactment 50 programs. What are the number of participants and direct care workers who contracted COVID-19?

>>Speaker : In the nursing facility or in the community? Pat?

>>Pat : She didn't say. But I would think probably both populations, if you have it.

>>Kevin : So the Department of Health website has a break down of facility-based infection rates. As well as mortality rates for long-term care institutions. And nursing facilities.
Many I would recommend that Pam go to that website. We did present data in some of the other committees for community-based long-term care infection rates. We didn't break it out by staff. But to be perfectly honest, when we looked at data since it was self-reported, we didn't feel comfortable enough with it to be a real demonstration of community-based infection rates. So I think I would recommend that Jamie consider a post COVID crisis analysis of the infection rates for the community and not for impact for community based long-term care as a little bit more of a scientific type of analysis. Solve-reported data that we were using we thought could be misleading and it could be under-reporting actually, the number of infections occurring for community-based long-term care.

>>Speaker : So Kevin, you mean based on claims data or encounter data submitted?

>>Kevin : More concrete, right, more concrete data. And also, maybe even direct interviews with participants that may have been identified as being infected by or having suffered infection from COVID-19. Exactly right.

>>Pat : Okay, and Lester had a follow-up related to the COVID relief fund that went out specifically for MCO's to get a better understanding of additional cost that they've incurred. So MCO's are all unmuted, if they want to provide any input.

>>Kevin : I will frame it up. So the anticipated additional cost, the MCOs would have incurred, would have been through the prohibition for reduction of service levels, even if they were assessed to have a lower need. Also, the increased cost for PPEs as billable medical supply and certainly allowing MCOs to talk about other costs that may have incurred because of the emergency period.

>>Speaker : Then if each of the individual MCOs would want to chime in. I'm not sure who would be speaking, but I would ask to add anything if they have anything to add. From UPMC.

>>Pat : So from UPMC, you should be unmuted.

>>Speaker (UPMC) : Yeah, Kevin, I think you hit the nail on the head. Increased passing, looking at meals, increasing those as well as shelf stable meals that we've done as well. You know, so I think there have been a number of additional increases in service that we have been looking through.

>>Speaker : Okay. And Patty Wright is on for AmeriHealth.

>>Chris : Think, this is Chris Brad. Can you hear me?

>> Speaker : Yes, Chris.

>>Chris (AmeriHealth) : So exactly what Brendan said. With increased closures of the adult day centers, and services and meals for individuals that we are seeing across not just the adult day population but other individuals as well. And so that resulted in the majority of our increase.

>>Speaker : Okay. And then Anna Keith is on for PHW. Anna?

>>Anna (PHW) : Hi everyone. And Jamie, welcome. Look forward to meeting you in person. Echoing what my peers have said, we saw an increase in PAS. Some transportation increases as well. And then the meal program was pretty significant for health and wellness. I'm not prepared with direct numbers but we can get that information for the next meeting if that's requested.

>>Speaker : Okay, thank you. So the next question for the MCOs and maybe we will just start with PHW. Why are some submitting authorization and this is causing a delay with billing because we have to call them multiple times to remind them to update. I have other coordinators submitting authorizations every six months which makes it easy for us because we don't have billing interruption.

>>Speaker : Wow. >> I don't know that answer. I wasn't aware of that request. Was it specific or a general question?

>>Speaker : General.

>>Speaker : A general question. For MCOs ?

>>Speaker : I'm not sure.

>>Speaker : Okay. If she clarifies, I will bring that back.

>>Speaker : All right, thank you.

>> Patty : Hi, I'm not sure if you can hear me. It's patty.

>>Speaker : Yes. Yes, Patty.

>>Patty : When she says month to month, Jen, I think that, she may be referring to PPL. Which does have to be done according to the days of the month. Correct, Jen?

>>Jen : Yes, that's correct, Patty. It follows the calendar month.

>Patty :> Okay.

>>Speaker : And Angela did respond back that it was Keystone but I haven't gotten anything back whether it's agency or participant directed. So we get any clarification, we can circle back.
But thank you, Jen. Brendan, did you have anything you wanted to add, or Mike Smith from UPMC?

>>Mike : This is Mike. Pat and Jamie. So I think we still have six months or 12 months, depending on the service, for those, and the same with what was being stated earlier about PPL. Those are usually month to month as well. I'm wondering if some of the plans, you know, are being extended occasionally when we have a reassessment as this is done telephonically and they are being extended 60 days or something of that nature. I think there are some cases where we may extend them just for 60 days. We didn't know how long the COVID period would last and we were trying to get face-to-face with people. That would be some of the cases in UPMC.

