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DATE: March 4, 2020

EVENT: Managed Long-Term Services and Supports Meeting

>>JILL VOVAKES: We are just giving it a few minutes to get started this morning because there were some parking garage issues so people are still arriving.

>>BARBARA POLZER: Good morning everybody. We would like to get started. Can we begin with introductions please? Blair, would you mind starting?

>>On-Site MLTSS Committee Members [introductions]

>> BARBARA POLZER: Would the Committee members on the phone please identify themselves? [introductions]

>> BARBARA POLZER: Anyone else? I will start with housekeeping. Please keep your language professional and direct your comments to the chairman and please limit your comments to two minutes. Our transcript and meeting documents are posted on the list serve under MLTSS meetings and they are normally posted within a few days of the meeting. We do have our captionist documenting the discussion. Please identify yourself when speaking. Speak clearly and directly into the microphone. If you don't speak directly into the microphone, the captionist will not be able to capture your discussion. This meeting is also being audio recorded. The meeting is scheduled until 1:00. In order to comply with the logistical agreements, we have to end promptly at that time. If you have any questions or comments that weren't heard please send them to the resource account and for your reference that e-mail is listed on the agenda.

Please keep the exit aisles open and do not block them. Please turn off your cell phones and throw away empty cups bottles and wrappers upon leaving. Public comments are taken throughout the presentation however we try and allow an additional 15 minutes at the end of the meeting for any additional ones.

Our meeting dates are available on the D H S website and now I'm going to turn it over to Linda for the emergency evacuation procedures.

>>LINDA LITTON: 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 4th and market. If you require assistance to evacuate you must go to the safe area located right outside the main doors of the Honor Suite. OLTL staff will be with you until you are told you may go back into the Honor's Suite or evacuated. Everyone must exit the building and take your belongings with you. Do not operate your cell phones. Do not try to use the elevators as they will be locked down. We will use stairway 1 and 2 to exit the building. For Stair 1 exit Honors Suite through the main doors on the left side near the elevator turn right and do down hallway by the water fountain. Stair 1 is on the left. For Stair 2 exit the Honors Suite through the side doors on the right side of the room or the back doors. For those exiting from the side doors, turn left and stair 2 is directly in front of you. For those going out the backdoors make a left and another left and stair 2 is in front of you. Keep to the inside of the stairwell and merge to the outside and turn left and walk down Dewberry Alley to Chestnut Street and turn to left to the corner of 4th and turn left on BlackBerry

street and cross 4th street to the train station.

>>BARBARA POLZER: Thanks so much Linda. Now we're going to turn it over to Jill who will be
giving us the OLTL updates.

>> JILL VOVAKES: Good morning everyone. So, for our OLTL updates today there has been a lot of confusion in some of the data that we have provided last time. We had a lot of questions, so we actually regrouped, and we pulled together the shift data. I know a lot of folks were looking for missed service information. We are going to present it a little bit differently and I would like to start out how the information comes into us, the source of the data and that will help folks understand what we are seeing. So, we kind of threw out the bar graph type of thing. So, I will be looking for folks to tell me if this is more meaningful on the go forward.

So, we are going to start out with reviewing missed services and then we're going to have an open discussion regarding choice of service coordinator that was a follow-up item from last week as well. Our last meeting. So, missed services for home health, so that would be your PAS services. This data is provided to the MCOs by providers of the services. And the MCOs analyze that data, they do outreach to participants when it is necessary, when there is something that has been missed. They ensure health and safety of the participants. That information that comes from the MCOs to OLTL and we review that submission to validate the data and we, of course, then we follow-up with actions if there is information provided that shouldn't have been missed. We are going to ask those follow-up questions of the MCOs especially if a participant has a large number of missed shifts or refused services.

So, these missed services are categorized into three areas one is unable to staff, one is participant refused and one is unplanned hospitalizations. So, if we look at the chart for the southwest, you will see the three different reasons and then by all three MCOs and this is for the first three quarters of 2019. And as you can see the overall rate of the missed services is very low across all of the MCOs and each of the MCOs rate for missed services does vary by quarter and category. None of the categories appear to be consistently trending higher compared to the other categories.

So, if we move to the southeast, you can see, again, for the first three quarters of 2019 that that overall rate of missed services is very low. And it does look to appear that the rate of missed services for the southeast zone are lower than that in the southwest. So, questions on that so far?

Does this seem more meaningful for folks?

>>JESSE WILDERMAN: Can you say a little more on how the data is collected. How the data is collected on these three categories.

>>JILL VOVAKES: So, the providers themselves report this to the MCOs and then the MCOs complete operations reports for us in a standard format and I think we reviewed that way back when. We had reviewed all of those operation reports that we are collecting. So, each one of the MCOs has to submit in the same format to us, the providers are submitting that information to the MCOs and they submit it to us and then it is analyzed by our subject matter experts and follow-up. I just had a couple of follow-ups.

>> JESSE WILDERMAN: If an attendant misses their shift for whatever reason, that is captured in agency could not staff here.

>>JILL VOVAKES: It is my understanding that that would be at forizeed that way, yes.

>>JESSE WILDERMAN: And is there any independent validation of this by the MCOs in terms of –

>>JILL VOVAKES: I mean the –

>>JESSE WILDERMAN: There is not a ton of incentive to report that a shift was missed.

>>JILL VOVAKES: I think the MCOs could speak to how they follow-up with the providers because the providers are submitting the information to the MCOs. Don't all jump up at once but –

>>RANDY NOLEN: AmeriHealth you are up.

>>SPEAKER: We are changing our name.

>>JILL VOVAKES: Something with a Z.

>>SPEAKER (AMERIHEALTH): Or at least use my last was name with a W. Yes. So, Jesse and others, we do take the information and we use that information to look for trends and patterns as they are associated with various agencies, times of the day, days of the week and if we find that there is any type of a trend or if the information they are presenting does not match up with information we may have received from participants then that is what we use to do further investigation.

>>SPEAKER (PHW): Ours would be the same.

>>JILL VOVAKES: So PHW has said that theirs is the same.

>>SPEAKER (UPMC): UPMC is the same.

>>JILL VOVAKES: So UPMC has said that theirs is the same.

>>STEVE GAMBLE: Could you put a numerical value in terms of the people instead of a percentage of how many?

>>JILL VOVAKES: Sure.

>>STEVE GAMBLE: Do you have an example of one now that you would have?

>>JILL VOVAKES: I don't have the -- I don't have the numbers now but we can get them for you. Okay?

Other questions? All right. So, let's move onto transportation.

So, the transportation data it includes nonemergency medical and nonmedical transportation.

And you have to note that MATP and transportation passes are not included in this data. So these are the -- these are the transportations that are managed by the MCOs transportation broker, not included by MATP or regular transportation passes. The transportation data comes from the CHC-MCO transportation brokers. And just as a reminder, UPMC uses

coordinated transportation services or CTS and AmeriHealth Keystone First and PHW use MTM.

So, the MCOs analyze that data that they receive from the transportation brokers and they do reach out to ensure health and safety so if they are again seeing trends, they will do follow-up to make sure that the participants are, you know, receiving what they need. OLTL, once we receive this information, reviews that data, does some validation and then follows up with the MCOs for any types of issues that may be identified where, you know, someone has a larger amount of missed or refused trips. And then the transportation data, again, is categorized in three different areas one is missed, one is late, and one is participant refused. So, if we look at the data on the chart for the southwest, you can see the different reasons, missed, late and participant refused by MCO and overall, that rate of missed trips -- has the lowest percentage and trips refused by a participant has the highest percentage. Now, you will see that the trips missed or late trips slightly increased across the quarters while the participant refusals seem to decrease across the quarters. Again, this is for the first -- the three quarters, one, two and three out of 2019.

So, if we want to move onto the southwest.

>>DAVE JOHNSON: Quick question. PHW says zero percent participant refused. No participant refused or was that captured differently?

>>JILL VOVAKES: PHW.

>>SPEAKER: I would have to check.

>>BARBARA POLZER: Come to the microphone.

>>SPEAKER: You have to come up to the microphone.

>>SPEAKER: Norris would tell you I'm quite loud.

>>SPEAKER: I would say that.

>>SPEAKER (PHW): I would need to check with our ops team. It was submitted on the reports.

>>JILL VOVAKES: Then it is just that low that it wouldn't be captured through the percentage or it was literally zero. And it has been.

>>TELEPHONE (RICH): This is Rich and I have a question on the refused. Do we have an idea of how they are refusing? I'm assuming they are refusing the transportation offer. Do we know why?

>> JILL VOVAKES: MCOs?

>>SPEAKER (UPMC): So, refused, it could be that the vehicle gets to the door and the member decides I don't feel well. I don't want to go. It could be they may have either cancelled the transport or thought they cancelled the transport for whatever reason they are not going but it could be a number of reasons probably five or six reasons why they refuse at the door.

>>TELEPHONE: Working in transportation, I understand those reasons, but do you track those reasons? I understand what they could be, but do we know what they really are.

>>SPEAKER: I'm looking at our broker and they are shaking their head no, but we could have a discussion about that and see if we can track those a little closer.

>>TELEPHONE: recognizing the challenges of tracking that firsthand but it could give us indication of where there may be issues we are not aware of.

>>SPEAKER: Yeah. I mean, when you look at these numbers, and the various types of transportation providers that we use, not only UPMC but the other MCOs when you compare a typical transportation provider or taxi delivery service and Lyft who we use a great deal, there seems to be some issues with using the Lyft service where the drivers will show up at the house, wait five minutes and then depart. Whereas some of the typical transportation providers will wait 15 minutes according to the contract before they report to CTS that they can't find a member and then they will depart. Generally, there are five or six reasons why.

>>JILL VOVAKES: Any input from the other MCOs?

>>SPEAKER (PHW): Really just echo what my colleague from UPMC said. I know from personal experience dealing with my own lots of reasons why the trips can be refused and see if we can dig into the numbers and break the reasons down a little more.

>>TELEPHONE: I appreciate that.

>>SPEAKER: The comment on Lyft and Uber as we utilize from time to time might recognize the challenges but if we have individuals who are seeking transportation then getting out to a vehicle in five minutes is a challenge then they may not be the appropriate provider for that trip. If we were tracking that, we would know we need to use a different provider for different individuals. I appreciate the efforts and trying to track that information and it may help make the right decision of who the right transportation provider would be.

>>SPEAKER: This is Brian with MTM. Our experience with AmeriHealth is this is adult daycare trips. There is heavy volume. On any given day they don't feel healthy or go on that given day. They refuse at the door but reschedule it for the following day so a member can go when they do feel better. That will be the bulk of our refused for participant AmeriHealth.

>>SPEAKER: This is Amy from PHLP I basically want to second about digging down into the refusals because I have heard of people who just to make sure they are actual refusals there is some instances where the person shows up too late and the person refuses because it is too late to make the appointment. So, digging into what the reasons were was a late or a refusal or a no show.

>>JILL VOVAKES: All right. I want to move onto the southeast. So similar to the southwest zone, the rate of missed trips has the lowest percentage and the trips refused has the highest percentage and you can see across the three quarters of 2019, the numbers are a little bit different from the southwest. So, questions on the data? Okay.

Was that a little bit easier to follow and understand? So, as we start presenting more of our data points I think that this would be a good approach to review how the data comes in and how it is collected and then give it in a type of format that works for everyone on a go forward.

>>MIKE GRIER: Jill, would it be possible, like, he said to potentially put the number and the Percentage so we can have an idea of what we are talking about?

