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Date: 03/01/2023

Event: Managed Long-Term Services and Supports Subcommittee Meeting

>> DAVID JOHNSON: Good morning everyone, this is David Johnson. I'm going to call this meeting to order and begin by taking attendance. Michael Grier is present in person. Ali Kronley. Anna Warheit. Cindy Celi.
>> SPEAKER: This is Cindy, good morning.
>> DAVID JOHNSON: Good morning. Neil Brady. Gail Weidman. German Parodi. Heshi Zinman. Jay Harner. Juanita Gray.
>> SPEAKER: Present.
>> DAVID JOHNSON: Good morning.
>> SPEAKER: Good morning.
>> DAVID JOHNSON: Kyle Glozier Laura Lyons.
>> SPEAKER: Good morning. I'm here.
>> DAVID JOHNSON: Good morning Laura. Lloyd Wertz.
>> SPEAKER: Present.
>> DAVID JOHNSON: Present. Matthew Seeley. Monica Vaccaro. Patricia Canela-Duckett.
>> SPEAKER: Good morning everyone,I'm here.
>> DAVID JOHNSON: Good morning. Sherry Welsh is excused this month and Tanya Teglo.
>> SPEAKER: That's next month. I'm here.
>> DAVID JOHNSON: Excuse me, thank you Sherry. And Tanya Teglo. Are there any other subcommittee members that I missed that would like to announce themselves?
>> SPEAKER:J Harner is present.
>> DAVID JOHNSON: Good morning.
>> SPEAKER: - - Is present.
>> DAVID JOHNSON: Good morning. And Gail Weidman as well, good morning. Any other subcommittee members? Great, thank you. We will proceed to housekeeping items. Want to remind everyone this meeting is being transcribed and we will have to pause for a moment if our caption is is unable to hear any speaker either on the webinar or in person. For those in person I kindly ask announce yourself by name and make sure you speak loudly in front of a microphone. We have ample space here to accommodate that. Thank you.
>> SPEAKER: I'm not sure if you can hear me. My Mike isn't working. This is Anna Warheit. I'm here.
>> DAVID JOHNSON: Good morning, thank you.
>> SPEAKER: Thank you.
>> MICHAEL GRIER: Thank you David. I'm going to go over housekeeping. This meeting isbeing conducted in person at the department of education building owners suite and is a webinar with remote streaming. This meeting is being audiorecorded. The meeting is scheduled until 1:00 PM. To be in compliance with logistical arrangements we will and at that time. All of in our participants

except 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, to help minimize background noise and improve sound quality of the webinar we ask that attendees to self mute using the mute button or mute feature on your phone, computer or laptop when not speaking. Please hold all questions and comments until the end of each presentation since your questions may be answered during the presentation. Please keep questions and comments clear, concise and to the point. We asked participants please submit your questions and comments in the chat box located on the go to webinar pop-up window on the right-hand side of your computer screen. To enter a question or comment type into the text box under questions and press send. Audience members who have a microphone located at the tables in front opposite of the speaker. The chair or vice chair will call upon you. Please remember to state your name prior to speaking. To minimize, also, to minimize background noise in the owners suite we ask that committee members and presenters in the room please turn microphones off when not speaking. The caption asked is documenting the discussion remotely so it's very important for people to speak directly into the microphone. State your name and speak slowly and clearly. Otherwise the captioner may not be able to capture the conversation. This will also aid the captioner recording who has asked questions and whom responses need to be sent. When submitting a question or comments in the chat box it's important for people to include their name in the chat box. Before using a microphone in the Honors Suite please press the button at the base to turn it on. You should see a red light indicating that the microphone is on and ready to use. State your name into the microphone for the captioner and remember to speak slowly and clearly. When you are done speaking press the button at the base of the microphone to turn it off. The red light will turn off indicating the microphone is off. It is important to use the microphones placed around the room to assist captioner in transcribing the meeting accurately. Public comments will be taken at the end of each presentation and set during the presentation. There will be an additional. At the end of the meeting for any additional public comments to be entered into the chocoholics. If you have questions or comments that were not heard please send your questions or comments to the resource account on your agenda. Transcripts and meeting documents are posted on the listserv at the - - website under MLTSS meeting minutes. These documents are normally posted within a few days of receiving a transcript. The 2,023 MLTSS sub MAAC meetings are available at the Department of human services website.

>> DAVID JOHNSON: This is David, going to review our emergency evacuation procedures. In the event of an emergency evacuation we will proceed to the assembly area to the left of the Zion church on the corner of fourth and market. If you require assistance to evacuate you must go to the safe area located right outside the main doors of the Honors Suite. Oh LTL staff will be in a safe area and stay with you until you are told may go back into the Honors Suite suite or you are evacuated. Everyone must exit the building, take belongings with you. Do not operate cell phones and do not try to use the elevators as they will be locked down. We will use stair one and stair to to exit the building. For stair one, exit Honors Suite through the main doors on the left side near the elevators.

Turn right and go down the hallway by the water on. Stair one is on the left. For stair two, exit Honors Suite through the side doors on the right side of the room or the doctors. For those exiting from the side doors, turn left and stair to his directly in front of you. For those exiting from backdoors exit turn left and left again and stair to his directly ahead. Keep to the inside of the stairwell and had outside. Turn left and walked down Dewberry Alley to Chestnut Street. Turn left to the corner of fourth Street. Turn left the blackberry Street and Cross fourth Street to the train station. Before we proceed I will confirm that Matthew Seeley is present. Good morning. Are there any other subcommittees that logged in on their phone? Thank you.
>> MICHAEL GRIER: Thank you David. We are going to move on to MLTSS meeting follow-ups. And we will go ahead and get started on that. We don't have that many at this time. It's a shorter list. Related to - - committee and contact information, audience members are asked to have further discussion about. Up for the names of the lead for the - - committee and contact information. Jamie Buchenauer - - said she would get the information when the - - stakeholder meeting is being held in addition to the contact information.
>> JAMIE BUCHENAUER: Meeting minutes were sent out on the - - on vibrate 22nd 2,023. To announce that the next EBV public meeting will be held March 24 2,023 Jimmy advises comments, suggestions, questions or input to be sent to - - before March 15, 2023 to be considered at the meeting. - - Message will be entered in the chat.
>> MICHAEL GRIER: Thank you Paula. During last month's meeting- - during last month's discussion on - - unwinding we received questions from a few audience members about how the process of transferring participants from community health choices to F1 50 would work for - - financially ineligible during the MA unwinding. Jamie stated OLTL would follow up with - - on their process on how they would enroll somebody in Act 150 - - also stated she could provide some background on the discussions in the process were potential transfers. To the act 150 program.
>> PAULA: Amy will respond on referral process on act 150 in today's meeting.
>> MICHAEL GRIER: Thank you Paula, this is Mike. Related to agency choice motion member Matthew Seeley which are questions submitted from AW motion that led us not to advance motion at the medical assistance advisory committee and Mike will follow-up.
>> PAULA:Michael Grier attributed to committee members on vibrate 23rd 2023.
>> MICHAEL GRIER: Related to withdrawing a motion the audience member Thomas Earl asked what is the official process to withdraw a motion that the MLTSS subcommittee has approved. Shanrica from OLTL to review guidelines - -
>> PAULA: This is Paula. Shanrica respond there is no official process to withdraw an approved motion outlined in the operating guidelines. MAAC - - guidelines, subcommittees should follow Roberts rules of order. Roberts rules of order says that a motion to rescind can only be made if no action has been taken on the original motion. It can be made at any time, later meetings included. After the original motion was made and passed. The motion to rescind requires a two thirds majority to pass. If the rescind motion passes it completely wipes out the original motion.

>> MICHAEL GRIER: In reference to the supplemental nutritional assistance program, snap reduction, vice chair David Johnson asked if outreach is being made to members who are identified as soon to be affected by the reduction in snap benefits and home delivered meals are being offered. It is contingent upon a new comprehensive needs assessment and Anna Keith from Pennsylvania health and wellness stated that snap benefits are regularly a part of the assessment process as well as visits from the service court Nader. If an individual would prefer to go to home delivered meals and that is a discussion that is had with the service coordinator and the participant. David - - from UPMC responded it would be the same process, a conversation with the participant to identify - - they would take questions back to the service coordination team.
>> PAULA: This is Paula. AmeriHealth Caritas responded that outreach is being made to discuss the changes it is not benefits. A comprehensive need assessment will be offered if unmet needs are identified. The person centered service plan can then be updated to include interventions to meet those needs.
>> MICHAEL GRIER: This is Mike. In reference to community partners, Catherine - - asked through chat, will the community partners such as advocacy agencies that are not MCO's but who deal day today, day in and day out with clients who are MA recipients be provided with printed information in plain language outlining the public health emergency/ MA unwinding to be shared with the client. - - Over from oh LTL to provide response.
>> PAULA: Jermayn responded directly to Catherine providing her a copy of document intended to explain the unwinding to participants as well as a link to the branded information for the munication available to the public medical assistance and Chip renewals website in the communications toolkit section. He offered to assist if she could not find the type of message she was looking for in the link provided.
>> MICHAEL GRIER: Thank you Paula. That is our follow-up questions from the last meeting. Any other discussions on anything we covered so far? All right, so. Trying to stay on schedule today so we can have time at the end for public comment. We will move to the office of long-term living OLTL with Jamie.
>> JAMIE BUCHENAUER: Good morning everyone, happy March. Time is flying. I have a couple of quick updates from the office of long-term living. For March 1, to revisit the electronic verifications - - at the last MLTSS meeting. The other I will turn over to Randy who is behind you, he's going to go over preliminary results. The office of long-term living reduction review project that he and the office of long-term living clinical staff has conducted on our community health choice MCO's. Moving into electronic therapy patients. One of the takeaways I had from the last MLTSS meeting was to really talk about, really talk to my colleagues in the Department of human services about having another public meeting and I think in the follow-up you got the information. If you did not see the notice, we will have a public meeting for electronic - - on March 24. Please sign up and if you're interested in having a topic covered at that meeting please contact the email address before March 15. I did let them know, obviously this group was really interested in GPS coordinates, why we are collecting them but please, if you want that topic to be on the agenda I would send it in to that email address as well. My other follow-up was on the participant phone use. There was a lot of discussion at the last couple of MLTSS meetings regarding