>>Speaker : Okay. Thank you. Then the next question is from Lester Bennett, and the next two questions, are more for Kevin and Jamie. The first is from Lester, how many act 150 participants are there in Pennsylvania? And how many overparticipants?

>>Speaker : So, I will give an estimate but we will get the actual numbers in the follow-up. I think we have around 1500, and now less than 800 over. But we will get a much more specific number as a response.

>> Speaker : Okay. Thank you.

>>Speaker : And then the next one is from Amy Glowenstein. Question relating to CARES Act funds for direct care workers who are participant directed, you stated you are using information from units built in calendar year quarter 3 from 2019. This is direct care workers who did not begin working until October 29. Many of whom may have worked or whose work has been impacted by COVID. Is there any effort to identify the size of and distribution funds to pa population of workers?

>>Kevin : I will let Jamie answer if she has the answer readily available.

>>Jamie : I'm sorry. I was trying to look for the number of participants. I apologize.

>>Speaker : Hmed sure. So the question really was, the data is using the third quarter of calendar year 2019. And that may leave out workers who began working in October. And is there any going to be any effort to identify those workers who might have started working after the end of the third quarter so through October, through March.

>>Jamie : Yeah. Definitely. And if you are talking about the direct care work force, I think that's what we have been talking to the direct care work force about. Making sure payments go to the people that actually worked during the COVID-19 public health emergency and not while the payment may be directing us to look at this third quarter of 19, we have to find a way to make sure that payment is made to those that were working during COVID public health emergency. So we have been negotiating that one.

>>Kevin : And only thing I would add is third quarter 2019 provision really related to the distribution between agency model and directive model, didn't have to do with receiving the payment and just with the allocation of the payment between the two models of personal and conservative. So as Jamie mentioned, we will be, the people receiving the payment will be people who worked during crisis period.

>>Speaker : Okay.

>>Richard : Hello, Kevin. I have a question. Could you just repeat what you just said, please?

>> Kevin : Sure, Richard. The third quarter 2019 was used to allocate the total distribution per personal assistant services between agency model and consumer directive model. As Jamie said earlier, the people who would be receiving the payments in the participant directive model would of course be those direct care workers who worked during or were working and providing that personal assistance during the crisis period.

>>Richard : Thank you.

>>Kevin : Good to hear your voice, Richard.

>>Richard : Also.

>>Speaker : Okay. The next question is from Angélique. They are getting letters of overpayment six months later that the agency billed for services and indicated they are relying on consumers and employees to let us know what the agency knows about hospitalization and if think don't, they have no way of knowing. And they, basically, end up losing money as a result of that. There is no way to get this money back. They need to get notification when patients are hospitalized. So they don't bill because not everyone is informing now. I guess the next MCO was, I believe, it would have been amer health. I don't know if Patty and Chris --

>>Chris (AmeriHealth) : Hi, it's Chris. So I can speak to that a little bit. I know there are outpatient claims. We do remove the admission and discharge dates from that review process. Because we know people can receive services. So we do remove that. The recovery and overpayment letters we sent out are for services that are being billed that really cannot be provided if someone is in a hospital or a facility setting. And an outpatient services. And each agency should have a process in place to validate and verify services are performed and time cards submitted by participants to ensure services are being rendered prior to submitting a claim to MCOs. So those are the letters that they are receiving from our organization and it does also offer a timeframe for a provider to respond with documentation to show maybe if there is something that we have that's incorrect. And if there is a process, to enclose that letter.

>>Speaker : Okay.

>>Speaker : And Anna for PHW?

>>Anna (PHW) : The process is the same. Just what Chris said is very similar to our process. And how we are managing this.

>>Speaker : Okay and Mike or Brendan, anything from UPMC?

>>Mike (UPMC) : Yes, this is Mike. Our process is similar to the other two plans. As Chris stated, I will restate, unless there is a mitigating circumstance, they can discuss when they get those letters from us, they make sense that there should not be billing for services that aren't rendered when someone is in a hospital. So that you know, that is pretty, that's been a requirement of the program since I've been in the state. That's been over 30 years.

>>Pat : Okay, are there other questions? I have feedback from other folks. Before I see if there are other questions in the month to month authorization, folks have seen it with all three MCOs. I think Angélique specifically said it is related to key stem since last year. I don't know that there is anything more to add to that but I know it does, folks didn't seem to be sure if it was agency or participant directed because everyone is working from home and they can't necessarily access all of the records. And I do not have any other questions at this point, Barb.