>>PAT BRADY: We can. It is just the format.

>>JILL VOVAKES: We will look and see what that does to the format. Okay.

>>MIKE GRIER: All right. Thank you.

>>JILL VOVAKES: Okay so based on our last meeting, we were having some discussions about the service coordination and choices for service coordinators. I wanted to review some information basically under CHC, let's review the requirements under the agreement and then we will look at a couple of the items up for discussion to have a little bit of an open dialogue. So, service coordination in CHC as everyone recalls, it is an administrative function of the Managed Care Organization. So each MCO then has that flexibility to establish unique models for service coordination and external coordination entities, they are not considered separate providers under communicate health choices. They have the opportunity to engage with the MCOs in a can you be contracting arrangement, but the service coordinator is the MCO and are responsible for service coordination functions.

So, the language in our agreement in section A part Z of our CHC agreement, it includes the following requirements. The CHC-MCO must offer the participant a choice of service coordinators from amongst those employed by or under contract of the CHC-MCO. When assigning a service coordinator, the CHC-MCO must consider such factors: they are known as current provider relationships prior service coordinator, the person assigned to the participant for care management in the CHC-MCO assigned DSNP specific medical needs, physical disabilities of the participant, language needs, cultural compatibility and area of residence and access to transportation. They must then notify the participant by telephone in writing of his or her service coordinator's name location and office telephone number. They must make every effort to determine service coordinator choice and confirm this with the participant.

So those are the requirements as laid out in the agreement for the Managed Care Organizations under service coordination.

And we do, you know, we did discuss last time that we would be establishing a work group to identify opportunities to improve the process of choosing the service coordinator in CHC and we are in the process of pulling together that work group and getting that meeting set up as quickly as possible.

So, for our open discussion, I would like folks to consider these items so we can get some feedback. We did already get some feedback from stakeholders and from our Managed Care Organizations. So, for the purposes of open discussion in this meeting, we would like for folks to consider what type of information about an individual service coordinator would be most useful to participants. Please think about what information about that individual service coordinator you think would be most useful to a participant when they are trying to choose their service coordinator. And then think about the format.

So providers -- try and provide us some suggestions on format that this information would be able to be presented to the participants so it is clear and understandable and informative to participants when they are choosing their individual service coordinator. I don't know if someone wants to start off that discussion but those are the things that we would like to hear today as we are laying some of the groundwork for this work group.

>>BARBARA POLZER: Good morning Lester long time no see.

>>SPEAKER: Good morning. My name is Lester. I'm with K C Supports Coordination. I want to get some clarification because long time no see, like I have been trying to get clarification on specifically like some of the things that you just said. For example, criteria of the individual service coordinator. In the beginning when we were talking about the criteria or the education requirements I brought up the idea that at the beginning, we are looking at having nurses doing that nobody. And that was when I was trying to explain to you that individual, at the same time that is when we get that whole -- brought to our attention that we are not really focusing so much on the individual because we are looking at the fact that they gave the service to the Managed Care Organizations as an administrative function. So, we are kind of confused at how -- what this conversation is about. Is the conversation about the individual service coordinator is the conversation more about the options of agencies and Managed Care Organizations? So, for example, when we are talking about choice of service coordinators, I can see on the ground with our agency just recently out of the blue found out that we weren't going to provide service coordination for consumers, which we kind of expected an attack on the provider groups. So, we knew we were going to be going to be lose providers. The consumers should know what their choice of provider through that Managed Care Organization. They weren't able to find out what provider.
We are getting down to the individual service coordinator, that consumer wouldn't have been able to ask about an individual service coordinator if they would like to have a specific one such as a person who has a specific disability such as mine. That could be something in the criteria to put in the work group. I don't know if we are getting that far. As the consumers are telling you, I didn't have a choice of agency. I'm even being told that some people are told when they ask for internal service coordinator they couldn't get one. There is a lot of confusion on -- at the consumer level of what do you mean by choice and that is where they are screaming right now. You are not giving me a choice -- you are not giving me an understanding of what my choices are and when I'm explaining to you from the consumer perspective, I should be able to have a choice of a particular service coordinating entity or -- from a specific service coordinated entity. They are not being told who they can have. If they are given a list. That list is inaccurate. When those people are calling. No, we got that same letter. So, the consumers are completely lost out there.

>>JILL VOVAKES: Okay so the purpose of this discussion is based off of some requests from individuals to explore ways to give information about service coordinators so a participant can choose an individual service coordinator. So, this -- and they won't be identified as an entity. The choice of service coordinator for an individual is an individual service coordinator. So, the discussion is what type of information is an MCO going to provide to participants in order for them to make a choice of an individual service coordinator. Is it an administrative function of the MCO and the MCOs can be using internal service coordinators or they could be subcontracting with external service coordinators. So this discussion is to talk about what types of information might an individual participant find meaningful to be able to make that choice for them.

>>TELEPHONE (TONYA): It is Tonya. I already sent in suggestions to -- I know we have kind of stressed back and forth a little bit but one of the things that I really concerned is – the participant needs to be able to see if service coordinators are qualified to handle issues that might come up based on certain obstacles individuals receiving services may need. I think if somehow you can have in your service coordinators that are skilled more dealing with specific areas with the consumer is struggling with or may have health issues with, that would really help because they have to go through everything. They have to go through and maintain better health and deal with all of the stuff that they may have to do to try to achieve that goal if the service coordinator was at least skilled telling them and helping them distinguish what – what may happen or what services they may need in order to maintain a better life that would be particularly helpful, that can change varying on the individual.

>>JILL VOVAKES: So, Tonya --

>>TELEPHONE (TONYA): So, it may be something that we need to start looking at.

>>JILL VOVAKES: Tonya, may I ask a clarifying question? So, what type of skills would you say, like, if there was information that was provided about that service coordinator, what skills would you, you know, what category of skills or how would you want to see those skills described so they would be most meaningful? Does that make sense?

>>TELEPHONE (Tonya): it is a service coordinator had a background, for example, in dealing with clients with some dementia or dealing with clients with, like -- that were mentally challenged or dealing with clients that had neurological issues, or, like, if you have service coordinators that were skilled with dealing with services -- that might be all helpful work to know. See what I mean? Or if somebody had cancer or AIDs or if they had some kind of background in what they need to deal with the specific issues that were -- that were affecting that person and I know that sometimes it doesn't matter. But when we get into -- sometimes when you get into, like, a harder area of what you are dealing with, it is going to be helpful if, like, you can communicate with your service coordinator or so they can help you more when issues come up if you get stuck or if your treatment has changed or if something like changed like that and you can go to your service coordinator and this is going on and I need to do this or this or this. It would be nice to have that point of reference where you can go -- part of the tricky thing that goes on with some of this stuff is when you are dealing with -- and you are learning about it and the participant, like sometimes hitting you like a freight train and you got to – you are -- you are trying to make decisions and choices on what you need to do and it becomes – and sometimes it just becomes -- I mean, that is all part of honestly what people deal with all the time and sometimes it is – maybe there is a service coordinator out there that might be more versed than somebody else – that might be very helpful for somebody to have. You have to make that choice to know what there might be somebody out there that might be more versed in helping you versus somebody else. That might be a good thing then. Understand what I'm saying?

>> JILL VOVAKES: Yeah. Absolutely. That was very helpful. Thank you.

>>SPEAKER: My name is --. I'm from Liberty Home Care services. I have a consumer that is very upset regarding the coordinator. Coordinator is from Keystone First. This consumer had a visit of this coordinator and this coordinator stated to the consumer that she could not speak Spanish to her. Keystone avoided coordinators to speak Spanish. How these consumers that speak Spanish only going to communicate with these coordinators.

>>JILL VOVAKES: Patti?

>>SPEAKER: If you can share that participant's name with me, we are happy to go back and look at that because we do look at language requests and we do have service coordinators that are bilingual. That is one of the areas that we use to match. So, if that link was missed, then we certainly will correct that and work with

>>SPEAKER: That would be great.

>>JILL VOVAKES: If you do have participants with a language need or a specific language need, please make sure that they let the MCO know. Also, make sure that they let the county assistance office know because a lot of times what happens when someone gets enrolled, they capture that language preference and they can go in and update that with

the county assistance office any time but that is captured in our client information system and then that information is sent over to the MCO so then the MCOs know that there is always already a language preference on file. That doesn't mean they can't let after the fact let the MCO know. If they want letters or correspondence that come from the department to be in a particular language, they do need to let the county assistance office know so it is updated in the system and any time a notice is generated from the department, it will be sent in their language of preference.

>>SPEAKER: And also, we will improve our communication to our service coordinators and kind of reeducate them. We have language line. So, it could be that there is not a service coordinator speak a specific language. We do everything we can to hire service coordinators that have, like, languages and have the different abilities. But if not, we do have language line that can be used in tandem when they are there visiting with any participant. So, thank you for the feedback and we will go back and make sure we are reeducating our participants and service coordinators are both aware of that.

>>SPEAKER: I'm from representing the brain injury association and I just wanted to kind of throw in and tag team off of what Tonya was saying earlier that I think it is important to ask or to distinguish between having experience in dealing with physical issues or cognitive issues or challenges versus exposure to or training in.

>>SPEAKER: How long does it take to be able to get a coordinator that speaks Spanish or any other language to these consumers. I have a consumer that has been waiting for a coordinator to speak Spanish since November of 2019.

>>JILL VOVAKES: So again, the requirement is that there would be language preference for that particular case from the department. That is unacceptable. So, you need to please reach out to the MCOs if there is a particular MCO here, you know, if it is Keystone please let Patti know the particulars of that individual so we can get that rectified.

>>SPEAKER: I also have issues with coordinator as well blackmailing us. We called them regarding service, service orders not being submitted on time, authorizations being erred, not enough units this is something we go through every month. And we called the coordinator, she felt that I told her the reason we haven't received service order such and such time. This is the consumer, these are the units that are provided. Every week, I'm sorry and this coordinator just started blackmailing us with I will take them to another agency. I do not have to deal with you or hear anything you have to say. I spoke with a medical insurance provider the MCO and this is what he is going to receive a week. She didn't give me the chance to explain myself that I spoke with the MCO as well and they stated that she was incorrect and what I was stating was correct and was going to fix the issue. You know, it was very unprofessional that we have to deal with this and also, our consumers because these coordinators are not being properly trained of what they are supposed to do.

>>JILL VOVAKES: Is this particular one and MCO.

>>SPEAKER: PA Health and Wellness .

>>JILL VOVAKES: They will help you.

>>SPEAKER: Thank you.

>>DAVE JOHNSON: Related to individual choice of service coordinator, we have dealt with a lot of folks who are service coordinators with entities who is contracts were terminated.

Contracts are going to continue to evolve over time. The MCOs are making these decisions or they are trying to match consumers with SCs that are in direct area, speak the same language, have similar experiences. If they are making these decisions would it be possible to have any correspondence sent to consumers to explain how that decision was made? Could they have a form saying you have been assigned this service coordinator based on this criteria? You can change. We made this decision by default based on this criteria.

>>SPEAKER: I would just like to address last speaker who raised the question about PA Health and Wellness and I would like to talk to her about if there is an issue with -- waiting for a service coordinator. We try to honor requests for service coordinating. We have a choice of service and, of course, we honor and adhere to the department's requirements to make coordinators available in the language of the particular individual. We also use the language line. If that is not available, I would certainly like to talk to you. We take any allegations against our employees or service coordinators very seriously and I would certainly like to look into it and see what is actually going on there.