participant phone use. I have to - -
>> SPEAKER: Is not a virtual meeting?
>> JAMIE BUCHENAUER: I'm sorry, it is a virtual meeting, yes. My understanding is it is a virtual meeting. I can go back but I'm almost sure that it is. So the other issue I wanted to cover with participant phone use. This one I have to - - on. At the last MLTSS meeting we talked about how the department has a policy that a participant phone cannot be used by direct care worker for check in or check out. That was actually information provided by my staff and when we had eight DHS executive meeting we said yes we do have policy. I'm going to say we combed through the bulletin and all the information we had online about - - and DHS has no policy on this. While we would preclude or why you would say use of participant phone is not ideal obviously many reasons that we talked about and some we haven't, we don't have a written policy that we are precluding use of participant phones. I want to point out you should go to the - - FAQs on the website and have lent that presentation. We do have written guidance regarding use of participant phones and my understanding is participant phone check in and check out works if you're working and using the EVV app. I'm not a professional so I will - - MCO may have different policies but we did let them know obviously we do not have a written policy precluding use of participant phones. All three MCO's are aware. I don't know if I want to pause here or turn it over to Randy for an overview of the reduction review project. Maybe I will turn it over to Randy. Do you want me to wait until later? Because I can wait.
>> SPEAKER: Is it working now? I'm sorry, I am Shauna - - and also a consumer of - - if there is no written policy what does that mean? For providers who have already been impacted by what the MCO's say is a low deal policy?
>> JAMIE BUCHENAUER: That's a really good question, we have informed all - - it is not DHS's policy.
>> SHAUNA: Okay then my next question is are you going to develop a policy and if so can we go back to my original question where I think that a consumer of services and provider should be on the committee to help write that policy?
>> JAMIE BUCHENAUER: If you want to talk about this, honestly I would put it on the agenda for the EVV - - OLTL will not be developing a written policy at least while I'm here sitting in this seat because we want to be aligned with DHS on this. If we have not had a written policy, you know, I don't know which way would go regarding the development of a policy.
>> SHAUNA: My final question I guess for the moment is if we are having a EVV work session on 24 March, I'm already registered for it, by the way. Is that an open microphone session?
>> JAMIE BUCHENAUER: Yeah, my understanding is, and I do not know how they will conduct this meeting. I have not attended to date my understanding is they do collect questions and address those questions at the meeting.
>> SHAUNA: I also want to go on record saying those meetings that are not open microphone compatible discriminate against those of us who cannot type fast enough to get our questions in that little chat box. That's one of the reasons, if you remember last spring, last April and May I was so thankful that you honored my request for open microphone conversation around - -. I'm concerned if we don't have open microphone or in person opportunities that people are not going to be

able to communicate their thoughts adequately and you're not going to get the information from stakeholder groups. That's mostly impacted because it's not acceptable.
>> JAMIE BUCHENAUER: I will take that back. I'm not sure if there's any OLTL stuff on the line. I'm hoping there listening if they participate with that group and can take that feedback back so they have an option of potentially opening the microphone. Like I said, I would raise the issue by sending it in the VRA even before the meeting starts so it's on the agenda. We will do that but, thank you.
>> SPEAKER: Carry?
>> SPEAKER: - - Association a couple follow-ups - - better address. One is saying DHS has no policy saying it is the same thing to be EVV compliant using an app on a consumer's phone.
>> JAMIE BUCHENAUER: I'm afraid to say, I think so. - - Needs to be a landline, correct?
>> JAMIE BUCHENAUER: That's my understanding that you can take that issue up with EVV.
>> SPEAKER: I will and we appreciate the opportunity to do that. One more, this may be for future meetings but - - expectations and any different policies they might have with respect to EVV.
>> MICHAEL GRIER: Thank you. Randy?
>> RANDY: Good morning everyone Randy Nolan from the office of long-term living. I want to give a review of the reduction review project. It is still not finalized yet. We did just a little background. We are monitoring - - on reduction care plans. We took a look at notices to make sure they are appropriate and other documentation and assessments coordinator knows all notes related to the case. They can take a look to - - inductions or appropriate according to documentation and assessments that we have. This project is done, I have the ability to pull - - from the office to review these cases that come in. Any they identify that they have questions about go to our medical director for review. Once those of you that completed, we meet with MCO's before putting out - - to try to justify the answers to some of the questions we have. Depending where B we are
at - - shows increases, decreases and center plan. We pull data off of that and randomly select a list of participants from that data. It gives us an opportunity to look at .1 and see if there are issues with that report. We are doing follow-up on that. We did for this round. We looked to pull 60 participant cases from each of the MCO's with hope that they were evenly split across regions. For the most part, they were. There were some regions that may have had - - for other reasons. In actuality we pulled 58 cases that we reviewed. PH W reviewed - - and from AmeriHealth there were 55 pulled but based on validity's there were 46 cases for now. We have some cases we are looking at for MCO's being reviewed by medical director. At this point in time he's doing that this week. We plan to meet with MCO's the end of this week, beginning of next. To go over cases. See what the issues are and finalize findings. Hope is we will have this report finalized to submit out at the next meeting. All numbers and exactly what we found. I just wanted to give a brief update today to let you know the process. We should have final reports in the next couple of weeks.

>> SPEAKER: What was that?
>> RANDY: Validity is what we are looking at when we look at - - we are looking for appropriate data that's collecting what we are supposed to be.
>> SPEAKER: He said you had less from final MCO - - validity?
>> RANDY: Because of issues we Saul with - - some of the people listed on their should not have been listed.
>> SPEAKER: Other questions for Randy? Good, thank you. Anything else, Jamie? Before we move on. All right. Let's move on to the referral process for act 150, Amy hi from OLTL.
>> AMY HIGH: Are you able to hear me?
>> SPEAKER: We can.
>> AMY HIGH: My name is Amy High, section chief for - - unit of the office of long-term living. Today I am going to go through the process that the IEP will follow to review an individual for the act 150 program. In the event that they are found financially ineligible for the CHC. We have a program upon termination. Can you move to the first side? Thank you. At the time of redetermination, if the County systems office determines the individual is financially ineligible an individual is disenrolled from the community health choices waiver program our managed care organizations are notified on their eligibility vial which is known as the 834. At that time as they work with participants through the redetermination process, they will, we are asking them to submit a referral to the independent enrollment broker to include the participants information and also including their service plan information, with type, scope, frequency of services provided. And the provider agencies, services within that service plan. In addition, they can also refer the participant to contact the IEP directly. At the aforementioned phone number on the slide. As well as the access of the website, PAIEB.com which allows an individual to access and download Act 150 application form. Next slide, please. This screen shows the Act 150 application form. That provides the participant with information on the Act 150 program. Specifically the qualifications as there are specific eligibility requirements that are slightly different. From the CHC labor. Also notifying and making them aware there may be a cost to the program. And based on participant specific financial eligibility and also the Act 150 application form which identifies that they have the ability to manage and direct. That they manage and direct their financial and legal affairs as well as that they intend and wish to apply for the program. And move forward with that review. This form is needed by the IEP to process a Act 150 application. Next slide, please. Upon receiving a referral the IEP will contact the participant directly or if they receive a call for outreach directly from the participants in the IEP will start an act 150 application. In that process they will need to confirm that they have the Act 150 application. Any release of information they need - - responsibilities and will provide service coordination selection. As you know, the service coordination agency is the entity that develops the service plan for Act 150. They will also review the electronic client information system which is the DHS participant eligibility record and confirm the individual was determined financially ineligible for the CHC waiver. In the event that the denial was for another reason, for example. The CAO submitted - - to move forward or to assist with next steps. Whether that

be the County assistance office for the OLTL participant helpline. Next slide, please. The IEP, if determined that they, one confirmed that they were found financially ineligible, the IEP will also review the Pennsylvania individualized assessment system, PIA to identify their level of care determination. To help expedite this process, if the system includes an assessment that was completed within the last 12 months that indicated NFCE, they are, IEP will move the application on to next steps without needing a new assessment. Or MA 570 or physician certification as they were able to confirm they met the level of care.
If the assessments are more than 12 years old a FED and physician certification will be required and IEP will proceed with making that request to aging well to have the Fed completed and also issue a physician certification to the participants physician. Once the individual is confirmed NFCE they will confirm with selected SC agency the agency the participants elected. That they accept discipline as a Act 150 client. Next slide, please. Once confirmed the individual meets level of care and they have the accepted FC agency IEP will enter the record into HCSIS which is the home muni based information system at the stop, at this point they have the application. They have the CE level of care confirmation and the SC agency. Once they submit the record into HCSIS the IEP will transfer the record in HCSIS to OLTL for our review of eligibility determination for Act 150 program requirements. When they enter that information into HCSIS they will include the services that were identified in the CHC labor plan that was received from MCO. All services on that plan that are available through the Act 150 program will be entered into the Act 150 HCSIS record. Next slide, please. OLTL will review HCSIS plan to confirm individual meets eligibility requirements for the Act 150 program. If confirmed the individual meets eligibility criteria for Act 150, OLTL will complete enrollment. And approve service plan for the, finalize or approve service plan and enrollment. For the Act 150 plan to start. The approval of that plan gets transmitted back to IEP to finalize enrollment. If it is, I'm sorry, was there a question?
>> SPEAKER: I don't believe so.
>> AMY HIGH: Okay so in the event the individual is found not to meet the program eligibility requirements for Act 150 OLTL will issue a Act 150 denial notice and right to appeal. So participant will have the ability to appeal that denial.
Next slide, please. For those that were found eligible for Act 150, again, upon OLTL approval the record is returned to the IEP. IEP will transfer HCSIS record to the selected service coordination agency and also send final enrollment information to the service ordination agency which includes the assessment, the physician certification if one was required and also they are notifying the participant, notifying participant is a previous CHC waiver participant and services are transferring with them. The IEP then of course also sends notifications and contacts participant to confirm Act 150 enrollment and contact information for service coordination agency. Who will reach out to meet with the participant and confirm and implement services. So that is. Next slide, please.
I think we are at the end. I will open it up to questions.
>> MATT: - - In your process it seems you are assuming for that part of this that the individual hypothetical individual is, if income changed while still in - - correct?