>>Barb : Wow.

>>Pat : I know. Oh, I just got one. Just had up with pop-up from Dominique. How do we get the service coordinators to communicate with the agency more? That may be a follow-up to that last question of are the service coordinators or the hospitalization, can they share that information with the agencies? I think the next MCO up would have been Mike at UPMC. So Mike, did you want to speak it that?

>> Mike (UPMC) : Yeah. Can you repeat the question? I'm sorry.

>>Pat : Sure. So how can communication between agencies be improved and I believe it is around sharing information with hospitalization or are service coordinators aware of hospitalization and can they share that with the agency and in general how can there be greater communication between the two?

>>Mike (UPMC) : First of all, the portal is a place we comeupcate a lot with providers, to get them information on the care plan and service delivery. And we, and UPMC have three hubs that in the various regions. We provide that information to participants. We provide information through network to the providers and you know, we don't always have the information or hospitalizations either. So that creates some of the disconnect that we are trying to work through right now. And I think ultimately that is where we with like to see our ability to transmit some more information to providers around those kind of incidents in the future is to try and be able to know in advance, right? Or as soon as they are occurring. So I think there is definitely the opportunity in our current systems to address some of this but it is a -- it has been a difficult issue to tackle for the most part.

>>Pat : And sending follow-up, saying we are also seeing where hours are changing and agencies

informed and that the notes are not always entered into HHA.

>>Mike (UPMC) : I believe, and I haven't been in the portal lately, but I believe the HHA updates do get flagged to the agencies to review for the service change, service level changes. We may not have a specific note associated with them but I would assume the increase in units would be visible to them. I'm not sure if Andrea is on the call or anyone else from our team that might want it dive into that one.

>>Andrea (UPMC) : It's Andrea, I can. They do get notification whenever it is changed and service coordinator is usually speaking to them so they can definitely contact us if they see an issue with that. But if there is any change in the authorization, they can set up an e-mail announcement that tells them immediately if something was changed so they know to go out and look.

>>Speaker : Okay. Thank you. And it may also be service coordinator specific concern in which case if they are finding there's a specific service coordinator should they come back to your area. Andrea? Through their provider relations rep?

>> Andrea (UPMC) : Yes, they can.

>>Speaker : And they can call into the hub. If they want to ask toker is viz coordinator supervisor, that's an appropriate request as well, if they continue to have issues. If they have addressed with what the service coordinator subjects that's appropriate for sure.

>>Speaker : All right. For Chris and Jen, any input related to the feedback process?

>>Jen (AmeriHealth) : Is Jen. I appreciate that. And I echo what Andrea shared. That it is great platform for the communication. But if it is a provider, they are finding there seems to be an issue and specific service or response time concern then I would encourage them to submit e-mail to authorization escalation mailbox. And I can post that in the chat so folks aren't scrambling to write that down. We have a team of folks that monitor that mailbox. And get the providers concerns connected with the right people. I will share that in the chat.

>>Pat : Thank you. Then Anna for PHW.

>>Anna (PHW) : Thaiption, pat. Much like what Jen said. We have a process for getting information over to the service coordinator. We get information through our PC team and then that information is sent over to the account manager and then it is monitored for follow-up.
But if there are direct issues then the agency can reach out to our provider agency team and they can provide it and bring everybody on a call if there is a plr workish issue. Otherwise it is a case by case basis. Whatever the matter is that needs to be resolved.

>>Speaker : And Jen, Anna, just start with you on the next question that I had. So are the providers able to connect with the service coordinators directly through telephone contact through provider relations area? I have a few messages saying when they try to do that, they end up having to leave a

message.

>>Speaker (PHW) : Most of the time service coordinators are in the field. Least when it is quote unquote normal operations, they are in the field. Provider relations team and PHW model we contract with community partners that do our service coordination. So provider relations people would not likely who the service coordinator is but we are working hard to encourage service coordinators it have that outreach to the provider, do spot checks on the consumer, and make sure that the services that we're funding are provided in compliance with the PCSP. So if that provider has a concern and if they don't know who the service coordination provider is they can reach out to the PC team and the PC team can give them that information and they can contact their is advise coordinator directly.

>> Pat : Perfect timing. I just got a question around this, if they don't know who, how do they learn who the service coordinator is. Is that listed at all in HHA?

>>Speaker (PHW) : Service coordination provider is in the authorization. But if they don't know, I encourage them to call the PC line and we have many staff that can assist them.