>>BARBARA POLZER: They have a question that came in on the phone. Jill.

>>TELEPHONE: Are there SCs trained in dealing with individuals that have IS or Autism?

>>SPEAKER: It is ID.

>>BARBARA POLZER: ID.

>>SPEAKER: I just wanted to take the opportunity to and I know I speak for all of us, if there is anyone here on in the room or on the phone or anywhere you know is feeling pressured such as what has been shared. We have a compliance hotline that is confidential. And there is no retribution for anyone that uses it. We really encourage you whether you are a provider, advocate, participant, a friend of a participant, if they find themselves in that situation to please call the compliance hotline that goes around the service coordinator. It is an independent team within each organization and they will do a full investigation reach out directly with either the provider or the participant while protecting their tights to do a full investigation of any concern that is brought through and that is again, completely confidential.

>>JILL VOVAKES: So Patti. You might as well stay.

>> SPEAKER: We are going alphabetically and starting with U

>>JILL VOVAKES: Can you restate the question?

>>BARBARA POLZER: Are there SCs trained in dealing with individuals with ID or Autism?

>>SPEAKER: Within UPMC, we do have coordinators -- all of our coordinators do get training. We have a number of training that have experience in that realm who were previously service coordinators or supports coordinator within the ODP system.

>>SPEAKER: Norris and I are tag teaming. We do have individuals with training in intellectual and developmental disabilities and Autism and there is a question on the assessment asking about cognitive disabilities and that also drives where we go next with conversations with individuals.

>>SPEAKER: AmeriHealth Keystone is the same.

>>JILL VOVAKES: For those on the phone. AmeriHealth also indicated that they have the same criteria.

>>SPEAKER: My name -- I have a question for all MCOs, I have been communicating to the coordinators through HHA exchange. They have a no communication system. This is the only way we are able to successfully communicate with coordinators because we don't have direct numbers which I think is important in the industry because of any issues that we have with any participant regarding hours we have to call the provider hotline and it has taken two hours to get into one coordinator and we can speak directly. We speak to the representative on the phone. They send an e-mail. We have to wait and sometimes we don't get responses until a week later. I did -- I do use HHA exchange to send notes to the coordinator. I received a note back stating that I'm not allowed to communicate through there about anything. It is only to do reports of visits. I wanted to know if that is true just in case, I need to stop doing that? And I have proof of an e-mail as well sent by the coordinator.

>>JILL VOVAKUS: All right. So, we can ask which MCO but HHA exchange is used by all three. So –

>>SPEAKER: So HHA is one of the means we use for communication. Agencies can send information about missed visits or important service information through that system. We have a members′ service or help line that you can call. Your service coordinator may not always be available immediately but there is always a supervisor or manager available to talk about a particular case if you need to talk to somebody, you know, on-site at that time. So, HHA is one of the means of communication with all of our coordinators.

>>SPEAKER: Norris PA Health and Wellness. Similar with PA Health and Wellness, our coordinators are usually in the field. So oftentimes it is they are not available to talk on the telephone but you can certainly communicate with us through HHA exchange. You can call our provider -- provider hotline and we answer the phone and in seconds when you call and there is someone who is available to address and respond to questions and you can send texts and e-mails directly to the coordinator.

>>LINDA LITTON: I'm going to -- Linda here.

>>SPEAKER: So, we do communicate through HHA so again if there is an issue specific to us AmeriHealth Keystone, please let me know. We have a centralized mailbox for escalations that come in. If a service coordinator is out with other participants, we do have a team that manages the mailbox. In addition to that, we have created, it is a magnet pocket holder that is being given to all of our participants and it contains our 800 member participant line as well as all service coordinators should be inserting their business card that has their phone number on it and we are giving several to participants and asking them -- it is a magnet, they can put it on the refrigerator or bring it in their bedroom, multiple places throughout the house. So, if a provider comes in, that information should be in there and accessible to you.

>>LINDA LITTON: I'm going to have to agree with Lester on the fact that I believe the S C should be RNs. That is all.

>>SPEAKER: No. That is not what I said.

>>LINDA LITTON: You didn't? Okay.

>>SPEAKER: No.

>>LINDA LITTON: Okay.

>>SPEAKER: Thank you for circling around back to me. I'm hearing so much that I want everybody to hear that, you know, if we are going to do this right, we are going to actually understand and approaching it from both ends from the top and the bottom. I'm not saying an RN but I am saying someone that has experience. Someone that has education. Not at that high level you don't need that. You really don't need that because the role of that service coordinator has -- I was explaining this to my coworker this morning. They have been a very valuable asset to both the consumer and the taxpayer because that person has been able to create a relationship to be able to help that consumer see the reality. The reality of their disability and their health, that is where everybody thinks the medical model. We have to have a mixture and at that level of service coordinator where we are at now, I got you I'm not going to go with that administrative function stuff. That is your problem you all are going to have to deal with. Trust me. We are talking about an individual and that at that individual level, we have to -- that is what this conversation is about. We need to make sure we are hearing that we need people to have certain languages that they have to have.
Because we have the providers out there on the front line telling us I need to speak to that trustworthy person that the consumer trusts so I can get that information over to the MCOs so at the end of the day, they can get paid and come back and circle back. I want us all
-- I see he that especially being away for a while, I see that the string is in motion. There is no entity when that service coordinated entity, let's focus on the individuals that providing that service. As Tanya and the people with disabilities are saying here, we really need someone who has that experience and that is where I -- that is where I was getting at not so much the medical part but someone with that type of experience.

>>LINDA LITTON: And it can be life experience that gives you that 45 experience with whatever type of individual you are speaking about.

>>SPEAKER: Yes, ma'am.

>>BARBARA POLZER: Pam?

>>SPEAKER: I have two comments. The first one going back to what the discussion originally was about what we put down that people need to know. Somebody had asked previously what experience MCOs have with, you know, ID, autism those type of things. I make the recommendation that that be part of it. So, the consumer and whoever is helping to make that decision what SC they want make that identifiable in that list. Any other expertise brain injury, those kind of things, what experiences and various types of disabilities so that the individuals can know who -- who they are working with. As well as languages somebody else talked about languages for communication. My other comment and in listening to this and actually experience what I am experiencing being my mom's representative is that I am struggling very very hard to reel it in. My frustration, the frustration of everybody who is dealing with me because I know I'm not easy to deal with when I'm upset is that the SCs that I reach out to are having great difficulty communicating with the inside S Cs getting a response to things that are the most basic. My mom could not use nonmedical transportation because there is a confusion and a lack of response or a delay in response or whatever it is about what -- how do we go about getting that back in her service plan, which was there before January 1st, yes, the provider no longer was no longer providing it but she had the authorization for transportation. So, there is a mix up. Okay. We are finding other ways to get my mom out if we can and she is in the house. Transportation is so key. For me, it is the communication and I'm not the only one saying this. I have friends in western PA who were round 1 who are

working service coordination or living it and saying the lack of communication is very difficult between A and B and getting a response and delayed responses. A delay in access is a denial of access or a service. A delay is a denial the ability to appeal it, when there is a delay. So, what are we going to do? We rolled it out statewide. What is going to happen and what is going to be done to improve communication? We talked about this train being down the track on time. We got the train. We are on the train. Where do we go from here?

>>SPEAKER: Jill, this will be fascinating. I agreed with Lester no one fall out of their chair. But I think it is also important that we recognize how many additional pieces have been added to the service coordination process to ensure that we are looking at the whole person. So, the behavioral health coordinator that is involved with the health plan that consults with service coordination and service coordination leadership and the RNs that look at acuity level that have high risk like vent dependent or different disease conditions, comorbidities. Those pieces are discussed in interdisciplinary team meetings. So, the service coordinator being the first point of contact for the consumer to do assessments and to coordinate community resources to look at the natural supports the individual is using. The role we see is that front line person but when you take it up a notch with health conditions, they really should be consulting internally following their processes. So to address the concerns you have about -- but the service coordinators historically have done a lot of those pieces but we now have processes in place to look at that whole person and if they have really high medical conditions what are we he doing to address those and minimize hospitalization.

>>JILL VOVAKUS: And can you also speak to Pam's question about improving communication between the service coordinators?

>>SPEAKER: Yeah. I think that is an ongoing -- for PA Health and Wellness , that is going to be an ongoing improvement process. So many service coordinators that are in the community and the change in the service coordination model and bringing everybody up to speed and making sure things are writing and not being verbalized per different team members. There is some clean up there but it is improving and I can see it on a regular basis. We are not in the place where I would say we are excellent or really good at it yet, but I think we are getting closer. We are not certainly awful, but it certainly needs to improve.

>>SPEAKER: We need to improve that. We have a consumer that impersonally making -- waiting for to be able to advocate for them whether I'm with K C Walt or not. And this gentleman is waiting on an answer for a home modification for over a year and yet the communication is I didn't do my job and that is hurting that relationship going for the future, for that consumer, whether or not I'm in the picture, he is not going to believe and being trusted in that service coordinator wherever he goes. They are not having that trust and that lack of communication is having a problem where people are saying -- so people ain't doing their things, the things they are supposed to be doing. We are pointing out issues or we are not even -- we are pointing out issues such as communication. What is the outcome on the lack of communication, denial of services, the lack in trust because that is what that -- that is what I want you all to hear. We are talking about that service coordinator and they are so key to everything we are doing here. We are breaking it up, but did we do it on purpose and if we did, we better be fixing it fast because what we are doing is seeing that communication create delays and responses to services being rendered.

>>JILL VOVAKUS: Do you have that individual's information?

>>SPEAKER: I want to talk to you about that particular person but I'm telling you on a whole scope of what is happening that we have had individuals at the end of last year. I sat in a -- me personally sat in a -- I sat in an assessment with an MCO. We went twice. We never

found an answer to what was going to happen. At the beginning of the year, we are asking, wait a minute, we are supposed to be building a brand new plan. As a matter of fact, I'm out of the loop. I'm waiting for you to tell me -- excuse me -- the consumer is waiting for you to tell them what was the outcome of that assessment that resulted. If you down on the line, individuals not being able to understand what was happening because I'm sitting -- my doctor is telling me -- excuse me -- the doctor is saying what is happening. I thought you were going to be increase hours for overnight. You are coming back and forth to go to the hospital. They are reaching out to me. What do you know is my hours being increased a direct care worker said I'm working there regardless. They are trying to take care of the consumer and people sitting there, I have to get bills paid and coming back to that service coordinator and saying you are not communicating with me and you can see in the future, that relationship that we have all built to create to be able to get that true action of what is happening in a house to be able to give to the managed care -- or to the state to understand what they are doing in there. That relationship has been broken and it is breaking to the point where it is going to have to be fixed to the point where you are -- what you guys are trying to do but take care of us in the community, it is going to have to be improved. That communication is going to have to be improved because there has been some damage to it.

>>SPEAKER: UPMC Community Health Choices. I would agree with PA Health and Wellness particularly in the third phase and also across the state. We are constantly looking for areas to improve upon. We have internal processes and communication and expectations for different departments within the program as well as service coordinators to follow up and are constantly monitoring their compliance with those. So if there are specific examples that you are not hearing from a coordinator and not hearing about the results and assessment and communicating to that. That is a continual area of improvement that we are looking into partially how we evaluate our partners that we continue to work with as well as our internal staff to look at how we can continue to improve the process. I would agree that we are not where we need to be but are constantly looking for the specific examples that we can do to improve upon it.