>> AMY HIGH: That is this process so in the event that there was a change to their income and when they are go through the financial eligibility redetermination by the County assistance office. They were down to no longer meet financial eligibility requirements for the program.
>> MATT: So I have two questions none. If there in CHB and income changes during all of these eligibility tests and whatnot. Home care continues? Do you get what I'm saying? There would be no interruption of care in the home? During this evaluation.
>> AMY HIGH: The process is set up to be as quickly as possible. And we will, Act 150 service plan will begin. Can be approved or initiated the day after the individual is found financially ineligible. However, the provider, the individual will show as financially ineligible initially. And an evaluation will need to be made for Act 150. There is a potential that there is an eligibility period, and this process and the focus of the IEP and OLTL is to expedite this as quickly as possible to reduce that time period, where there may be a gap.
>> MATT: I appreciate that, that seems like a long-winded way of saying no.
>> SPEAKER: I think it really depends upon when the person may apply for Act 150, how quickly the process happens.
>> MATT: Right that's why - - it seems like the assumption there was the person - - all still there rather than - -.
>> SPEAKER: Like I said, it depends. Additionally, if the individual would appeal the ineligibility of CHC, - - appeal process is happening. And apply for Act 150 in the meantime so it depends I think on the situation.
>> MATT: I would hope service coordinators are - - to keep those services going.
>> SPEAKER: Service coordinators can help but it's the individual that needs to initiate appeal.
>> MATT: Again, I know that not everyone can do that.
>> SPEAKER: ServiceCoordinators can help with that, definitely.
>> SPEAKER: - - [Away from mic] Initial part of the process where MCO's go back and review information about rules, what is the benefit of MCO. They are terminated when not official anymore. I mean, when found ineligible. Service coordinators, MCO's are going to tell them to apply for Act 150 when they are not - - to do that? Is that part of the process? Who is there service coordinator to help them with the process of appeal? If you don't understand me, let me know.
>> SPEAKER: Service coordinators are involved to help them through transition, they don't just drop them. MCO will answer that. But it's not that extensive work will be doing with individual, they can help with appeal, they can help with the application for Act 150 or referring to IEP.
>> SPEAKER: - - [Away from mic]
>> SPEAKER: They can help file appeal, they cannot go to appeal but they can help them file the paperwork. That's part of the role of the service coordinator.
>> SPEAKER: I think it's going to be real hairy in the beginning. - - [Away from mic] To help people understand the process but to no appeal this and then go through the application part for this can be really confusing for people. I just see what Matt was saying. People in backup, lose their services if they don't appeal. So many people don't because they don't realize - - I like to recommend what I recommend last time. Make contact initially with individual being

terminated as well as sending service coordinator. Making initial contact with the individual. That person, or someone to follow-up after being told they are terminated and you can apply for Act 150. It won't mean a whole lot. I think it's going to be a very confusing process and if IEP were to call and say you have been terminated, you can apply now with me to apply for Act 150. And get that process started even if you are appealing denial. I mean, Act 150, OLTL changed - - around Act 150 before. Even if it's an interim period, it's only for this moment in time. Act 150 everyone initially started had a - - role tagged to it. That - - along the way. Just take this moment in time to let IEP be a contact as well as service coordination so there is backup there. So that individual knows there rights to supports are out there. My last question, do we think there's going to be a big influx? Do you have an idea ahead of time if there's going to be a lot of people who are potentially financially ineligible? Do we know that ahead of time? Do we have enough service coordinators to support them in Act 150?
>> JERMAYN: - - MCO covers at the end of the month. So there is time for - - to make that referral.
>> SPEAKER: That's good enough. Thank you. - - There is no time - -. MCO tells them you are financially ineligible and there's 15 days to tell them and hopefully they do it on day one, not day 15 because the person has 10 days to appeal after being terminated. So that services do not stop. That's going to be really - -
>> JERMAYN: - - Will send notice saying when MA will stop. If they have 10 days to apply timely to get continuation.
>> SPEAKER:Service coordinators - - you don't know how many times people made that letter, oh I'm terminated but don't make the ten-day appeal time. I'm glad there's a 15 day. But back to the numbers, do we know or have an estimate how many people are potentially going to lose - -?
>> JERMAYN: I don't have a number in front of me but in previous meetings I presented a number as the number 2022 for those who were identified as having been determined ineligible but maintained because we have that coverage requirement. - -
>> SPEAKER: If we have enough service coordinators doing that because when they change to - - how many service coordinators - - [Away from mic]?
>> JERMAYN: Not sure if - - can that?
>> SPEAKER: I'm sorry, I asked how many people are service coordinators doing Act 150. How many agencies.
>> SPEAKER: Sometimes we have to go back and look. I know we can roll any willing agency damage requirements that wants to provide services in Act 150 but I don't know exactly how many are actually providing.
>> SPEAKER:- - Information on how many you are looking at.
>> SPEAKER: This is a follow-up not related to that. Why, this is not. Sorry. Why are some service coordinating allowed to opt out of Act 150?
>> SPEAKER: As I recall in MA regulation, providers can come at any willing provider can enroll to provide services. They can then make a decision whether they want to accept that individual and provide services or not. They cannot be discriminatory.
>> MATT: So they can discriminate on the program but not the person?
>> SPEAKER: Yeah. Sorry, my microphone.

>> MATT: Obviously I'm very cynical but - - [Away from mic]?
>> SPEAKER: Yeah I mean in service coronation agency, what programs they want to work with. I have that decision.
>> SPEAKER: I understand but - - why isn't everything being done - - implement first was employment of the individual is supposed to be the most important thing.
>> SPEAKER: I'm not sure about employment first but in enrollment practice - -
>> SPEAKER: That's the governor's initiative.
>> AMY HIGH: It's an MA regulation so we know some providers enroll in the MA program because they want to participate with only one MCO. They don't want to participate with any other and they don't want to participate in our service program. It's up to that provider. Like I said, the regulation is as long as they are not discriminatory they'll say I'll take you because you're wearing a blue shirt but not you because you are wearing a red shirt. It's allowable.
>> SPEAKER: Whoever's - - is making me laugh.
>> JEFF: This is Jeff from - - talking about CHD to Act 150 during the public health emergency are we seeing the offices always having people with Act 150 are going into CHC - - anything as far as I cast the topic. - - [Away from mic] People switching with different programs. In my last comment which is an issue we talked about is some of the folks that want services particularly on the - - side is going to CHC but what if it's not a fit and maybe that is something for separate meetings. I was curious if you could offer comment on the back and forth of that.
>> RANDY: This is Randy, I don't think we've seen a lot of people Act 150 at CHC at this point in time it is something we take a look at and monitor in the program and we will continue to do that. If we see numbers directly changing in the program we will look at what's causing that. We will follow up on that. The - - waiveer is similar to what they had done. You are financially eligible for MA. - - Programs were really does not impact the over waiver, the conversation we are having with Act 150 and being over financial limits. Overt waivers won't change in that aspect. Your other question about the - - population yes, we have some coming into CHC because they are looking for services and getting some services are better than being on the waiting list at this point in time. It may not be the perfect fit because it's not the same services that are provided under the ODP waiver program but we are looking at those services. And those numbers, also, in the program.
>> SPEAKER: I'm thinking there are some people during the public health emergency, before or after started to get ideas about benefits and all of a sudden they are like maybe ineligible for something else. In the name inquire about - - public health emergency I'm thinking you're probably seeing more of those happening then - - accented requirements but I appreciate the response.
>> SPEAKER: - - Question slightly off-topic but about Act 150 and - -. Services available under - - program waivers.
>> SPEAKER: I can pull it up, I do not think they are but let me do a double check.
>> SPEAKER: I ask because we provide services - - services and have been stopped abruptly. Because of a conflict. However, we only provide service coronation under - - Act 150 so we know a network inadequacy with - -. And we have five

people be completed, six people in process. Forcing him to stay in a nursing home or pushing them into a nursing home. I think there's program oversight there. I'm wondering if if it is something we can - - going back about nine months, 9 to 10 months.
>> JERMAYN: One thing to mention, a couple people have mentioned - - and Amy slide she mentioned eligibility for Act 150 being available. - - Does not have that level of care. They look at intermediate care and other conditions. So there would not be that transition between - - and Act 150 - - termination. Just wanted to clarify that.
>> SPEAKER: I did a quick look, - - does not look like it's been available during - -
>> SPEAKER: Is there any way we can look at fixing the process for eligible providers - - services are able to serve consumers under CHC - - without being in conflict because they provide service coordination with Act 150 and - -.
>> SPEAKER: Wants to take that back?
>> DAVID JOHNSON: This is David. This may be a question better addressed to aging. Is there a process in place for - -?
>> SPEAKER: - - [Away from mic] I don't know the process, the eligibility process - - [Away from mic]
>> DAVID JOHNSON: Okay so there is not currently discussion where we are thinking about nursing facilities clinically eligible, financially ineligible waiver. For service coordinators to discuss options of those abilities?
>> SPEAKER: Yes.
>> DAVID JOHNSON: Okay thank you.
>> MATT: This is not, trying to formulate this question to make sense. How does Act 150 and OLTL deal with - -? Do you understand it he asked? Dealing with oh VR. I don't know how to - - [Away from mic] A potential consumer of OVR - -
>> SPEAKER: [Away from mic] Nine months and not - - [Away from mic]
>> MATT: Wouldn't that be - - agency?
>> SPEAKER: Trial work. Would not be determined against somebody and does not help for - - purposes until - - whatever the limit is for that year. It could work and should not affect them at all.
>> SPEAKER: Was trying to askJermayn timeframe.
>> SPEAKER: - - Benefits, I think your question, Matt does - - affect labor benefits.
>> MATT: I'm trying to see if there is a gap in coverage. It's a long time - -
>> SPEAKER: I guess that's the question because it's kind of discriminatory for someone wanting to get to work. That's a question you would need answered. I did not think of that until you said it that way. And should not be something that would be - - [Away from mic]
>> MATT: [Away from mic]
>> SPEAKER: We will have to follow-up and have them consider that.
>> SPEAKER: Can you clarify, Shawna, what question?
>> SHAUNA: While the question is it does not affect - - government benefit of - - but what is the financial impact on the consumer because there are - - [Away from mic] Earning income on top of that. I think, Matt, if I'm wrong, correct me. I think the question is on Act 150 or on, they would have to pay into their services