>>Speaker : Okay.

>>Speaker (PHW) : Thank you.

>>Speaker : So Mike? For UPMC. The same question.

>>**Mike (UPMC) :** Yeah. I that I similar answer, we have a member services line that they can contact. Or our mubs for the various regions. Which are typically, you know, part of the information that's participants have available to them. But our member services number is definitely a good point of contact. And we do warm hand off whenever possible. But as Anna said, we are often times in the field outside of this current crisis situation we find ourselves in now. So there are times that you will have to leave a message and this that would be true whether they contacted them directly or not. But have the member services number is the best one and then we will connect and do a warm handoff.

>>Speaker : Thank you. And Jen for AmeriHealth.

>>Jen (AmeriHealth) : So the same would apply that the service coordinators name and e-mail address and phone number come over on authorization letter. However, if the providor finds that person is no longer, and a planner, a changer, thought that that's not currently a signed service coordinator, absolutely the personal care connector line for participants or business line for verification of again, if it is easier for the provider to send an e-mail to our escalation mailbox, I did provide that in the chat. Sometimes folks like to work an e-mail more than phone calls. That is an available option.

>>Speaker : Okay, great. The next question will change the topic a little bit. From Roy, there is a general expectation that mental health issues will erupt due to mitigation efforts in addressing COVID-19. How is there readying for this reality addressed by MCOs in collaboration with the relevant

behavioral health care plans.

>>Speaker : So Jen, you are up.

>>Jen (AmeriHealth) : Yes, we share that concern and I think what has come from coordination efforts and I'm happy to say has been impressive during this time is that the MCOs have been collaboratively working where they can to share with our resources that are available. We in turn share that information with our team internally and externally. Those have changed rapidly. We can appreciate that over the last 12 weeks. Things have been moving very, very quickly. We still have appropriate referrals to the MCOs. And we are also meeting with MCOs and meeting regularly to work towards process where we can. And have not been missed or delayed as a result of COVID. So I think that demonstrates that we're all in this together. It is very real and we are linking people where we can with the appropriate resources.

>>Speaker : Okay, thank you. Anna?

>>Anna (PHW) : To add what Jen said. It is pretty similar. Our lead is Heather Clark. She stays closely in line with the MCOs and we are circulating information aboutis ka lated behavioral health concerns that may be factor from COVID and how we do some training with service coordinators around it and how they make referrals to the BHM-MCOs. We are looking for guidance and direction there as we have cases come up and how we can get in front of them so they don't escalate.

>>Speaker : Okay. And finally, Mike, anything to add from the UMPC perspective?

>>Mike (UPMC) : I agree with everything stated. We are doing additional training. During the first 40 days of COVID we have daily updates to bring back from the meetings and share them as appropriate with our SE staff to make sure they are aware of any changes that were going on in terms of our coordination. We are actually looking a the a launch of a software application in the summer. Potentially for behavioral health intervention that ourself management for folks so they have an opportunity to go out and do things around mindfulness and that type of thing.

That anxiety of being socially isolated and this type of thing, there will be some opportunity for us. So a lot of the same type of things, we also make sure that we are talking about those types of issues, in terms of social isolation, social distancing and how it is impacting individuals when we contact them on a monthly basis.

>>Speaker : Okay. So the next question I have, and this would be for, for you, Mike, to start. This may be very similar for all three of the MCOs. But maybe aspects. From Tracey Brinkley, her understanding is cases are assigned to an agency through HHA exchange. They have not received any assignments since added to the portal five months now. And so maybe could you give an overview of how cases are assigned through HHA? Is it a random assignment? It expresses they want to many a provider. How does this happen?

>>Mike (UPMC) : I don't know if our network folks want it jump in. But we work with participants to

develop their service plan and we provide them the opportunity to select service providers based on our network of providers in the region. And so that is where we start. And if there is multiple, you know, we will talk to them about providers in the area and we take down in some cases multiple providers and then allow depending on their availability of those providers to engage the participant and that's how services would be assigned in an order of priority based on participant choice.

>>Speaker : Okay.

>>Speaker : Andrea, anything to add to that?

>>Andrea (UPMC) : I do not. Usually coming from the communication with a member or member choice, but you know, if there are HHA issues that providers can reach out to us. I did put our provider e-mail out there for e everyone in the chat.

>>Speaker : Okay, Jen, Chris, anything to add from the AmeriHealth perspective?