>>JILL VOVAKUS: Patti?

>>SPEAKER: I agree that it is continued, you know, work in progress. The other thing I just want to kind of talk a little bit about is, you know, many of the service coordinators we are using are existing service coordinators these are individuals that had the skill set in service coordination but as we moved into managed care, where we were and where we are going is I think it would be -- it would be helpful if we stop looking at just the service coordinator because the participant no longer only has the service coordinator to work with. The service coordinator now has an entire team, so we have a case management team. So, we may not always be able to hire service coordinators that are experts in everything. I mean, there is a certain workforce that is out there. So, if we have an individual Bridgette as you brought up that has brain injury, we hire service coordinators to the best of our ability that might be expertise in brain injury. So, if a participant comes to our M C O and as we are doing the discussion, the outreach with them and brain injury is an issue, we do our best to be able to provide themselves coordinators that have that expertise. If at that time, we either have a full case load or there is not someone available, we have a full case management team, licensed clinical social worker, RNs other individuals within our organization that have brain injury expertise, ID D, autism. It could be someone with a chronic medical disease or chronic diabetic. Could be someone in end stage renal failure. It isn't just the service coordinator. We make our best effort to work with the participant to match them. If a perfect match is not available, there is another team that is now there supporting that service coordinator. So if they work with a participant and they begin to become aware that there is really behavioral health needs that were not identified in the beginning, we have an entire team and Missy is

here a whole case management team that that service coordinator could reach back to with either their supervisor or manager or the case management team and say I'm working with a participant that has a challenge that is not exactly my forte. We are not aware of it before. It is a team approach with a participant. So, I know there is a lot of concern and focus on the service coordinator but please keep in mind that this is now a team that is surrounding a whole person, all of that responsibility is not on that service coordinator to be all and end all. There is a team approach.

>>BARBARA POLZER: Thank you. We have some questions that came in over the phone. They might need a little more clarification, but we will give it a shot here. Why aren't MCOs updating participants if they switch to another MCO and they are not updating on a timely manner? How this kind of issue can be resolved. My agenda has to call or reach out to MCOs several times for the same case to update to HHA. Please share the compliance numbers. So Pat, can you help me out a little bit here? No? Not really.

>>SPEAKER: Other than sharing the compliance number for each plan that can go out with the minutes.

>>BARBARA POLZER: Okay so can -- whoever texted this, could you get Pat a little more clarification so we can see if we can answer or address this? Thank you.

>>SPEAKER: That person has left. So sorry.

>>BARBARA POLZER: Please share the compliance numbers. Jill said the compliance numbers are going to go out.

>>JILL VOVAKUS: Through the meeting minutes.

>>BARBARA POLZER: Through the meeting minutes. Thank you.

>>SPEAKER: I have a consumer that has been waiting for an authorization for two months now. Since January 1st, we have been waiting for a new information for this consumer. March 4th today and still to this day, we don't have any authorization. Every time we call, they tell us different stories different things all the time.

>>JILL VOVAKUS: Who are you calling?

>>SPEAKER: PA Health and Wellness have not submitted an authorization for this consumer for two months now. The consumer is very concerned and very frustrated. We have reached out every other day and they said to give them a call back but in 24 to 48 hours, but we don't see it in the system, and we have been going through this since the third week of December.

>>SPEAKER: Norris PA Health and Wellness. I'm happy to talk to you offline so we can figure out what is going on with this particular case.

>>JILL VOVAKUS: On the go forward, if someone has a problem with an authorization, Norris, say as she has described they are having a difficulty getting an authorization, I don't want those waiting two months.

>>SPEAKER: And I don't either.

>>JILL VOVAKUS: Who then do you want a provider to call if they are not getting what they need?

>>SPEAKER: If a provider is not getting an authorization, they can contact our provider services department and ask to speak to a supervisor and contact me and I will figure out what is going on with a particular case. You can call me directly.

>>JILL VOVAKUS: Thank you.

>>JESSE WILDERMAN: Yeah. Just on the authorization because I know the beginning of the year in particular in the rollout, we ran into a large problem with a number of workers particularly participant-directed model that were lacking authorization and not sure what to do. And it is a real -- the impact not only on the participant but the impact on the direct care worker who in many cases was mentioned earlier will continue to do the work because they want to support the person that they are employed by but then we will have to go -- and they will call PPL or call the service coordinator. It is a very difficult situation for a direct care worker also to be in to try to figure out how to get that authorization released and what it means for them. And so, you know, just bringing that perspective into the conversation as well on the direct care workforce and the ability to stay in. We already have a high turnover crisis. Understandably a direct care worker may call the service coordinator directly and they may or may not engage with them because they want to talk to the participant. This just becomes a very complicated difficult spiral circle to get those authorizations released. One of the questions just building on this issue of choice that I wanted to maybe hear from the MCOs about is because choices about -- service coordinator but I'm interested to know how the service coordinators help a participant to choose their provider, whether it is participant directed or an agency particularly in PA S services. I think that is another piece of how this all fits together. What role do the service coordinators play in helping somebody, you know, choose an agency or choose a participant directed care and what information do they give or not give so the person can end up with the right match so to speak for what they need.

>>BARBARA POLZER: Thank you.

In essence -- MCOs do you want to speak to that now?

>>JILL VOVAKUS: The question is how does a service coordinator help a participant choose their providers?

>>SPEAKER: So, for -- first off, we get the preferences of a list to agency or self-directed model as part of the initial visit to get the preference on which model they would like to choose. If they choose agency model of services, then we work with them. If they know of any agencies that they are interested in the geographical area, we will contact that agency to see if they can take the case. If they do not have a preference on what agency they want to choose, then we would broadcast that to see what are in the geographic area to staff that case. So, our coordinators don't steer or direct individuals to a particular agency. But they work -- if the participant has preferences to help make the selection.

>>JESSE WILDERMAN: So, I understand, you provide the participant with a list of agencies in the area or do you solicit the agencies who has the staff or capability to provide the service?

>>SPEAKER: We have the list of agencies that are in the area that we work with the individual to identify. And then if they have identified which agencies they would like from that list, we then reach out to the agency to see who is able to staff those shifts.

>>JESSE WILDERMAN: And what information -- because you give somebody -- okay you live in Cumberland County. Here is a list of 20 agencies. Is there information that you provide

about those agencies or information that is available to the participant about the quality, the type, you know, what information is available to the participant to be able to make a choice?

>>SPEAKER: There is information contained on our website as it relates to -- if there is certain information that they want to highlight for the agency but that is the information we provide to the participants.

>>JESSE WILDERMAN: The agency provides you with a –

>>SPEAKER: With some information.

>>JESSE WILDERMAN: And highlight what they want to highlight and you provide that information to the participant.

>>SPEAKER: Not -- not all of it but some information as it relates to special needs or geographic area is the type of information we would have.

>>SPEAKER: I have a question for all MCOs is regarding the -- --

>>BARBARA POLZER: Can you let Anna and Patti address the prior question please?

>>SPEAKER: Yes.

>>SPEAKER: Okay for home care providers so I'll look to Terry to keep me honest. Our last report, Jesse, of homecare providers was 2799 licensed locations in Pennsylvania. It is very difficult for the MCO to have any understanding unless they are an established organization around for a while for us to know them. We are still learning them. We go into the community and our provider relation team meets with them and are monitoring but we he can't keep up with all of them that are happening and then you go to the find a provider site. A new consumer would go to the find a provider site and they would see the list of over 1,000 names of home care providers and make a choice.

>>JILL VOVAKUS: So, the question was what does the MCO service coordinator, what role do they play? How do they assist a participant in choosing a provider?

>>SPEAKER: With that context, they go to the find a provider site and help them identify a provider or the consumer can contact our call center and the PC member, the program coordinator will go through with them and help them identify a provider. So that is about as -- where it is at right now.

>>JILL VOVAKUS: She brought her own chair. You might as well just sit up there.

>>SPEAKER: So by way of the providers, it is the same thing. There is a standard format that we are all required to provide on our website about provider information, hours, language, specialties. So that is made available to the service coordinator works with the participants, again, to make sure they are not influencing them on choice, so they let them know where all of the information is and share it with them. By way of what does a service coordinator provide, one of the things our service coordinators do is they help the participant understand the differences between choosing an agency and PPL. We do spend time with the participant to help them understand the added responsibility when they choose participant-directed. They are the employer. They would be signing off on the timesheets. So, it changes their role in the care than it is when they -- when they choose an agency. We have many participants that initially just want participant-directed care because it is a family member but again, we want to

make sure that they have the ability to make the decisions that they understand their role. So, we do go over all of that information with a participant and then the choice is theirs.

>>BARBARA POLZER: Okay.

>>JESSE WILDERMAN: Can I wrap up on this one topic because I think I wonder if there is a discussion for a future session but it feels to me that there is a -- I know it from talking to people out there that there is a gap here in providing choice not only on the service coordination side but on the agency side because I don't -- what relevant information are we giving people about the quality of the agency or participant -- whatever people choose but what relevant information are we giving to people because if there are 2800 agencies and you get an alphabetical list of one that happens to be in your county then, you know, whereas in other forms of long term services and supports, we have rating systems and ways to evaluate the quality of the entities and it feels to me it is insufficient to just simply say here is a list, you know, if you are looking for Spanish speaking support, you know, these three agencies use Spanish -- that is really the only distinction or what other specifics so consumers can have real choices in the services they want.

The last thing I will say is part of the challenge what it leads to then is whoever has the biggest advertising budget and can get their name on the most bus stops and billboards ends up being -- I remember hearing that one. I'll choose that one or, you know, to Patti earlier if your name begins with A you get lucky and get to be on the top of the list. If I was starting a home care agency, I would call it AAAAA home care agency so it is at the top of the list. I think it is a gap in connecting quality outcomes to real choice.

>>JILL VOVAKUS: And just one point of clarification. So, the service coordinator discussion is totally separate from that of a servicing provider choice. And there are quality initiatives, definitely robust quality strategy for Community Health Choices. I think that that is a matter for future discussion and how the MCOs and how the department are going to be publicizing those quality measures and for individual providers. So that is a matter for a future discussion. I think it will be a great discussion to have but I just want to make sure that we know that that will be separate and apart from the service coordination choice communication.

>>BARBARA POLZER: I'm going to ask everybody to hold their questions. We want to be respectful of the other presenters' time and we will get back to this when they are done. I promise. Next up we have Jonathan who is going to talk to us about LIFE update.

>>JONATHAN BOWMAN: All right. Good morning everybody. My name is Jonathan Bowman I'm with the Office of Long-Term Living I'm the Division Director for the Division of Integrated Care Programs and oversee the LIFE program in Pennsylvania.

So, I was asked to provide some updates on the LIFE program in Pennsylvania and I believe there were some questions that were raised at the last meeting that I'm going to address later on in the presentation. Okay. So, this first slide I just wanted to go over kind of a really brief overview of the LIFE program in Pennsylvania. The program in Pennsylvania is based on the Federal program of all-inclusive care for the elderly. It was implemented in 1998 in Pennsylvania and so the program itself has been in existence in Pennsylvania for about 22 years now. Just to quickly touch on the refresher on the eligibility criteria for the LIFE program in Pennsylvania, individuals have to be age 55 or older. They have to be able to be safely served in the community. This is determined through an assessment by the life provider or PACE organization. They have to be nursing facility clinically eligible which is determined by using the FED tool. They have to be financially eligible which is determined by the county assistance office and then lastly they have to reside in an area that is served by a LIFE

provider. So later on in this presentation, I'm going to show a map that shows where all of the LIFE programs are located in Pennsylvania.