and their trial work period, might not be consistent. How does that work? Is that your question?
>> MATT:Pretty much, yeah.
>> SPEAKER: - - Act 150 is what you're saying?
>> SHAUNA: Because you may have an additional point to add to this, I think the question is like the government trial work period, where they let you work nine months making more than - - activity with a honor or allow somebody in that same period, or without affect whether they are financially eligible?
>> SPEAKER: We will look into that.
>> SHAUNA: The question, trial work periods don't have to be a consecutive nine-month period, they can be intermittent. One month somebody might need or the trial work. Benchmark in the next month they wouldn't. That's the question that needs - -.
>> SPEAKER: Thanks for clarification, we will get back to you.
>> SPEAKER: Thank you.
>> SPEAKER: - - I have a question about expiration is on a presentation, perhaps 20 percent essentially loose services and I think of those 20 percent, 80 percent have paperwork not filled out. I understand there's numbers in place, will those be shared, providers, so providers can help advocate and process paperwork? Communicating with - - to get those things done.
>> JERMAYN: You mean just the numbers of individuals who might be impacted by - - we have sure that our previous meetings and if you give me your email address I can share that.
>> SPEAKER: Any other questions for Amy or transfer from committee members, audience?
>> SPEAKER: We have some in the chat.
>> SPEAKER: Yep.
>> SPEAKER: This is from Amy - - I want to clarify MCO transfer process, our participant eligible for transfer if they have a PLA as Act 150 per adjustment can have PLA. It sounded like if a participant had a PLA they were not eligible for Act 150.
>> SPEAKER: Eligibility for Act 150 is not based solely on - - I would encourage the individual that does not preclude somebody from applying.
>> SPEAKER: Thank you, Amy. Also from - - will participant services - - transfer process as I'm sure many will need to pay a new LLC a - -
>> SPEAKER: - - [Away from mic]
>> AMY HIGH: Managed-care organizations complete an annual assessment which is the inner RAI and is available through Pennsylvania individualized assessment system. We are able, if an assessment was completed with in one year we are able to see the level of care outcome based on that assessment and will use that as a new functional eligibility determination, a separate functional eligibility determination assessment through aging well. If there is a assessment completed by the MCO the IEP that is viewable to the IEP and will utilize that.
>> SPEAKER: How long will it take for receipt of Act 150 form to enrollment and approval in order to denial notice?
>> AMY HIGH: If I'm understanding the question, correctly, it sounds like they want, they are asking for specific timeframe from start of application to

determination. I think as mentioned earlier there are variables that will impact the length of time. However, the IEP is committed to as well as OLTL to expediting these and the overall goal is a minimum of 30 days.
>> SPEAKER: This is from Amy - - what happens to participants over 60, what will happen to participants who are over 60? What financial eligibility since Act 150 is only for ages 18 to 59.
>> AMY HIGH: Individuals over 60, information will be provided for contacting their local area agency on aging. To be reviewed for the options program which is administered through the Department of aging.
>> SPEAKER: This question is from Pam - - and follow-up today questions, can department work with PDA to - - for those with - - similar to Act 150?
>> JERMAYN: This is - - if there's a plan I will get back to you as a group.
>> SPEAKER: We will come back to those in a minute. Shawna?
>> SHAUNA: Question of clarity, if someone is on Act 150 and they turn 60 they are on Act 150 already. They don't go to option when they turn 60? They stay on Act 150 over 60, correct? Okay just making sure I understand correctly because the - - was a bit confusing. If someone is currently on Act 150 and they turn 60 they don't change to option, they stay on Act 150?
>> SPEAKER: Is my understanding. Amy, do you want to confirm?
>> AMY HIGH: That's correct if an individual is enrolled in Act 150 program before they earn 60, upon turning 60 they remain in the Act 150 program as long as they are eligible.
>> SPEAKER: Thank you for those clarifications, Amy and thank you for the presentation. Next removing on the agenda to the 2022 home and community-based services consumer assessment of healthcare providers and systems report. Survey report from Brian MacDaid and Steve Kissner.
>> BRIAN MACDAID: Good morning everyone, my name is Brian MacDaid - - employee service and we also - - just want to thank you so much for having us here to present once again. The HCBS survey responses that we got. The survey we got from the year 2022. As members know this is something we have been doing since 2018. With regard to the CHC waiver it is really a pristine opportunity for participants to provide feedback directly to us. In regards to their services of the HCS portion of the program. Today Steve Kissner will be presenting, he is our subject matter expert and will be going through some slides directly involved with the OLTL analysis of survey responses. And also Steve and representatives to the plan regarding the plans - - analysis in regards to their data as well. Some key areas that we will be focusing with regards to their areas will prove that. We are definitely excited about the results this year. Once again we do encourage participants of the program if contacted or have the opportunity to participation, this survey to do so because once again this is a very valuable tool that we feel can help us - - our services. With about I will hand the microphone over to Mr. Steve Kissner.
>> STEVE KISSNER: Good morning everyone, my name is Steve Kissner, the analyst for HCBS CAHPS. We have been doing this the last four years. Next slide, please. An overview of the CAHPS survey, it's an independently administrated by analytics statewide at this point. HCBS core survey there are approximately 100 questions with employment questions with this. PA has come up with specific questions from

the survey which include transportation, housing, dental, supplemental nutrition assistance program and a new one this year was mental health. Our response rate for this year was 6.1 percent to 13.9 percent across managed-care organizations. Our targeted completed surveys is 700 from each of the MCO's. This year 734 were from AmeriHealth, 621 for PHW and 776 from UPMC. Next slide, please. Respondent characteristics for 2022 HCBS CAHPS as you can see were African-American it was 28 percent. Non-Hispanic was 90 percent. Female was 67 percent. Age 65 and older is 50 percent and high school graduate and some college is 64 percent. Next slide, please. Moving on with respondent characteristics for their health, good/fair was that 56 percent. Until health good and fair was that 64 percent. Lives alone at 50 percent and urban is at 73 percent. As you can see with respondent characteristics they have not really increased or decreased throughout the four years that we have been with the HCBS CAHPS. Next slide, please. Survey, someone that helped responding or complete the survey for this year we had an increase with AmeriHealth from 70 percent last year to 19 percent this year. We had increased with pH W from 17 percent to 19 percent. UPMC went to 19 percent and 19 percent for 2022, a two percent increase. Next slide, please. Participants that prefer phone survey, plans fluctuated if not completed in person. Currently PA is using phone survey by vendor which is SPH. This year we had 62 percent for AmeriHealth, pH W at 63 percent, UPMC at 62 percent and state average of 62 percent were state had five percent increase from last year. Next slide, please. Listen and communicated well. These are - - just a minute. I don't want to mess - -. These are deposit measures throughout the survey. With staff listening and communicating well. AmeriHealth had two percent increase which is also the average for the state is 86 percent so they even went for percent above average there. PHW remain the same as did state average. UPMC increased by one percent to 86 percent from last year and is at the same state average. Next slide, please. Personal safety and respect. AmeriHealth increased one percent and is one percent below state average. They are at 93 percent. The PHW is at 95 percent with increase of one percent and also one percent above state average. State average is 94 percent. UPMC increased by three percent. And is at the same percentage as state average. Overall state increase was two percent from last year. It is at 94 percent. Next slide, please. Service coordinator is helpful. AmeriHealth remains the same and is two percent above state average, 80 percent. AmeriHealth was at 92 percent. PHW increase by two percent from - - decreased two percent from 91 percent to 89 percent and is one percent below state average. UPMC increased one percent and remains the same as state average. Again, UPMC is at 90 percent and state is at 90 percent. State overall has decreased by one percent in this area.

>> SPEAKER: Can ask a question, what are the actual questions? Service corridor is helpful. Meaning do you think your service coordinator is helpful? Something like that?

>> STEVE KISSNER: No there are multiple questions with that. Let me see.

>> SPEAKER: Do they give you feedback? No - - yes - -?

>> STEVE KISSNER: They do have, we do have text and there. Yes there are questions that fall with an answer for text. To let you know, for example, let's see. We are on court Nader is helpful. There are three questions that we will

take the percentage of and combine them and come up with an Average.
>> BRIAN MACDAID: To clarify lady - - with regards to the topic, in regard to service corridor. Responses are pretty much a yes/no so that is with guidance of CMF requirement I should say. With regards to what we are allowed to do when asking questions. There are sometimes where there may be a text box which gives information. Majority of questions, responses are yes, or no with regards the individual - -
>> STEVE KISSNER: Moving on to staff are reliable and helpful. AmeriHealth remains the same from last year which is 85 percent. PHW decreased 1 percent from 83 percent this year from 84 percent last year. UPMC increased two percent this year, 83 percent last year, 85 percent now. State remained the same from 2021 to 2022 which is 84 percent. Choosing the services that matter to you. AmeriHealth remains the same for 2022, 82 percent last year and this year also 80 percent. PHW decreased two percent, 81 percent last year, now down 79 percent. UPMC increased by one percent last year they were at 79 percent, now at 80 percent. State overall has decreased in this area by one percent from last year. 81 percent, this year, 80 percent. Next slide, please. Transportation to medical appointments. All three remain the same for this year. They were last year. AmeriHealth was at 70 percent last year, also at 78 percent this year. PHW Avenue percent in 2021 and 78 percent this year. UPMC at 78 percent in 2021 and 2022, 78 percent. Overall state is 78 percent this year. Next slide, please. Planning your time and activities. AmeriHealth and pH W remain the same for 2022. Last year AmeriHealth at the seven percent, the seven percent this year. P literature W of the nine percent last year, 59 percent this year. UPMC increased by three percent from last year, last year they were at the seven percent, this year they are at 60 percent. State overall percentage has increased one percent last year 58 percent and this year it is at 59 percent. Overall participant experience. This is the combination of all measures together. We came up with percentage of this. Last year, excuse me. Again with AmeriHealth and PHW clans remain the same as last year. All at 80 percent last year for AmeriHealth and PHW, this year at 80 percent. UPMC increased two percent this year from last year they were at 78 percent, increased to 80 percent this year. Statewide increase of one percent, again, last year it was 79 percent and this year is at 80 percent. These are individual questions. Sorry, next slide, please. This is where we start with individual questions. P CSP included all things important to you. Service plan with a - - this year at 66 percent. PHW decreased five percent this year from 68 percent 63 percent this year. UPMC remain the same at 66 percent. They have constant - - for the last three years at C6 percent. Overall state increase or decrease by two percent this year. 2021 67 percent this year 65 percent. Next slide, please.
>> SPEAKER: I think that's ou. No it's not.
>> STEVE KISSNER: Received care from dentist office the last six months, AmeriHealth decreased to 33 percent this year. PHW increased two percent. Last year at 29 percent, this year 31 percent. UPMC increase three percent in 2022 from last year at 31 percent. Now at 34 percent. State increased by one percent. This year, last year, 32 percent, this year, 33 percent. This is where they rate dental care on a score of 10 10 -3 but our rating is 9 to 10. AmeriHealth