>>Speaker (AmeriHealth) : I would say that the same process, really the parties papt choice providers. And as Andrea said, if there is a specific issue that maybe they are experiencing with the system, your account executive, it puts it on our website by the region. She can always reach out to them for any assistance. And so at one point I want to make sure that HHA doesn't assign providers. Just make sure that everybody understands that. They feed off of the authorization for provider information based on participant selection.

>>Speaker : And Anna? Anything from PHW?

>>Anna (PHW) : No. Processes are pretty similar. I don't have anything additional to add.

>>Speaker : Okay.

>>Speaker : All right.

>>Speaker : Then the next question I have is -- we answered that one. And this is probably a Kevin and Jamie question. Is there -- what is the current continuity status to be extended beyond June? Will it be extended or move forward?

>>Speaker : Katherine weber.

>>Speaker : Yeah.

>>Speaker : So –

>>Kevin : Do you want me to take it Jamie?

>>Jamie : No, I was going to attempt to answer the question because I know we have been talking

about this. Especially as we work on our plans to move from yellow to green and what that means for everyone's care plans. What that means for managed care plans. It has definitely been something we have been talking about an evaluating but I'm not sure if we made a final decision yet.

>>Pat : Okay, let's see here. Next question from Teresa Hartman, and I think Anna, you are up. How are MCOs addressing new challenges related to participants, staff and community affected by the recent protests?

>>Speaker : Wow.

>>Speaker : Yeah.

>>Anna (PHW) : Food and security and medications that individuals may not be able to access due to their pharmacy no longer being accessible, and we are looking at food and security around the food pantries as well as solutions in the area of that particular team we are working with. And for the pharmacy we are working with our service coordinators to educate them about the mail order process for medications especially if they, in the short term, they may need them until their pharmacy gets back in place. Or can they get their medications from a different source. We did a pretty rapid turn around in the last three days on medication issues and getting everyone in place so there wasn't a gap in their care. Based on access. So that's what we are doing on short term.

>>Speaker : Okay.

>>Speaker : And then Mike for UPMC.

>>Mike (UPMC) : Yeah. Those are really the big areas of concern that we have as well.
In terms of food and security and pharmacy. But in the five county region around Philadelphia we have actually increased our calls to those participants and regions affected by pharmacy closings, grocery store destruction, those things that have occurred in some of the communities and other areas sporadically affected the same way. We have bp making industry contact is to those folks to help them with those issues.

>>Speaker : Okay.

>>Speaker : And then Jen? AmeriHealth.

>>Jen (AmeriHealth) : Hi. So we just got an e-mail yesterday addressing this exact issue. Because there were calls from participants that have concerns. And the only thing I would ask is what Mike has said and yes we want to clef wrath community resources where we can or any food insecurity issues. The pharmacies have been great with communicating with us what their action plans are for any pharmacy locations and that have been directly impacted and I would also add though, if there are missed shifts .

>>Speaker : As a result of this we want to be back up plans utilized and it is an opportunity to work

with to ensure that noted back up plans are current and working. And obviously figure out ways to full in shifts with another agency or what have you. Those are the only things I wanted to add.

>> Pat : Okay.

>>Pat : Anna, there was a follow-up question for you. Bridgette mallry was asking, what is the name of the food insecurity group you mentioned?

>>Anna (PWH) : Sure. We are working with uplift solutions to get information in the hands of not only HHW members but also other members impacted by food and security. They are doing different kiosks in areas of Philadelphia to get food to people that were impacted by the grocery stores being closed.

>>Pat : All right. There is a suggestion and suggestion from Angélique, could MCOs consider adding the name of the service coordinator as specific field in HHA versus it being in the notes. Sometimes it gets included and sometimes it's not. But under is a spirveg field from our authorization this would help the providers. I don't know if any of have you a comment about that.

>>Speaker : And saying while that's a great suggestion, I would be in error it say that we could ensure that information would always be accurate. So we would encourage the provider to simply go through our PC if they need to get in contact with service coordinator and we will make sure that happens and we will make sure they have the right service coordinator connected with them.

>>Pat : Those were the questions. We received a number of comments and things we will send as part of follow-up. But at this moment, Barb, I don't have any additional questions.

>>Barb : All right. Thank you, Pat. Seeing that there are no more questions, we can adjourn for the day.

Our next meeting will be July 1 and we will be doing it via webinar and remote streaming. Thank you, everybody for your participation. Thank you, Pat, for facilitating this. And everybody, please be safe and talk to you next month.

>>Barb : Goodbye.