And then just a reminder as well the LIFE program is an alternative enrollment option to Community Health Choices. For individuals who meet the eligibility criteria, which I outlined earlier, they can choose to enroll in a LIFE program if that is what they want to do. Enrollment in the LIFE program is voluntary like I said. You can enroll month to month. Anyone can choose to enroll at the beginning of the month and then transition to another program if that is what they would like to do. So, the next slide just covers LIFE services. So, the LIFE program as in the Federal name is a program of all-inclusive care. So, the individuals in the program are primarily dual eligible about 95 percent of those are dually eligible for Medicare and Medicaid services and the LIFE program provides both Medicare and Medicaid services to individuals enrolled in the program. This includes acute care, doctor's visits, long-term care including nursing facilities. So, individuals in the program do have access to nursing facility services if they would need those type of services. The program includes behavioral health specialists, whatever type of specialist an individual may need for any ailments or issues that they may be facing, pharmaceutical services, the LIFE programs are enrolled in the part D program so they provide pharmacy. Dental and vision are included in the program and there is no defined benefit package to the program. There is no limit or scope to services that are provided by the LIFE programs. It is all based on what the individual needs. It is really a person-centered planning. So just to go over some LIFE program statistics kind of how many programs we have operating in Pennsylvania. We currently have 19 provider organizations operating in Pennsylvania. Nationally, we are one of the largest PACE organizations operating in the country. So, we do have 19 different provider organizations operating currently in 50 counties. So out of the 67, we are covering a large portion of the state. There are 51 full PACE or full LIFE centers operating across the state and then there is seven alternative care settings. To explain that or an ACS, individuals are able to attend one of the LIFE centers if some providers have established what you might look at as a satellite center. So individuals can go to maybe a center that is a little closer to them for day health services and then if they need to actually see the doctor or the nurse or specialist that is at the center, they would be transported to the full PACE center for the full array of services. Currently as of February we had 7200 roughly participants in the program. Comparatively to Community Health Choices, it is not the population is definitely different. This is a large population.

This next page is -- I was asked to provide a list of LIFE providers and their contact information. So, this list is actually out on the department's website. If you go to the myDHS page -- yeah. DHS website and do a keyword search for LIFE, the LIFE program will come up and then there is a link within that you can click on provider contact and location.

So, this is actually a screenshot of what is on our website. It lists the providers, what county they are serving, the website for those providers and then telephone number if you would like to reach that provider directly. This was updated as of January. So, this is our current list. And then lastly, this is a map showing where the LIFE programs are located across the state. So, as I had mentioned, there are 51 centers to there is little blue dots on this map that indicate where the LIFE center is located and then the red shapes, they are the alternative care setting. So, there is 58 locations across the state and then the counties that the LIFE program operates in are color coded. Any areas that are white or not colored they are the 17 counties where LIFE services are not yet available. We are currently working to make LIFE services available in those counties and expect that those services should be available in the next three years at least that is our goal. This map also shows kind of population density so how many individuals are served in the LIFE program by county. So, the county shaded in the green color are serving currently one to 99 or less than 100 individuals. The yellow have to between 100 and 1,000 individuals and then Allegheny and Philadelphia has the largest LIFE

population serving over 1,000 LIFE participants in those counties. So that is kind of the quick update on the LIFE program of Pennsylvania. Are there any questions?

>>SPEAKER: Is that by Zip Code as well? They may not have a physical site in that county but the fact that some Zip Codes are being serviced, they would also be then reflected on your map.

>>JONATHAN BOWMAN: That is a great question. So, each provider is assigned a geographic service area. We have tried to make most of those by county. So, if you live in a county that is served by a LIFE provider or in a Zip Code that is served by a LIFE program, you would -- if you meet the eligibility criteria be able to enroll in that program. There are some caveats to that with Zip Codes being added and taken away and we are doing our best to ensure that all Zip Codes within a county are served by a LIFE program. Does that answer your question?

>>LUBA SOMITS: Yes. Thank you.

>>MATT SEELEY: I have seen that map before. You were talking about -- what is 50 counties. What are the -- what is needed for you to expand to the counties?

>>JONATHAN BOWMAN: So, when a provider -- really we need an interested provider that is interested in expanding into the counties where no LIFE services are available. We have assigned 16 of the counties on here that are not shaded in any color. They have been assigned to a provider. We are working with those providers to expand their services into those counties. In order to expand services into the county. Like I said, we need to have a willing provider, which we went through an application process to determine which provider is going to be assigned those counties and then it goes through a formal state application process as well as a Federal application and review process. Because a lot of these counties are significant driving distance from the other centers that are located on this map, it is going to require that they actually build LIFE centers in those counties. So that is what we are currently working through now, construction timelines and construction plans for doing that. The process takes about 18 to 24 months for a full application to get through which includes site construction.

>>MATT SEELEY: Do you have any budgetary constraints? There is 17 counts or whatever left. If you had 17 providers right now assuming they went through the 18 to 24-month process, could you fill all of those counties right now?

>>JONATHAN BOWMAN: We have been working through our budget office rolling out these counties. They are not ready to serve now like I said their construction time lines. They are 18 to 24 months out as we are bringing new counties on board, our budget office is made aware so we can plan appropriately.

>>BARBARA POLZER: Any other questions for Jonathan? All right. Thank you so much appreciate it. Next up is the transportation update. We have the MCOs and their transportation brokers. I don't know if you want to take--

>>JILL VOVAKUS: You want to bring up some chairs.

>>BARBARA POLZER: Make yourself comfortable.

>>THE COURT: Come on up.

>>SPEAKER: We have representatives from coordinated transportation solutions who is the broker for our -- they are prepared to address for you all of the question that's were presented here with regard to the network how they integrate existing providers, maintain a network statewide and break it down between medical -- nonemergent medical transportation and nonmedical transportation. I will switch it over to Ed plat from coordinated transportation.

>>SPEAKER: Thank you. So, my name is Ed Platt I'm the chief customer officer for CTS. If you can go to the next slide. I have a few brief slides to talk about our network and how we developed it and two gentlemen to my left and right who split the state and boots on the ground and maintain and develop and monitor our network. Just real briefly. We are a nonprofit organization. We have been in business over 23 years and we do transportation, excess of 3 million trips for half a million covered lives.

Sorry one more. So, this is the high-level overview of what we are doing at the moment for CHC, UPMC members approaching 14,000 trips per month. With our commercial network. We are over almost 4,000 now Lyft trips per month in the state and then distributing greater than 600 bus passes distributed this month more like 850. Mostly in the southeast area. And then statewide, we have 152 commercial transportation providers covering all of the modes of transportation that a member would need. That includes taxi livery, wheelchair, minivan, transportation vehicles. Wheelchair accessible vehicles, nonemergency ambulance as well. We also use two public transit agencies in Pittsburgh and Philadelphia and then under -- under contract with 29 of the MATP providers and 29 are pending and then lastly Lyft.

So, this is -- I broke the next three slides down by the phases. The first one is southwest. It is a little hard to read but the chart is going to be the same for each of the regions. The top row is the actual number of vehicles in that particular region that can service those members in the southwest for this case and then broken down by vehicle type. So, as an example, 656 taxi, 737 wheelchair accessible vehicles, 298 ambulances and 22 stretcher vehicles for a total of 1713 vehicles in that particular region. So, then we take a really conservative approach ass to how much trips in those particular vehicle counts can produce on any given day and the way we do that is really do an assessment of each vehicle can do ten trips per day and that -- those particular vehicles are available to us 25 percent of the time. That is really really conservative because most vehicles can do well over 20, 30 trips a day if they are fully operational and efficient. So, we sort of bring it down a level to really assess the network adequacy and then the bottom row is looking at the trips on a daily basis in this particular region by mode, we call it. So, as an example, 1640 trips per day are capable of handling and there are only 115 of those in that particular region. All of that is augmented again by the port authority in the Pittsburgh area and also Lyft as well. We are not even counting that capacity. This is just the commercial capacity. Same approach for the southeast. So, there are 38 commercial providers in the southeast area. Again, the vehicle count at the top, 843 vehicles for capacity of 2100 trips per day amongst a need of 307 trip as a day and augmented by the SEPTA and also Lyft. And lastly, the last region, there are a total of over 1,000 vehicles for about 2700 daily trip capacity against a daily count of 73 trip needs also augmented by Lyft as well. This slide here talks about what these guys really do on a day-to-day basis. They are here to constantly work with our transportation network through the credentialing and contracting phase. Doing site visits to make sure they are meeting all of the requirements. That doesn't stop there. We are always ongoing monitoring and if needed corrective action for someone that is maybe chronically late or missing rides that are past sort of a threshold that is normal and then ongoing education if they are having any issues if a member is having an issue with a particular provider, they get involved. We also have a dedicated 800 number for our transportation network. If they have an issue they can call and get them some help. And this is really just a summary of the activity that they -- I kind of just went over we have

done over 500 site visits. What I forgot to mention is we also have over 70 noncontracted providers in our availability and they are also sort of in various phases of contracting as well. So if we need to go beyond our commercial contracting network we can use what we would call a nonPAR or a non-participated transportation provider to also augment any particular trip need that we need to accommodate. That is essentially it.

>>BARBARA POLZER: And do you have mileage reimbursement for family friends?

>>SPEAKER: Yes. Yep.

>>BARBARA POLZER: Okay. Steve?

>>STEVE GAMBLE: When do you use a shared ride service as compared to a taxi service similar to a Lyft? W ould that be a participant choice?

>>SPEAKER: Yeah. It can be a participant choice. We see members who choose to have -- to use Lyft. We see members who choose to use a specific provider and we want to give them the option to do that as much as possible. The process that our broker uses when a transport is requested to the broker, their system hunts for a provider in that area, that Zip Code per se, someone who has the capability. It may not be the provider of their choice. Can a provider of their choice provide that at the time they need it or hunt for another provider for the exact time that the member needs it. With regard to Lyft, there is a series of questions are asked, do they meet the criteria to get into a Lyft vehicle. If they don't fit the criteria then CTS will assist them in getting into the right thing for their needs.

>>LINDA LITTON: I have a situation that came up last month. To go to one of the PAC meetings. There was two of us. Somebody called to get the weight of our wheelchairs and such and then the day of the meeting, they sent a Lyft driver that could only take one of us at a time. So why did they call me for the information on the weight where this van in the picture would have been the perfect vehicle to send to take both of us at the same time instead of one having to wait for the other to get the ride to the meeting which luckily didn't start on time, which was good for me.

>>SPEAKER: I would like to get the specifics of that, if I could and look into that because that is a good question. The right vehicle should always be available to, you know, a particular member's needs.

>>LINDA LITTON: This one in the picture would have been perfect. That van.

>>SPEAKER: Okay.

>>DAVE JOHNSON: How are transportation -- public transit passes distributed to consumers?

>>SPEAKER: So, we mail them to them.

>>DAVE JOHNSON: When are they mailed?

>>SPEAKER: When?

>>DAVE JOHNSON: Yeah.

>>SPEAKER: That is a good question.

>>SPEAKER: I don't know.