increased, last year at 64 percent, this year at 53 percent. PHW increased one percent, at 58 percent last year, increased to 59 percent. UPMC increased two percent from 60 percent last year to 62 percent. State last year was and 61 percent, decreased by three, at 58 percent at this point. Next slide, please. Ability to do things in the community. AmeriHealth stay the same. One percent below state. Last year 20 percent, this year 20 percent. PHW decreased by two, last year at six percent. This year 24 percent.
>> SPEAKER: Can you read the question for that one? Why is it so low? Is that normal?
>> SPEAKER:This is - - [Away from mic] With regard to - - straightforward question on its own. Essentially we found individuals, sometimes can be subjective for individuals with personal, per se, in regard to individuals ability to interact with community. With that said, this is an indicator. We did have challenges with COVID of course and with individuals getting out in the community. Here to socialize or interact with community work and whatnot. Hinder or limited due to unfortunate barriers that - - [Away from mic] We are working with plans to see how they can see whether service corners work in this area. With regard to ensure individuals. If they do wish to have that ability to plan time and activities, have more say in their service coordination. Including ability to get out in the community. We will have more questions. Those are flagged to really encourage the individual. Once again, an area that can sometimes be subjective. We are working with service coordinator plans to encourage service coordinator, whether education or emphasizing the importance on - - [Away from mic] To make sure it does retain individuals in the participant feels he or she has the ability to voice their interest and what services they wish.
>> SPEAKER: I'm looking at 20 and thinking back, that's 20 percent of seven percent. Right?
>> SPEAKER: Essentially - - as well once again, that's where sometimes some of these numbers, not every participant - - complete survey. They have not answered this question but once again, this is an area where we want to encourage plans to work with service coordinator to assure that if individuals feel they have the ability to enact with the community. As long as I can remind people the program itself, community is a big part of our title. Being part of a whole, we want to make sure individuals have this opportunity.
>> SPEAKER: - - [Away from mic] Leadership Council, it would seem to me completion of individual surveys are intended to be subjective. I would not think this is a qualifier as to why these numbers are low, just saying. Furthermore I would ask the question how do these numbers compare to nationwide reports about this particular area?
>> SPEAKER: - - In response to that, it's not per se a national benchmark with the survey. This is something - - [Away from mic] Promoting here in Pennsylvania is kind of court for us in this area. We have a HR Q and others I believe in our group who work in CMS in regards to encourage states to use the CAHPS server and capture information on a certain level. We have certain sharing response for the last two surveys with - - Lehman group and HR Q. Encouraging and unfortunately our plans are in various reports of that as well - - [Away from mic] Will be sharing her plan responses and analysis. That requires - - a national benchmark or or

ability to see how states are doing. Not just for this area but the service as a whole.
>> SPEAKER: Is a good point down the community is, OLTL these numbers?
>> SPEAKER: Once again, that probably is something in which we have plans once again to look as far as areas of improvement. And to try and work - - we use a standard similar to other performance measures. And insurances with the waiver program as a whole have been 86 percent. We do have plans to strive to get to 86 percent. And have those conversations with participants and potentially do better to improve in this area.
>> SPEAKER: Just seems there are some barriers. Thinking back on Libya conversation we had last month. - - Going on in the communities. Like everybody else. Those numbers - - I guess - - [Away from mic].
>> SPEAKER: Once again, we just fall back to these questions. Give an idea as far as individual intentions. And once again tried to give an idea - - [Away from mic] Identifying service in ways we can improve in these areas.
>> SPEAKER: Is there separation on - - [Away from mic]? Is there a separate survey of transportation used? People might experience - - because there is very limited to certain areas of state transportation. It's not in some areas. Even urban areas here. Transportation that we have, there's restrictions. Transportation, is not connected or - - [Away from mic] Ask them if that is the barrier: talking about barriers.
>> SPEAKER: What they'll actually do iswe have specific questions on part of the survey, we have some given to us by CMS. We can allow for these core survey questions. We have one or two that are Pennsylvania specific survey questions regarding transportation. To give individuals a chance to indicate. To the medical point, we are not at 86 percent but improving and there are of course challenges in that. Also we do inquire in regards to medical transportation as well. And redo - - [Away from mic] Online.
>> SPEAKER: - - Numbers for transportation?
>> SPEAKER: I'm not sure.
>> SPEAKER: Unfortunately we don't have anything for specific barriers. - - Survey.
>> SPEAKER: Does CMS allow you to do that?
>> SPEAKER: It could be something we potentially look at for the 2024 survey, additional transportation question.
>> SPEAKER: - - [Away from mic] Good but this I would think is not enough to - - [Away from mic]
>> SPEAKER: I would have to agree.
>> STEVE KISSNER: Continuing on with activities, things to do in the community. As I said, UPMC increased from 22 percent to 25 percent this year. Overall state average is at 24 percent. Which remains the same from last year. Know how to report abuse, neglect or exploitation. AmeriHealth decreased 1 percent from last year. They were at 87 percent, now at 86 percent. PHW increased by one, 89 percent last year, 90 percent now. UPMC increased by four percent, they were at 85 percent last year and now at 89 percent. With a state average of 88 percent, an increase from last year by one percent. Participants aware of housing rights and how to get information or preventing eviction and foreclosure AmeriHealth

remained the same from last year at 71 percent, AmeriHealth decreased by one, at 74 percent, decreased to 73 percent this year. UPMC decreased 2 percent, down to 71 percent this year. Overall state average is 72 percent for this year. Next slide please. Employment. This year for employment for assistance that wanted to work there were 285 people that wanted to work. Participants work for pain the last three months is 34. Someone was paid to help in the last three months, there were eight. Participants who asked for help, there was 24. Participants that did ask for help received all the help they needed was three. Did not know how to get help in getting a job, they are at 125.
>> SPEAKER: Out of the 2100?
>> STEVE KISSNER: Yes,not all participants answered this question. So they may be skewed a bit, not all participants answered. Does that answer your question?
>> SPEAKER: It does. [Away from mic]
>> STEVE KISSNER: Sure.
>> SPEAKER: Received all the help needed. Okay, thank you.
>> STEVE KISSNER: Next slide, please. Participants did not receive snap but knew they would be eligible for benefits to help buy food. AmeriHealth decreased 3 percent, last year at 54 percent, this year down to 51 percent. PHW increased from 52 percent last year to 53 percent this year. UPMC increased from - - decreased from 52 percent last year to 50 percent this year. Overall state is 51 percent, last year 53 percent, this year 51 percent. Next slide, please. Participants do not know how to apply for snap benefits. This year for AmeriHealth, this is the second year we have done this. For AmeriHealth, they were at 46 percent, last year, down to 14 percent. PHW was 48 percent last year, down to 16 percent. UPMC was at 48 percent last year, 13 percent this year. Overall state average from last year was 47 percent, down to 15 percent. This is great news for PCSP's. They've done an excellent job helping individuals for snap. Next slide, please. This year we had a mental health question put in here. This was in the last six months if you try to make any appointments for CAHPS mental health treatment. This year, AmeriHealth was at 22 percent, PHW at 23 percent, UPMC at 22 percent and overall state average is 22 percent. Next slide, please. Yes, yes. Out of the previous life or mental health, participants from the last six months, how able were you to get the appointment as you need it? This year AmeriHealth is at 61 percent, PHW at 57 percent, UPMC at 62 percent and state overall average is 60 percent. Next slide, please. This slide represents areas of success with MCO's. Personal safety and respect at 94 percent. Service coordinator at 90 percent. Know how to report abuse, neglect or exploitation 88 percent. Staff listen and communicate well 86 percent and participants do not know how to apply for snap benefits at 15 percent. As Brian mentioned earlier we have a threshold of 86 percent that we like to see MCO's reach and improve upon. Next slide, please. Areas for improvement for MCO's, staff are reliable and helpful, 84 percent, choosing services that matter at 80 percent. Transportation to medical appointments at 78 percent. Aware of housing rights and how to get information for preventing eviction and foreclosure at 72 percent. Service planning included all things important to you at 65 percent. Planning your time and activities at 59 percent. Dental care at 58 percent and mental health treatment were you able to get an appointment for counseling or mental health

treatment as soon as you need it is at 60 percent. Again, this is our threshold from state 86 percent. These were things that were low, 86 percent, we have seen we need improvement for for MCO's. Any questions?
>> SPEAKER: To questions on that, modifications, I'm not sure if I saw that in the survey. I'm not recalling it - - definite and the second question I have is how are they determining? From the last 10 to 15 years discrimination is number one in terms of discrimination - - and another organization. Those were part of the survey for something that may be going forward we can look at.
>> STEVE KISSNER: As far as housing notifications I don't believe - - that is something we can look into.
>> SPEAKER: - - Reports areas where - - [Away from mic] However I will encourage members of the panel of the committee to seriously consider filling out considerations to add and specific questions. That is definitely worthwhile. - - Survey is to help improve services for participants. Whether committee or - - individuals were not. This is for you. Is there any way in which you feel we can possibly - - tree realized to our OLTL coordinators are at today's meeting and we will definitely have that part of consideration for. Unfortunately with 2023 survey, - - [Away from mic]
>> SPEAKER: One last housing comment is some of the folks - - [Away from mic] Organizations in terms of healthy housing - - certain types of differences in, there is differences in housing. We have different - - but this is the perfect property if somebody's - - [Away from mic] That person may not be able to have their needs met with the current model. - - [Away from mic]
>> SPEAKER: Yes sir.
>> SPEAKER: - - So let me make sure I understand. The survey where people are in nursing and qualify for CDC?
>> SPEAKER:Surveys for individuals and the community receiving - - [Away from mic]
>> SPEAKER: Okay. So there's no survey done on individuals who live in nursing homes as to their ability to access mental health services when needed? T
>> SPEAKER: Not for the survey.
>> SPEAKER: In the community, - - is a miracle. The number of people who are unable to receive mental health services due to the workforce contraction over the COVID. There are - - months before getting service. The fact that these folks, - - of these folks are saying I'm able to get services. That's - - [Away from mic]
>> STEVE KISSNER: One thing to keep in mind with the survey, we were pleased with that as well. One thing to keep in mind is individuals who can answer the second question have the ability to services needed. - - [Away from mic] Indicated they use the services. Reduce as far as individuals who financially have a need or answer in a matter which they indicated - - mental health services. Also your concerns are valid in regards to the simple fact that that's why we added this. That's why it's a Pennsylvania specific question because we realize there is a need to try to identify and see how we are doing - -. How we are doing with our HCS service participants in regards to mental health provisions of the mental health services.
>> SPEAKER: While down that road, is there any intention for OLTL survey people inside nursing homes - - ability to secure services. Is there ability to