>>SPEAKER: I will tell you that we issue a deadline the month prior for our service coordination team to get that information to CTS. I believe it is by the 14th of the month for the following month. Those passes are ordered, I think, two days after that as soon as we get the passes from either SEPTA -- mostly SEPTA or Allegheny County port authority, those are sent to CTS and then mailed individually to the participants.

>>DAVE JOHNSON: Thank you.

>>SPEAKER: Certainly.

>>BARBARA POLZER: Any other questions for the CTS provider? Pam?

>>SPEAKER: Just a question. Maybe I missed it because I came in -- is there a place on a website that people can look at to know who the providers are for a county, like, thinking like Perry County, there is not a lot up there or even, you know, bring up forest county? Forest county doesn't have many people. Who is providing that? Is ATA a provider for up there? Are they doing it? But how do we know who is reaching -- who you have for the rural areas?

>>SPEAKER: So, to answer your question, we make sure and CTS makes sure that we have providers available for all modes of transportation in every county. That doesn't necessarily mean at this point today -- we consider zone 1 and zone 2 mature markets where we have adequate coverage in those 19 counties. Zone 3, which is still growing, we rely, if we don't have providers or CTS doesn't have providers existing in those counties, they have providers who will cross county lines and provide the transportation that is needed in that county. We know that rural is a problem. So, we make sure that we have providers that travel across county lines to provide that service. There is no -- there is no list of providers on a website for coordinated transportation solutions. We know who they are. There is no -- there is no place in -- and we have a varied opinion on why that is. There is no place on a website to show who the providers are per county. If you have a provider or -- well, if you have a need, they will find you a provider. If you have a specific provider you want to use, you can certainly articulate that to the service coordinator or to CTS and they will do everything they can to get you that network provider. If they are not, CTS will send Jim to the western part of the state or Chris to the eastern part and that is what they do on a routine basis. There is no list you can look at a menu per se but it is a very robust network and chances are if you are using a provider today, if you are in the central zone, the T zone, they are either in network or they are working to get them into the network.

>>SPEAKER: I can meet with you afterwards and I can show you the providers we have in that area.

>>SPEAKER: You also mentioned in the presentation about if people have complaints, that there is a number that they can call. How are people getting those numbers and information about the different -- I'll be honest with you my mother has been waiting for her to able to get transportation. They have no idea. I'm the one who makes all of the calls. Who to call, what to do with it. I'll try to work it the service coordinator but is there stuff that you send out to educate us as the people, you know, either consumers or representatives.

>>SPEAKER: Sure. So, everything would start with our provider services line. If you have any issues at all with regard to a question related to transportation or any of our services, that would be a place to start. With regard to a complaint, we have a complaint grievances

department separate from coordinated transportation solutions who has their own. We would want it to start with ours and they would investigate the complaint and communicate with CTS who would conduct the investigation and meet with the provider and follow-up with us and subsequently follow-up with the participant on the outcome.

>>SPEAKER: Okay. I missed it too, just one last thing in the discussion before, what is your window for how long your drivers will wait because there is a bigger -- big window which sometimes we hate, sometimes it is a benefit to us through our shared ride providers. What is your window?

>>SPEAKER: Yeah. Typically, it is 15 minutes. So, you know, the -- especially the door-to-door. Door through door providers it will be 15 minutes. Lyft is really -- without Lyft we all would be struggling. They have provided a lot of transportation for those to use that service. And in the markets that they serve. Obviously in the more urban markets.

>>SPEAKER: It is not helping us.

>>SPEAKER: So, 15 minutes is the time period. Lyft as I stated earlier is five minutes and that -- those guys -- it is a different set of -- it is different kind of transportation, it is not as -- I don't want to use the term structure but when you talk about the door through door guys or door-to-door guys get you at the door and take you to the vehicle and provide you with that assistance that you may need, that is -- that is the 15 minute guys. The Lyft and we try to do this over the phone. CTS will try over the phone and gauge are you appropriate for Lyft. If you have a court date or whatever it is, it may take you a while to get from your home to the curb, then Lyft is not appropriate for you.

>>SPEAKER: I just need to understand, they are being paid by you or State Funds how is there a different standard, I'm not understanding that. I mean, I might be appropriate for it on days when I'm walking but it is still going to take me to get out there and I understand what you are saying, maybe that is not -- that is not appropriate but I just -- my other question is, are any of your Lyft providers wheelchair users.

>>SPEAKER: So, going back to what I said earlier without Lyft I think there would be a struggle. Anyone who knows transportation, these aren't waiting for our members to use. These are transportation providers in the community who not only service the MCOs but every nursing home, every hospital, every private citizen. They are all jockeying for the same resources. So, Lyft has been added into the mix and they don't really -- they don't really -- they aren't held to the same exact standards as some of the other transportation providers simply because of what they are. But we -- we make sure that -- and there is an agreement between coordinating -- I'll let you talk. There is an agreement to coordinated transportation services and Lyft with regard to what the requirements are for the drivers and the background checks and all of those things. It is the same for all of the other providers. They do need to reduce the standards a little bit simply because of, you know, drivers who drive for lift may not necessarily want to go through all of those hoops. We are working with the potential to have a pilot program with Uber. We really wanted to start a product program with Uber three years ago. Uber didn't want to sell us transportation. They wanted to sell us their technology and there was contractual issues we couldn't get past. We are engaging them. Uber has Uber health which does have wheelchair van in the Philadelphia market that is not in Pittsburgh nowhere else in the state but we have CTS talking to Uber health to see if we can come to some agreement with them. And get them into the mix to do a pilot to see how that works. I don't know enough about Uber health yet if these existing transportation providers have one to engage as a Uber health provider or if it is literally new vehicles that are coming into the market to add resources to the mix. I'm not sure. We will learn more. Did you answer all of

your questions?

>>SPEAKER: It just created more. I have another question after you answer.

>>SPEAKER: I was going to add I have had negotiations with Lyft about the five minute wait time. They are choosing not to deviate from that. That is part of the criteria that we talk with a member to make sure they are ambulatory and able to make it to the curb and that they really understand the five minute wait time and they also have a cell phone that is really critical as well. We find folks that don't have one sometimes there is trouble, driver finding a member and a member wanting to talk to the driver and that mechanism is there. If that criteria is not met, we really choose not to use Lyft because there is too much opportunity for a less than perfect port of experience. I'm sorry you wanted to add something to that.

>>SPEAKER: At one point in there, you mentioned about cost, you may or may not have, cost isn't a factor here. There are many more Lyft rides for than a taxi. That doesn't come into play. Is the member appropriate for Lyft or do they need other assistance because of their abilities?

>>SPEAKER: I would add is our preference is to use a private provider Lyft is a last resort. And members do want them. There are members out there who are tech savvy and they want to use Lyft. It provides them with a little more flexibility so they choose to use that. We give you an option. If you don't want to use Lyft. You don't have to and we will provide you.

>>SPEAKER: Not to be smart, we would all like to use that but we don't have the option. One question and maybe I'm wrong, I thought I -- for trips, if -- if the trip is requested but doesn't get scheduled you guys don't get paid for that too. Like, if a -- you get paid for missed trips or do you get paid for dropped trips or, you know, I'm not sure what you guys get. How do you guys get reimbursed through the MCOs. A number of people that would be using you and you get paid for them. I'm not sure what that --

>>SPEAKER: So, transportation is included in funds that we receive. When you talk about missed trips and doesn't matter what the reason is for the missed trip. If CTS sends the provider to the address to retrieve the member and they get there and it results in a no transport either the member says I don't feel well or they can't find them which happens. We need to pay that provider. So, are there instances where you don't pay the provider?

>>SPEAKER: If we give them greater than an hour, so if we have an advance cancellation we call it notice then we notify the provider with hopes that they haven't started that trip or back out of it and they don't get paid for that or if they don't call us because our requirement is if a transportation provider goes to a location, they are there and the member isn't available, they are supposed to not only wait the 15 minutes but also call us and our coordinators make another attempt to reach the member and see if we have an alternate number on file, a home, cell, whatever mechanism possible to make sure they are at the right place and the right time and right exact address and maybe specific notes about go to the back entrance with the blue door as opposed to the front. We make that attempt and hopefully that resolves most. If it doesn't and the member is not around, then after the 15 minutes, we say they can leave and mark that as a member no show or if the event they do connect with the member to an earlier comment and the member chooses to not go, we call that a cancel at door and track those separately.

>>BARBARA POLZER: We have a question from the phone and could the speaker explain a little more about the 25 percent capacity? Does that mean that more rides are available or could be used to improve scheduling and timing? a little unclear on what he meant.

>>SPEAKER: So that is a sort of equation that we have done through historical studies around I'll just say we will call it taxi company A has 100 vehicles and what percentage of those would be available to us through our contract. And they usually say somewhere in the neighborhood of 25 percent on average. Some providers work solely for us. Some do very little for us. On average it is about 25 percent they make available to us on any given day.

>>SPEAKER: It really depends on the time on task for those vehicles. The time on task the average transport is an hour long, that is using the equation how many transports that vehicle can complete in the next window of hours. All of those factors are rolling together how many trips you should be able to do with that number of vehicles in a certain time frame and I think our friends at MTM probably use the same format.

>>BARBARA POLZER: Any other questions for CTS?

>>SPEAKER: She is our dedicated rep Christina they makes it all happen.

>>SPEAKER: This is brine I'm medical transportation management. Thank you for having us. I want to go over our slides real quick and give you a brief synopsis and who we are and for the ones that haven't been in the prior meetings we are a transportation broker and have been in business for 25 years we currently service 32 states and over 8 million members that we transport. We are privileged enough to be the broker for both AmeriHealth and PA health and wellness . In my slide deck we are going to incorporate both numbers in fairness to both of my MCOs so you will see an overall view and it is a nice view of our statistics.

So last year, we had over 1.2 million transportation requests that came in to us for our two MCOs. Out of those 1.2 million trip requests 99.93 of those requests were successfully transported which is an extremely high number. That is the highest number we have in the whole United States in any of our other locations that we service. We have a 99.97 complaint free trip request ratio also.

So, I motion all the MLTSS stats specifically for this meeting so you can see what we are trending. In 2019 we had 263000 trip requests and in 2020 through two months we are at 74000 requests for trips that is going to be a run rate of 444000 MLTSS transports. So, business continues to pick up.

I wanted to touch on phase 3. That was a topic that everybody is curious about. The T zone the 48 other counties outside of Pittsburgh and Philly. To date we have 6814 scheduled trip legs. Out of those, I want to give you the modes of transportation. 5900 of cab/ambulatory trips. We had 842 para lift trips and 65 stretcher ambulance trips. I was expecting more. That hasn't had full impact and we do offer gas mileage reimbursements for phase 3 members specifically.

In regards to the vendor preference for phase 3 in the T zone, we have had four members that did experience a vendor no show. The vendor failed us on these four transportation requests. That was again four trips out of 6814 that the vendor failed to show up to pick up the member. 48 trips were returned to us from the vendors that we originally assigned it to. It is a lingo that you may hear at times it is called a turn back. We give the trip to a vendor to see if they can accommodate it. Typically our vendors do a high rate of taking the trip we assign to them. There are some. There are 48 trips that we had to reassign and no issues. And lastly, we failed to secure transportation for four trips out of the 6800 roughly that was requested. So, the percentages you are looking at all are 1 percent impact to the member. So as far as we are concerned phase 3 vendor performance is solid and consistent with phase 1 and 2 results which are very high.