understand that availability that what respondents might be for those folks?
>> SPEAKER: Not to my knowledge - - [Away from mic] Take that back and have a discussion in our area. Not anything with the CAHPS survey in the community - - work with research center in regards to surveying various - - [Away from mic] But I don't think - - that is something we can discuss with the director. Which to follow up on that maybe in the future.
>> SPEAKER:- - Report back on - - [Away from mic]
>> SPEAKER: This is maybe to remind me. is the survey automated - - [Away from mic]?
>> BRIAN MACDAID: This is Brian, the survey is administered by - - per se. It is administered by - - analytics - -.
>> SPEAKER: Any other questions?
>> BRIAN MACDAID: If no additional questions I'm going to hand this over to representative - -. We have one more question.
>> SPEAKER: - - Healthcare. Question about CAHPS surveys and other orchids as benchmark. I understand in managed care many don't require, some do. They may not - - publicly. Have you thought about reaching outto other MLTSS agencies to share and compare information?
>> SPEAKER: - - Over the course of the last year we have interactions on a national basis with - - and also without opportunity to speak with other states. A conference call typesetting with - - also on an individual level as well. To share as far as worker survey tools and whatnot. A lot of states they have - - survey but nothing of the same caliber as the CAHPS survey. That is something that we have the opportunity to speak - - and whatnot.
>> SPEAKER: That's great. I'm really glad and obviously there are some differences in the program themselves as well as state to state. Certainly the view for best practices and opportunities for - - I appreciate your doing that.
>> BRIAN MACDAID: I learned years ago I don't know all the answers so it's good to communicate.
>> SPEAKER: Thank you, we are moving on to what looks like AmeriHealth.
>> PAULA: This is Paula, we do have questions in the chat and some comments and I know we are pressed for time. It's up to you.
>> MICHAEL GRIER: Let's do the - - first.
>> PAULA: One of the comments or questions I had is, let me go back up here. Although employment assistance experience is listed in data it was not included in the area of improvement. Is it being addressed - -?
>> SPEAKER: This is - - from OLTL we have to address shared with our OLTL - - [Away from mic] So we do share that information and also we do work with each of the plans to continuously work to focus on those in regards to the improvement or potential areas of concern from those that did respond to this portion of the survey.
>> PAULA: Another question, this is Paula, another question from - - are they asking participants if they are not planning on - - activity because they did not have consistent staff or are able to do something outside of the participants control.
>> BRIAN MACDAID: Once again we don't get to that level of detail. That's one reason why we refer to members of the committee to have potential specific

questions where we can actually forward those areas. We encourage you to do so. Potential questions to provide a list of potential barriers that you may be aware of - - as an advocate to be able to share with us. More insight in regards to how we can potentially develop questions that will be insightful for these areas.
>> PAULA: Two more. This is from - - you know which mental health services are provided.
>> BRIAN MACDAID: We do not have that level of detail. - - Question in regards to the individual need for mental health services. There ability to maintain those in a manner which is effective for them.
>> PAULA: Is there a list that people will be able to access the questions?
>> BRIAN MACDAID: Core questions on supplemental questions and information is available on the website under the - - CAHPS survey. Pennsylvania specific questions, those are shared as part of an office memo we published each year. In which individuals can see survey questions that will be administered in addition to the questions that are allocated or identified - -.
>> SPEAKER: Where are they published? Second of all he said a couple times - - Pennsylvania - - [Away from mic] How do we get them - - [Away from mic]?
>> BRIAN MACDAID: We can look at those specific - - to me - - as I indicated earlier you can submit them to the OLTL leads to just - - and his team, Jermayn is happy to give me follow-ups as well.
>> MICHAEL GRIER: Great, thank you. Paula is That it for now?
>> PAULA: We do have one other comment in the chat. I will read it at the end.
>> MICHAEL GRIER: Okay.
>> PAULA: We want to make sure we will put the link to the 2020 survey questions out there. Any questions, those surveys in a - - memo and will share that memo with you.
>> MICHAEL GRIER: Thank you Paula, let's move on to AmeriHealth.
>> MARCI KRAMER: - - Community health choices. Next slide, please. Okay one of the things I want to talk to you today about is the total number of completed surveys by zone for our plans. As Steve noted earlier response rates are relatively low. I just want to put out there so you can see for the aggregate number of surveys our sample size was 13,246 for an overall response rate of 6.1 percent. Lowest response rate was in southeast at 3.3 percent. Next slide, please. Here are the reasons we have identified as barriers to the survey administration. For the first one we did not meet the required number of surveys and of the Northwest zone despite pulling a second sample. Our required numbered was 125 and we fell 5 short. For that. Not all participants are eligible for HCBS in the community, reducing the eligible population. Length of the HCBS CAHPS survey, it is a very long survey in addition to regular survey questions there are also screening questions for cognitive ability of the participant to be able to assess participants ability to answer questions in the survey. Next slide, please. Okay. What I want to highlight our measures improved from 2021 to 2022. You can see overall recommendation for personal assistance and cognitive rehab therapy went from 82.4 percent to 83.3 percent. Overall recommendation for service coordinate or, measure increased from 73.8 percent to 77.8. Stop a reliable and helpful, improvement from 84.9 percent to 85.4 percent. Staff listen and communicate well, 85.3 percent to 86.6 percent. Transportation, composite

measure for transportation to medical appointments improved slightly but improved from 78.1 percent to 78.2 percent. Composite measure for personal safety and respect increased from 92.2 percent to 93.3 percent. Finally the individual measure always able to do something to eat when hungry improved from 86.9 percent to 97.2 percent. Next slide, please. Okay so based on the numbers that we got from the survey we identified opportunities for improvement. We listed them by region. Analysis is completed that way. As measures are outlined here any regions in red font or identified as opportunities in both 2021 and 2022. Not going to go through and read, you can do that at your leisure but we identified opportunities for improvement for overall satisfaction with personal, assistant and cognitive rehabilitation therapy. Overall satisfaction service coordinate or, overall recommendation for service correlator, choosing services that matter to you, transportation to medical appointments and planning your time and activities. Okay. As Brian mentioned there are supplemental questions on of the HCBS CAHPS survey I wanted to provide that to you. In the table you'll see the rate for self West Southeast high Kappa Southwest Southeast overall rate for statewide and 2022 you'll see for 2022 we provide statewide aggregate rate which includes the three CHC MCO rates. Reading of dental care, we were at 53 percent with statewide aggregate at 58 percent. Knowing how to report abuse and neglect and exploitation we are at 86 percent with statewide aggregate at 88 percent. It's not benefit did not receives not benefits but may be eligible for snap benefits to help buy food right on target with statewide aggregate rate at 51 percent. Person centered service plan included all things important to you, 66 percent with statewide aggregate at 65 percent. Awareness of housing rights, regarding eviction and foreclosure were at 71 percent were statewide average is 72 percent. And finally ability to get an appointment for counseling or mental health treatment as soon as you need it were at 61 percent and statewide aggregate rate is 60 percent. Next slide, please. All these numbers.
>> SPEAKER: Is at last column - - [Away from mic]?
>> MARCI KRAMER: I'm sorry, I can't.
>> SPEAKER: [Away from mic] MCO.
>> MARCI KRAMER: Correct. Correct. The 2022 rate with all regions is AmeriHealth and Keystone first CHC, that's our rate. 2022 statewide aggregate rate includes us as well as UPMC and PHW.
>> SPEAKER: Right but you're still way below 86.
>> MARCI KRAMER: Correct.
>> SPEAKER: [Away from mic]
>> MARCI KRAMER: Yes and as you can see all of them but one are at 86 percent, not at the threshold of 86 percent. However we compare favorably to the statewide aggregate rate. All three plans are pretty much similar as far as rates go for those supplemental questions. You'll see when we moved to interventions that we are actually identifying interventions to address the measures that fell below 86 percent. We can move to the next slide. This is a small amount of interventions and plays. We put more impactful ones on the slide. As part of interventions we have multidisciplinary CAHPS action workgroup to meet monthly with internal stakeholders. Establishing ongoing, we will be establishing interventions for coordination of participants care and further analyze results. It's a

multidisciplinary team including any area from quality customer service, writer network, nursing management, transition areas as well. The second one elaboration with service coordination and community outreach team to provide resources and. I advised participants of all available alternatives for care such as walking clinics, urgent care specialist, labs, etc. One of the ones that's really a neat intervention at this point in time, and final stages of creating a visual worksheet for participants to fill in with service coordinate. Family member or caregiver when doing the assessment for the participant, the worksheet includes four areas that prompts the participant on what he or she decides is important to them. This takes into consideration four of the measures. Number one is from a people perspective, important to my care. Services, which services matter to me in regards to community, how do I want to be more active in the community? Activities, how I like to spend my free time. This is a refrigerator magnet and like a dry erase board. So service coordinator and/or participant can write down what they want as far as her person centered planning tool and those four areas. Magnet includes information, providing resources including how to get in touch with participant services. Reporting abuse, neglect and exploitation. Numbers four care management for - - transportation and for 24 seven nurse call line. There is also in the tagline information on if you need language assistant services including the - - number. A lot of information packed in one, not so small but a sheet for participant to fill out and have those resources at their fingertips. Okay. We continue to work with participant advisory committee. The report to them results and interventions to the PAC on a regular basis and get feedback. Sometimes they provide interventions we may not have thought of from their perspective. As a matter of fact we are scheduled to report to all five PACs this month. To provide HCBS results to PAC this month. Next intervention, educating and instructing service partners to have conversations with the participant to remind him or her that they have choices and can make their own decisions about their care. Part of our visit checklist we have for visiting for the assessments for participants includes participant rights that allow them that they have the right to guide their care, make decisions of their care and choices including how to change service coordinators, providers or direct care workers. We also implemented internal authorization model including service correlator's ability to authorize the right mode of transportation to meet disciplines needs. That's whether they need wheelchair van, stretcher service or ambulatory vehicle. Plummeting internal authorization module, I'm sorry. Last one. Partnering with provider to make outreach calls regarding dental health. We did a pilot project in the southeast his own for Keystone first community health care choices. Providing outbound calls form participants in the southeast his own who had a carry gap the annual dental visit measure. For this intervention public health dental health practitioners provided nutritional counseling for control of dental disease. And encouraged participant to schedule annual dental visit. If a participant did not have a provider and requested assistance they were referred to our personal care connectors who provided, excuse me. Provided participant with network dental providers in their area and schedule if needed. Okay next slide, please. Are there questions for me?