Phase 3 call stats, we do have more calls for phase 3. That is one of the things that we thought we were going to see. There is not as many recurring trips which are more rural. We had 4800 calls and 48 abandoned calls so out of that it is 1 percent of the call. The member hangs up before reaching someone on our side. With that being said when a member calls into the call center they receive an answer within six seconds of the phone call being placed. So, somebody is readily available for the members to schedule their transportation.

And phase 3 complaints we have had one. That is for the 48 counties. We are very proud of that. We have had one that we have had filed so far. It is to do complaint free trips. We want to take care of our measures. To date, we have had one complaint filed that was on a vendor and their performance. It was driver behavior. We have addressed that and make sure that has been coached and corrected. We wanted to talk about where we are going with recruiting providers. This is an ongoing process for phase 3. Currently we have 83 contracted providers that represents over 300 vehicles. We are continuing to go recruit with MATP providers. I would like to say we made some in roads that are transporting some of our members. It was a difficult process for us to accommodate some of their requests. They have been great partners to date. Overcoming those obstacles with us. We are looking to on board more in the future. We have a process in place that I want to meet with both of our MCOs we have it on our calendars this is in March this month, we are going to be going over all transportation that members are continuing to take with their current provider through the continuity of care period so we can make sure we get the opportunity to on board those providers onto our brokerage prior to the end of the continuity of care period which is June the 30th of this year. And we were asked to break out emergent medical trips, nonmedical and medical trips. We do not do emergent transportation so I can't include that. That is something we do not do. We do obviously transport for nonmedical and medical appointments. 96 percent of the trips that come in are for nonmedical trips while only 4 percent are for medical transports. We are the provider that will transport all medical appointments for ambulance stretcher that is something that MATP does not do. If it is ambulatory or para lift, we ask the member be transported to MATP that has the brokerage for that county that they are in. And there is my contact information if you have any questions or anyone has questions today. Please feel free to take that down. We want to taken to have a great partnership here and running a highly effective level for the State of Pennsylvania and our two MCOs. Thank you.

>>BARBARA POLZER: So, Brian will this presentation be available to us the power slide?

>>SPEAKER: Yes, ma'am. I think that she got the e-mail that came through so yes you have a copy of it now.

>>BARBARA POLZER: Okay. MTM has a complaint number for participants to use?

>>SPEAKER: Yeah. Actually with both of our MCOs the complaints are referred directly to them and removes us from the equation. They do have numbers to reach both of the MCOs.

>>BARBARA POLZER: Can you speak to me about the mileage reimbursement process specifically, the paperwork that the driver needs to submit to you, how often do they need to submit the proof of insurance and things of that nature?

>>SPEAKER: That is a good question and I would –

>>SPEAKER: Sorry. Sorry.

>>SPEAKER: You are okay. Do you want to go ahead?

>>SPEAKER: I didn't say nothing.

>>SPEAKER: Got you. Thank you. I don't have that answer right now. That is something I will have to get in the policies and procedures and provide that to you. I was not prepared to go over that. I apologize.

>>BARBARA POLZER: That is fine. The reason I'm asking is I heard some feedback from some drivers who are extremely frustrated because they are told they have to submit that every month. I'm wondering what is the rational behind that.

>>SPEAKER: And I have heard that there has been frustration also and we have actually started last month, last couple of weeks looking into this process with my Vice President and make sure we have a streamline process that looks like there could be confusion on the wording and expectation so we should have that rectified and I will be glad to share that with you. It is on our agenda.

>>BARBARA POLZER: Thank you. I'm going to steel David's question that he asked CTS what is your process for SEPTA passes for mailing.

>>SPEAKER: Sure. Fair question. We get files from both of our MCOs our expectation is to receive that no later than the 17th of the month prior to mailing them out. We mail them out within the last week of the month so they are in the house prior to the first of the month. There has been some issues that has popped up with members that are being requested of us past real late in the month. It is not in our file on the 17th. We try to accommodate that. We want to make sure they get the pass and we will send them out overnight. Sometimes there are ones that creep out after the 17th and those may not hit perfectly by the first of the month but we try to get them there as quick as possible once we are notified.

>>BARBARA POLZER: So you don't have a specific date that they are put in the mail?

>>SPEAKER: We do and it is -- I hate to misstate here. We have a date that my team does that and it is ample time to receive by the first. I don't know the exact date but we do have a process time and in the mail for them to receive.

>>BARBARA POLZER: Just curious because consumers or participants are getting conflicting information and we would like to be able to give them a definitive answer.

>>SPEAKER: I will gladly supply that to you also.

>>BARBARA POLZER: Thank you.

>>SPEAKER: You're welcome.

>>MATT SEELEY: Can I ask, you put a number up there for trips that could not be scheduled could you go into a little detail on why?

>>SPEAKER: Yes. I would be glad to. There were four. There were four that we were not able to schedule for the 48 counties in the T zone. What happens on those situations is typically, it is a short notice request to us. That is the majority of them typically. So, we try to make them happen and we can't get a provider to commit to it that short. On these, I did look at them individually prior to coming here. It was a failure on the part of the vendor that we assigned the trip to. They held onto it, we gave it to them a week and advance, they didn't give it back to us i.e. driver was out, car broke down and came back into us on short notice and we

were unable to schedule that transportation. We do outreach to the member to see if they can find a friend member to use gas mileage reimbursement then we try to get them to reschedule that appointment. We go as far as contacting the facility to see if they can see them on another date and of course, we apologize.

>>MATT SEELEY: In that same, I didn't quite understand what you meant by the reassignment. You said 48 people -- trips had to be reassigned.

>>SPEAKER: Yes. That would be when I give a trip to a vendor when our CCR or Customer Service agents take the call our software assigns that to that vendor at the time of the call. We transmit that out to that provider. That provider has 24 hours to commit to complete that trip per our contract. We understand some things happen and so we want to give them that opportunity to return the trip to us and we have ample providers in place to take these trips. We take them or give them back to us in a timely manner. It is a lingo that we use a turn back.

>>MATT SEELEY: They told you they can't --

>>SPEAKER: The driver was out or the car broke down. We had para lift vehicles that go down. We have to reroute there is not an abundance of para lift.

>>MATT SEELEY: With those specifically, the participant was not involved at all.

>>SPEAKER: The participant would not know at all. We would tell them who we are riding with. They would have known the original provider. We do do that. Hopefully, it is all on the back end and not impactful.

>>BARBARA POLZER: We have a question that came in over the phone. In the southeast, we are experiencing delays in participants receiving passes related to M T M system or at least the MTM rep stating -- it has been submitted in the MCO portal. When the participant calls into MTM the rep states the SC did not enters auth. Is there a plan to improve these issues? For example, when our manager escalates a call to an MTM supervisor they can see an auth and work to send it out. MCM often call and experience the rep to be argumentative and then have to have the managers call for them. That is a mouthful.

>>SPEAKER: I would like to apologize for the argumentative. That is our nature. Hopefully everyone that works with us sees otherwise and hopefully that was a rare occurrence.
The process has opportunity for improvement. Yes. We actually partnered with one of our MCOs to revise the whole process to make it more simplistic for lack of a better term, we are trying to make it more complicated than it needs to be. We should be able to get a list of everyone who needs a bus pass and what zones they need a bus pass for and we process them. Well, it was messy. There was a lot of back end IT work. We were working on that. We have been able to identify a process and we hope to have that up and running for April to address those concerns and I want to apologize for the issues we have had in the past. We should not have had those.

>>BARBARA POLZER: Pam?

>>SPEAKER: I'm trying to remember my questions I have been waiting for a while. My first question and I will ask the same as before. Is there a way to see if you provide your list for the county and where can we go to see them. I think about the rural counties Perry County forest county in the T especially that is my first and the second question is for somebody else from the other side can answer too. But go ahead.

>>SPEAKER: For that specific question with the provider listing on our website, I did some research to come in here. I looked at CTS and looked at all of our competitors and no one lists their providers on the website including us. There is business reasons for that obviously. But I'm going to tell you exactly like CTS which is a very good statement all you have to do is tell us who you would like to have in our network and we will do everything within our ability to contract them at a reasonable rate to provide transportation for yourself or other members. We do get a lot of referrals that way but we do have the numbers are very robust network in place but I do not have a listing of every provider but if you have one specifically, I would love to know of them or even multiples and I promise we will contact them within 24 hours and start the recruitment process.

>>SPEAKER: We wanted to see who was serving the counties to know they are there or you have to wait longer, they are going to be another region. That is why I was asking.

>>SPEAKER: Let me answer that. The way we build out our network for phase 3, we have a provider within every county to provide service.

>>SPEAKER: Within county?

>>SPEAKER: Yes. That is the way we built out our network. It was one of our requirements to make sure we have a provider in every county. We wanted to make sure we didn't have to cross county lines. Sometimes we are going to have to. Things happen. We did have a request and we met that request to make sure we have an individual provide sister in all 48 counties and most of them have multiples in place and that is without MATP providers.

>>SPEAKER: But you don't have any requirements that if a person wants to go across county line, they can still? It is not a problem, right?

>>SPEAKER: There is no issue.

>>SPEAKER: My question for both is, how long before should people be calling to request trips and then when should they expect? -- I had an individual tell me she had three days for a response. Just wondering, what, you know, as a -- my mom, is a participant, how soon should I be scheduling? Do you have requirements around that?

>>SPEAKER: Yes, ma'am, we do. That is a great question. It varies with our MCOs one of them is two business days prior to the appointment and the other one is three business days prior to the appointment. We will make sure we have the trip in the system and schedule with a provider at that point in time. You should be able to provide that provider name at the time of the phone call. So, you should know, if your mom calls who she is riding with. We also send out messages that the member opts in to remind them that their appointment is ready at this time and they are riding with this provider and here is the provider if anything comes up so you can notify them. So, two to three days example.

>>SPEAKER: What is CTS?

>>SPEAKER: 48 hours and –

>>SPEAKER: Great point to his point there can be urgent trips we want to make sure we take care of them. There is nonmedical but there is urgent requests for medical transports and they override the day's notice and we will make sure we work them up to the time of the appointment if it meets the urgency requirements that they have defined for use.

>>SPEAKER: So, the MCO --

>>SPEAKER: Use the microphone.

>>SPEAKER: If they -- if the MCO requirements we should be able to get them in the packets so the consumers can know their time frames and all of that.

>>MATT SEELEY: Can I ask you and I don't believe you covered it in the presentation before what you were saying Lyft and Uber? They went through all of that. What is your reliance on Uber and how much are your participants requesting Uber specifically?

>>SPEAKER: We work with Lyft. We started with Uber many years ago and we moved onto an agreement with Lyft. They do have paralift services in the Philadelphia market which was a nice perk for us. But our reliance –

>>MATT SEELEY: That would be a great perk in Harrisburg too.

>>SPEAKER: I'm pushing it. I would like to have them everywhere for para lift. My personal feeling is we need to do better and they need to be better. Our use of Lyft is exclusive to members that have had experience with a transportation failure. If a member comes in we are not going to schedule them with Lyft. They are a back up when there is a failure on a nonemergent transportation brokers so i.e. I schedule you with mercy fleet and mercy fleet has an issue, a car breaks down and the member is ambulatory and ride in the cab. We are going to quickly instead of trying to reschedule it, we are going to try and ask them to accommodate that ride for us. Our use is under 1 percent of total trip volume and it is that way on purpose.

>>MATT SEELEY: In that sense, you are different than CTS. If I call you and say I want to use Lyft or Uber or whatever, you are going to steer me toward taxi.