>> MICHAEL GRIER: We are going to wait until all MCO's are done and then do

general questions. If that's okay.
>> MARCI KRAMER: That's fine, thank you.
>> MICHAEL GRIER: Next up, PA health and wellness.
>> RACHEL: - - Today I'm going to be to you some of our 2022 serving - - [Away from mic] Areas for improvement. Then areas we implement to improve overall HCBS CAHPS. Going into 2022 survey administration looking at response rates, sample size of 6844 participants who selected to participate in the survey was completed survey being 821 bringing overall response rate to 13.9 percent. Wanted to call out here 2021 response rate was 7.1 percent. We saw significant increase. Next, sorry? Next reviewing survey feeling challenges. Participants, challenges identified were participants with incorrect or nonworking phone number on file capturing and being able to people in legal guardian information to our sample frame and finally some communication barriers between PHW and analytics. Based on these challenges we implemented a few administered of solutions for upcoming survey this year. One being utilizing tele-match and national change of address services to identify missing or incorrect phone numbers of participants. We also have an internal process to verify the accuracy of contact information for participants. We are also looking to augment the process to capture Eagle guardian information to pull that data accurately into our sample. Finally looking for ways to increase communication between PHW and SPH analytics.
>> SPEAKER: [Away from mic]
>> RACHEL: Next success and areas for improvement. - - From 2020 to 2022. We did see a slight decreases. In a few measures. Those being ratings for personal assistance and cognitive rehabilitation therapy staff. We saw year-over-year decrease in stock are reliable and helpful. Service correlator is helpful choosing service if that matters to you transportation - - looking at global ratings for service coordinate and overall recommendation of service correlator. We continue to see continuous improvement in these measures year-over-year. I think that these volumes to the road we have been doing with service coordination to provide high quality service to participants. We also saw increases in staff listen and communicate well and personal safety and respect. Next slide. The next I want to highlight a few changes and plummeted in calendar year 2021 and 2022. With those program changes. First being revising service coordinate her audits to include long-term services and supports and healthcare effective in data and information requirement with outcomes for that. Multiple trainings have been given to service coronation team. That has given these teams the knowledge to provide higher quality service coordination to our population and we saw a 9.7 percent increase in overall recommendation of service coordinator from 2020 through 2022. Next an additional change to highlight is we provide refresher training - - vendor capabilities. This enabled service correlator to be prepared to discuss all 32 services and collaborate with each person and planning team to create a cover has a plan that's individualized for each participant. Resulting in a 9.8 percent increase in global rating of service correlating. From 2020 February 20, 2022. Next slide. An additional change to highlight is developed material in the participant handbook supplemental spotlight 32 available services to educate participants on how to report abuse neglect and exportation with outcomes of that, distribution enabled service coronation to better highlight

available services. And ensure participants are aware how to report abuse neglect and exportation. Resulting in a 1.9 percent improvement from 2020 Two 2022 - - any participant requesting details related to how they want to plan their day. Space on outcomes we saw 0.8 percent decrease in services that matter to so there's an opportunity to provide retraining to service coordinator on specificity on what to include in that plan of care. Next slide. An additional change to highlight is incorporated dental care information in participant newsletters and disseminated special flyers to homecare to increase awareness and importance of dental care. From 2020 two 2022 when looking at change of percentages from one point to another we saw 35.3 percent increase. In a number of participants reporting they receive dental services from a dental office or clinic. Next we identify supplemental nutrition assistance program or snap counselors within each region to supply coordination and program coordination teams with a list of snap counselors to enable referrals. With this we saw from 2020 February 20, 2022 810.5 percent increase in the number of participants who are aware my be eligible for is not benefits to purchase food. Next slide. Can you go back? This is the last slide I have for you on changes implemented. Looking at the next one here we established a transportation concierge within our program coordination department that assists participants with scheduling their transportation appointments. Through this we did identify 2.9 percent decrease in composite of transportation medical appointments from 2020 till 2022. Wait and defy opportunity to continue to meet with MCM transportation suite to discuss actions that occur from this trip. Then finally we sent letters to participants with upcoming events in the community and followed up to whether - - participants with arranging transportation to local events. With this we saw a 0.9 percent increase in the composite measure of finding your time and activities and will continue to work on improving - - entering care plan including how participants want to spend their time. Next slide. Last slide to highlight for you, some of our 2023 proposed changes to continue to improve measures within the HCBS CAHPS survey, first to continue service coordination and service reviews to outstanding issues including discussing auditing scores. With areas of improvement. The desired outcome to improve in composite scores for service coordinator is helpful in planning your time and activities. Next we added additional value based measures to the 2023 statement of work to reflect specific areas of needed improvement. Desired outcomes in doing this is to see improvement in composite scores for staff listen and communicate well. Service coordinator is helpful in planning time and activities. Next we are distributing participant handbook supplements to service correlator's with desired outcome of improving composite score for choosing services that matter to you and how to report neglect and exportation. Finally, an additional change to highlight is we are creating questions and member context assessment. To ensure service for Nader's touch on is not benefits, dental benefits and appointments and also behavioral or mental health appointments. With desired outcome of overall increasing awareness of HCBS CAHPS - - having him focus on improvement on all measures across the board. Next slide. That concludes my presentation. Thank you.

>> MICHAEL GRIER: Thank you very much.

>> SPEAKER: Mike can I ask her a question?

>> MICHAEL GRIER: We are going to do all of them.
>> SPEAKER: [Away from mic]
>> MICHAEL GRIER: Next up, UPMC. We will go to you first.
>> JAMIE KENNEDY: - - With you today. Next slide. Some of these points have been made. I will try to - - not covered by my counterparts that belong to the other MCO's. Before we jump into UPMC composite results I want to touch on a couple of key points. The question about composite scores, reflecting average rates on related questions of - - area and one that came up was choosing services that matter to you. That would be the average of two questions. One which is service planning includes all things important to you. The other would be does staff, do you feel your staff - - it was under service plan including things important to you? Those are results of responded to answered all or yes to the second one are averaged together for the composite score. We were excited and 2022 we began to see increase for composite scores - - which I will show you on the next slide. But a few other points to remember that have not been touched on is the CAHPS rule for surveys are - - who service correlator's art. Even if they clarify and there is text in the survey there is no indicator provided to us so we can narrow down to a specific provider or service corner. We are able - - [Away from mic] Sometimes there are significant results in one zone over another that help with targeting certain education for certain providers in one over another or certain service correlator is over another. Then one of the survey vendor observations regarding low response rates were it was likely related to the unknown number that pops up when interviews call participants and most don't answer unknown numbers. So I can be a likely cause for people not participating. Then the frequent number of calls relating to participants receiving that might be phone call fatigue. We are looking for opportunities to address these challenges and our vendor is looking to see how maybe their phone number that appears when their calling could be something other than an unknown phone number. We have 766 surveys completed with response rate of 9.9 last year so we did go down slightly. We also want to point out the survey interviewer asks at the beginning of the survey what terms the participant or proxy call their service coordinator or call their provider or caregiver and use that term throughout the survey. That's another good quality about the survey. They try to use terminology that is familiar to and customized to that participant. Our action plan is to improve in the targeted areas where we provide the - - identify areas for improvement but overall our goal is to improve the experience with participants in the program and the quality of services received. And with hopes that it improves - - if we can improve the experience overall we are happy. Next slide. We have improved in these composite areas. Lots of discussions from OLTL on where we improves I'm going to - - regional differences in improvements we've made. Our largest increase was found in participant planning time and activities which increased five points statewide. Southwest capstone - - aggregate increase over 2021 by almost four point and the Southwest has the largest increase of six points in the Northeast at three points. The remaining composite scores also increase as well. Some just small amounts. But the positive trend demonstrates progress you can see is made in these areas throughout 2022. Choosing services that matter composite includes that very important question. That is also a - - question for MCO-the last month did your

service plan include all, most or none of the things that were important to them. Results stated from 2021 to 2022 about 66 percent. But if we combine results of most responses were at 92 percent. We are very proud of that. We know people cannot always get the thing they want but we hope through that person - - planning process when discussing that we can give them all things important to and important for them. We do think most responses as an indicator of positive affirmation for that question. So - - of that. Southwest Southeast zone increase in measure. That was something we are focusing on. What might've changed and those zones over others. Where the results were more positive. The corresponding question if participants felt that staff such as caregivers that come in knew what was on their service plan including things important to you increased in three of five zones with the most significant increase in the Northeast and almost 10 percentage points. We will talk a little more about provider training that we do relating to the survey that we hope is what's causing some of the increases to these rates. For service coordination you can see note of improvement in scores for service coordinator later questions in the aggregate across all zones. Most notably the composite service coordinator is helpful when shown in almost two point increase. Aggregate percentage that would rate help received by their service coordinator as nine, 10, excellent increased over two percentage points. In the Southwest zone increased by almost 14 percentage points in the Northwest by - - percentage points so we are excited. The attribute these continued improvements to the ongoing trainings that we have every other Friday. By various subject matter experts within the health plan and outside of that health plan and we have several guest speakers to come talk to service correlator's to give them very good topical expertise. Next slide. We will dive into housing. There's lots of discussion today about how things, this has been a huge area of emphasis for UPMC the past two years. Percentage of respondents who said they were aware of housing rights, how to get information foreclosure decreased by two percentage points. However aggregate rate all five zones showed 67 point decrease in respondents reporting they have - - related to having we noticed there is a small and there in response. One discussion we had relating to the house in question is if a person is not identifying housing concerns or needs the conversation about providing housing and all the rights they have available to them go into that level of detail unless they need a part of that conversation. We want to make sure as we look at decrease in rate that we put into context whether there is any for help in those areas where all education in that area is not necessarily needed at that time. Additionally, participants, another person - - decreased by 15 points. This once again as part of our conversation about maybe a decrease made by participants but we are not sure so we are going to continue to get feedback on this so we can improve. In the area of providing services and support this is where we have grown at UPMC. We have a robust housing strategy team and many opportunities for service coordinators to reach out and get internal assistance for specific cases. So as we continue to add to our arsenal in this area we developed a housing assistance request tracker and dashboard to use internally and a quick reference guide for service coordinators regarding eviction, housing search and some subsidized housing. We created an internal - - SharePoint site as a central repository of housing news, resources and referral. We provided

education several times how to access these resources. When and how to access housing strategy team and we finalized service agreements with service agreements with partner county level agencies. We have a medical legal partnership to support landlord-tenant issues. And different forms of legal assistance there. We provide a lot of details to these partners when we open a case or need their assistance. I'm going to jump to dental. These are questions related to dental care in 2022. Number of participants who visited the dentist in 2022 is almost a percentage points compared to 2021. The percentage of - - 1 to 2 times during that year increase by almost 6 percentage points.
>> MICHAEL GRIER: - - Super high-speed because we have some other things we have to go over and I would like to get some questions answered from committee members. If you could just kind of briefly give us the synopsis. We have your information to look at and it's very helpful.
>> SPEAKER: Can dental is on the side I'm going to make a brief point about transportation and that one of the comments we talk about internally are, this is related to M ACP transportation, how questions are asked on the survey, how there is a survey question about nonmedical transportation and possibly some feedback of the way transportation questions are asked for people might not be responding to M ACP issues versus nonmedical issues. Sometimes - - improvement strategies we have more control over - - nontransportation continuing. Next slide. Planning time and activities we increased in this area by three percentage points and have a wonderful engagement team that has been working close with PAC members and the pilot so we can provide even more resources to service correlator is to link social goals and service plans with additional - - report from community engagement team to - - how people get out to their desired runs, family or community. As a general question about follow-up question in this area - - did you need more help than you got from a caregiver in your community. There is some follow-up data we get if people are not able to get the community update. Then choosing services that matter. We improved in this area and we are going to continue to work on scripting conversation service corners have when meeting with participants to make sure we find those plans. That they really cover them well and not plan is including everything important to them. So we can meet the stated goal there. We improved in the area of reporting as mentioned. Up four points but our work is not done, this is an area we want to be 100 percent and so we continue in education and reeducation and improving resources and I things we can leave behind with participants so they know how to get help and how to report abuse, neglect and exploitation. Snap benefits we saw a two point drop but we have a robust - - where we keep track of - - snap 80 percent there is so part of our internal conversation is some people might not know this program is snap, they still might refer to it as older terms this program has been called such as - - ADP or other things. It could be a reflection of calling it something different and not recognizing the specific name of the program. But understanding its benefits. Last slide. For mental health treatment this is an area we had a lot of conversations when the question was added to the survey. We want to reassure everybody we have close relationships and working closely with them to address any rumors or things we are hearing about to make appointments but we also want to point out a lot of the - - respondents might be responding to Medicare behavioral

health coverage and not Medicaid behavioral health coverage and solving those two problems are very different. And so things within our control are more Medicaid access to behavioral health and - - requires other effort. And then lastly I think we saw most of our PA related questions a 2021 drop and we were very concerned and a lot of provider training where we wanted to share results of the survey with some of the questions and give providers more ideas for how to improve with new staff to cover topics that would improve things in this area and improve their retention and satisfaction in their service. We will be happy to answer questions of anybody has any - -
>> MICHAEL GRIER: Thank you for doing that. Matt we are going to go see you first. When we ask questions for committee members.
>> MATT: - - I wanted to know what type of community event brought a level to be recommended - -
>> JAMIE KENNEDY: We looked at different communities coming up in high-volume areas like Philadelphia, some examples I can give you. We had a recommendation for a sunset movie music - - therapy dog and also guidance forms and pumpkin patch. What we did is include those events in letters and followed up with phone calls to gauge interest and help with transportation to those events.
>> MATT: - - Therapy dogs?
>> JAMIE KENNEDY: Yes - - therapy dog in a library.
>> MATT: [Away from mic]
>> MICHAEL GRIER: Any other questions from committee members? Our audience on the presentations? By the MCO's? Go ahead.
>> SPEAKER: This doesn't have anything to do with - - could you make them more accessible - - [Away from mic] We could not read anything. Some of those - - [Away from mic] And I have to take pictures. - - [Away from mic] Make them more accessible and understandable. I would appreciate that. That was for all MCO's even the power points - - thank you.
>> SPEAKER: I can second that. Especially the negative boxes, don't know if I'm saying that right. This one's not as bad but the orange one Pam mentioned, it was an orange box and the lettering was white inside of it. - - [Away from mic] I was having a hard time reading it.
>> DAVID JOHNSON: Follow-up, what Mike I can do is reconvene by email and subcommittee make specific accommodations for - - font size, type, color, structure and perhaps we can present at a subcommittee. Thank you for the feedback.
>> MICHAEL GRIER: Yes, thank you. Any other questions for the MCO's? I know there's a couple things in the chat.
>> SHANRICA: - - Comparing data to other states. It would be almost impossible for other reasons presenter mentioned physically because surveys will not be consistent with the state because they use different EPO's. Each with different contracts, with a different state. Comment about identifying best practices for excellence. That's the comments. This question is for AmeriHealth you notice the survey link was a barrier, it seems survey that is too overwhelming results in certain populations not replying. My question is what can be done to address this area?
>> MARCI KRAMER: I don't know that there's anything we can do about length of

survey because it is standardized. I don't know if Brian or Steve might want to weigh in on that. We also have the additional questions we add on to gather specific information for our state. I don't believe there are plans to reduce size but may be Brian or Steve can weigh in.
>> BRIAN MACDAID: Hi this is Brian MacDaid from OLTL, unfortunately the survey itself, core questions that is pretty much, we adhere to CMS guidance as far as questions that we not only ask or make sure our answer to be considered a complete survey. Regards to supplemental questions, those are optional's as Steve indicated during his portion of the presentation. It does represent every individual who had a complete survey. However that is one of the things we take into consideration with Pennsylvania specific questions. Really just take into consideration in regards to, if we do have requests or potentially add specific questions to be aware as far as you know, survey fatigue or whatnot for participants themselves. Make sure the survey itself is administered in a fair - - to participants. Sometimes there may be similar topics in regards to - - next year's coming to make any changes to anything specific. Those are things we do way as far as whether or not we continue to use some of the existing and solving a specific questions to help relieve as far as potential survey fatigue for participants themselves.
>> SPEAKER: [Away from mic]
>> BRIAN MACDAID: None at this time we have been sharing as far as data with CMS but they don't have any concerns given to us.
>> SPEAKER: This question is from - - there's a question with RAI assessment tools and how it's coming to conclusion regarding level services. There is service denials and/or service reductions within CHC implementation. As the committee aware of any allegations of advocacy suppression?
>> MICHAEL GRIER: To the committee chair I can say.
>> SPEAKER: This question is from Catherine - - I'm sorry if I pronounced that wrong, Catherine. Overall we know participants have a variety of reading levels. My question, are questions written at an appropriate level that most participants clearly understand what's being asked?
>> BRIAN MACDAID: Surveys administered by - - surveys, stuff - - reading involved however when the survey is administered by - - analytics survey does make sure they do, there are preliminary questions in the survey and the person is able to actually participate in the survey. During the course of the survey they do help the individual as far as not answering questions or whatnot but also to provide alternative language and also to be able to assist the individual. We have not received complaints for anyone as far as participants of the survey in regards to that - - communicated to us - - plans. Not sure if plans have come across that or not.
>> SPEAKER: There is alternate response for several questions as well. That is a consideration to try to be as supportive of all participants of the survey.
>> SPEAKER: Multiple responses instead of saying it's almost like using a Likert scale. If they need to use an alternate response identified early on because of cognitive impairment they can still participate in the survey, mostly yes, mostly no.
>> SPEAKER: One additional stop is we do have data received from surveys received

with regards to participants response as far as reasons for not completing the survey so we do take that in consideration. One big step this last year going forward is any potential language barriers we have the survey - - required for the state to not just offer the survey in Spanish or English but other identified languages as well as assisting individuals with the type of need for - - services as well. That's one of the things I have to say we are prioritizing for the OLTL survey is collaborative efforts by SP analytics - - be are taking steps to see how we can continuously improve data we receive from the survey but also the administration itself.
>> MICHAEL GRIER:Shawna?
>> SHAUNA: I'm waiting for public comment.
>> MICHAEL GRIER: We done? We will move into public comment portion of our agenda.
>> SPEAKER: At a future meeting can we learn what key - - role is in assisting individuals who may be in PA related nursing facilities? We are getting an increased number of requests to be transitioned out of nursing facilities and getting mixed messages I learned and I'm not sure if this is correct but I learned those folks are being referred to - - to be transitioned and I did not think - - was transitioning those individuals. Let me just clarify, it's only individuals in - -. That's my question. Yes, I just don't know. Pam was talking about diversion. We need to also have a - - transition for us it is becoming an increased issue because we have several VA related nursing facilities in our region. There's people stuck there and when I heard Heathrow was involved and wasn't supposed to be involved in their transition I was surprised.
>> MICHAEL GRIER: We willfollow-up. Any other public comment from the audience? Or folks on the phone? - - I want to thank everyone for coming today. I'm sorry. I missed it.
>> SPEAKER: Is the committee aware of complaints of reductions in services - -? For the committee.
>> SPEAKER: What's the question?
>> SPEAKER: Is the committee aware of complaints of reductionof services.
>> JUANITA GRAY: We spoke about it months ago and felt it was an unfair process so yes we are somewhat aware of things that have taken place as part of that concern.
>> MICHAEL GRIER: All right. I would like to thank everyone for coming today. Our next meeting will be April 5 right here. So, I appreciate all of your comments and participation. We will see you next month. Thank you.