>>SPEAKER: I'm not going to say I wouldn't give it to you. If you request, I would try to adhere to that request. In fairness, we want as many members as we can ride with brokerage that alleles -- not that lift isn't, I would feel much more comfortable with you riding one of our medical transportation companies that are contracted with us over Lyft.

>>MATT SEELEY: Thank you.

>>SPEAKER: You are welcome.

>>BARBARA POLZER: All right. Thank you MTM. I appreciate it. We have Norman Bristol on the importance of the 2020 census.

>>NORMAN BRISTOL COLON: Good afternoon.

>>BARBARA POLZER: My goodness.

>>NORMAN BRISTOL COLON: Thank you for the opportunity to be here today to talk about probably the most important issue for the Commonwealth and the nation. It is about counting everyone for the Census 2020. I would like to share with you some information and to answer any questions that you might have. Before I do, let me introduce myself. I'm the Executive Director of the Governor's Census 2020 Complete Count Commission. The census happens every ten years and mandated by the US Constitution and we would like to be in full compliance with the Constitution so we need to have a complete an accurate count. As I mentioned before, it only happens every ten years. And in Pennsylvania, we must count

everyone everywhere. And when we say everyone, we mean everyone. Rural counties, urban areas, US citizen, immigrants, we must count everyone in the Commonwealth. The answers are safe are private and confidential. Individuals can answer by phone, by mail or online and this is the first digital census in US history. As a matter of fact, this is census No. 24. We have been doing the census in the nation since 1790 and this is the first one that is completely digital. And the census is Federal funding that really have an impact in the way of living for every single Pennsylvanian, resources, decisions and redistricting. Depending on the number that we submit to the President of the United States by December 31st of 2020, it will depend on that number what is the support we will get in funding from the Federal Government. The Federal Government will be providing more than 675 billion dollars to the states and to the territories and depending on the size of the population how much money will come to Pennsylvania. But it is also important to mention, that is, depending on that number, how we submit that number once and only once Pennsylvania will be judged for the next ten years depending on the official number that we submit in 2020. Is the number of individuals that we have representing Pennsylvania in the United States congress, in the United States house of representative. The Governor established the Census 2020 Complete Count Commission in September of 2018 and since then, the commission member have been working hard to make sure that we are counting every single individual in Pennsylvania and every single agency under the Governor's jurisdiction has been working on Census 2020. We have some very hard to count communities in the Commonwealth and in Pennsylvania, we have impact for all of us in the state and the hard to count are young children, rational and ethnic minorities Pennsylvania is more diverse than ever before. We know we can have under counting in those communities the poor, the homeless and undocumented immigrants, mobile individuals such as college students and children under the age of 5 who are the most under counted community. The census is important for the states because it means 27 billion dollars a year. 27 billion dollars to come to the state so we can help provide the assistance that many of our residents need. But for the next ten years that means 270 billion dollars that come to the state depending on census and census data. That is translated in about $2100 per person that will come to the state and that is why it is so important that we count everyone. So, the investment of every single individual that we count in Pennsylvania for the next ten years to the state will be about $21 thousand money that goes to critical infrastructure, roads and bridges, Medicare, education, senior citizen program, human services support and rural development. Almost every single funding that we receive from the Federal Government is connected to the US census data and under count once again will have a detrimental impact in the Commonwealth and our future. The presentation in the US House of Representatives is also important because this is our republic the United States government was established as our republic and it is a government representative of the people. Back in 1913 to 1933, Pennsylvania had double the amount of members of congress that we have today. Whoever is the President of the United States next year, that person is going to be making tough and very bold decisions on infrastructure and depending on how many members of congress we have is going to be the influence on that infrastructure in the billions and billions of dollar and how much of that money is going to the state. When it comes to housing and infrastructure, depending on census data we get normally about 196 million dollars in C B G B funds that help communities across the state especially local communities that the C B G B funds help in many areas and sometimes is the largest fund that they will receive. When it comes to highways and roads, Pennsylvania receives depending on the census and just in fiscal year 2017, about 1.68 billion dollars in funding because of the census to help ensure that Pennsylvania has safe roads, safe bridges and safe highways. When it comes to the seniors, Pennsylvania depending once again on the census data we receive three 1 million dollars for nutrition services for the senior population in Pennsylvania. One of largest senior populations in the nation of more than 3 million, you know, individuals. Rural communities, they receive over 760 million dollars a year that comes depending in the number we provide to the census and that is money that goes to housing loans, rural education funds rental assistance abatements, section 8 and so on and so forth.

The census is important for the state, it is important for every one of us. So, we can have a prosperous future in the Commonwealth and this is a return in our investment. This is money that the Federal Government is not giving us because they feel like Pennsylvania has been a good partner. It is money that Pennsylvania taxpayers sends annually to the Federal Government and just in return, they are giving us back some of the money based on some of the census data. Census data matters to government. We make a lot of business and how many decisions right here in the Pennsylvania government based on the census data and that data really help us be better agents and better to our society that will have long lasting impacts especially in the most vulnerable communities across the state. Colleges and universities they use the data provide to census to make decisions on what is the workforce development of the future but also, hospitals they look at the census data to make decisions on where the next hospital is needed, the next clinic, the next dental office. So, the census data is all connected to the quality of life that we all in the Commonwealth. Under count would be too costly to Pennsylvania. According to the George Washington institute of public policy the fiscal cost of an under count -- in 2015 alone, the projected fiscal loss in Federal Medical Assistance for Pennsylvania per person was about $1746 and that was translated in more than 231 million dollars a year that the state didn't receive next week March 12th, almost every single Pennsylvania household should be receiving a note asking them to go on line and respond to the census. We are urging everyone to please participate and to answer online as soon as possible.

>>BARBARA POLZER: We have a question for you.

>>JILL VOVAKUS: So, for individuals that do not have access to the Internet or have any kind of electronic capability, will there be information in the packet for that as well will they still have a mailing option?

>>NORMAN BRISTOL COLON: They will have a mailing option or they can do it by phone. There are going to be three options. That is something we suggested to the Federal Government when they came to -- Pennsylvania is a big state and we are very diverse state and in rural Pennsylvania, there are places we don't have broadband so we needed to push back and say if the option is available by mail, on line and by phone, that would be great for the Commonwealth and they agreed to do so.

>>BARBARA POLZER: Any other questions for Norman? Well, thank you very much for your time. We appreciate it. Have a good day.

So now we can get back to the Q and A that we put on hold. I know there is a woman in the left-hand corner who I told -- she is coming and then Bridgette MCOs you are going to either come forward or hoping seats again.

>>SPEAKER: I have a question for all three MCOs regarding the routing in HHA for example if an employee clocks in at 8:02 and clocks out at 4:00 p.m. it doesn't round back to 8:00 a.m. it just stays in 8:02 and it is difficult billing that way and also doing payroll as well.

>>BARBARA POLZER: You can come down here.

>>SPEAKER: Norris PA Health and Wellness . That is an HHA question and we will have to get back to you and answer that question.

>>SPEAKER: We all use HHA.

>>BARBARA POLZER: So that is the same answer for all three MCOs. Bridgette you had

one correct.

>>SPEAKER: Yeah. I did. Perhaps I'm misunderstanding but I thought what we were trying to do was kind of pull together a list of kind of the things that would be helpful for participants to know about a supports coordinator in order to make an informed choice or as Patti was saying their supports coordinator team or whatever that would help. I guess one of the things I was going to add to that list is that they understand that the supports coordinator understands or has experience with the services that that particular participant is interested in. So, knowing that this is somebody who has experience with employment services? Or this is someone who has experience with cognitive rehe has been or with durable medical equipment and the issues that might come up as a result. So, I'm just throwing that out as another suggestion.

>>JILL VOVAKUS: Okay.

>>BARBARA POLZER: Thank you. I know I promised him time. Here he comes.

>>SPEAKER: Sorry. This is back to the earlier comment when you are talking about measures. Some of us remember the H gaps survey that you guys floated a couple of years ago which had some really good measures for case management indicators. And while we don't want to become a Yelp it would be a really good way for us to use standardized measures like that and it has them for essentially all of the services. So, while it is a 100 page survey we don't want to do that but if we could find a way to get the alignment what is in H caps and how the consumers are choosing an agency or a service, it is a good start.

>>JILL VOVAKUS: Thank you. And I think that including in this discussion specifically about, you know, provider score cards or however it ends up looking, we will pull in our quality Bureau and our medical directors come back and talk about how all of that is being pulled together. We do currently have quarterly quality meetings about our MCOs and part of those discussions we pull in our plans as well behavioral health MCOs. So we are having those conversations on a regular basis. So yeah, it is a lot of material that I can see that we could do a special, you know, subject for –

>>SPEAKER: Just for consistency so we don't end up with three different ways.

>>JILL VOVAKUS: That is correct.

>>BARBARA POLZER: Susan?

>>SPEAKER: I ' m Susan and CEO of Pennsylvania Assistive Technology Foundation and I'm also the mother a participant in Keystone First.

So first, I want to talk about going back to the conversation about what do participants need from service coordinators. And it sounds very basic but what we hear at PATF and what I know as the mother of someone is communication. Just simple as communication. In the format the person wants. So we work with quite a few people at PATF who do not have a computer. So if someone says they are going to email them, that is not very useful. If someone says they would prefer to get a phone call, I wish that the service coordinators would go that route first but what I'm here to ask my question is what are the expected time lines for a service coordinator to get back to a waiver participant and are service coordinators expected or can they work whatever after hours means and on the weekends because remember the participant is alive 24/7.

>>SPEAKER: So, the expected time line for communications for UPMC is within 48 hours for

a regular issue and same day for an emergency issue. I think that we also do encourage them to communicate in the means that is appropriate to them or the preference of the participant if they want phone call, text, e-mails, letters as appropriate for the participant. We -- one of the things in the continuity of care period that can be a little challenging we are working through some external service coordination if a call comes out to us and we reach out to an external agency, we expect them to have the same time period for follow-up but we are working through that during the continuity of care period. Our individual coordinators work set schedules but they can flex time and outside of the normal business hour if necessary but we also have 24-hour operations through our service coordination unit that you may not be able to talk to that service coordinator but there is somebody always available that can assist you or the participant even if it is not that individual coordinator.

>>SPEAKER: A lot of moving around. And similarly, we try to get back within the same day if it is an emergency or an urgent issue in 48 hours if it is not an urgent issue but again, we have 24-hour operations and participant can speak to someone familiar with the case any time that they contact us.

>>SPEAKER: And ours is the same except I want to confirm because I know we generally do not use e-mail so we try to do communication follow-up with the phone and we also have the 24-hour participant but I will confirm about the e-mail.

>>SPEAKER: So, the second question which we have asked -- we have written in as PATF for all of the plans that the card that people get, receive when they are enrolling be able to be differently formatted depending on someone's needs. So right now the card has on the front obviously someone's name, the plan all of those numbers. On the back it is an encyclopedia in 2-point font and you cannot find the numbers to call. So what I suggest -- I called in and spoke to all three plans asking that a different card be made available for a participant if they have trouble reading the back of the card which is where the phone number is I'm asking formally that the department, OLTL make this recommendation or come up with some solution because if you are really trying to empower someone there is no way to do it.

>>DAVE JOHNSON: I appreciate the discussion on forms, service coordinator choice. I was wondering if more could be said as to what is being done with these recommendations and suggestions and how they may be incorporated? Is OLTL considering adding language to the agreement in future years or is this for the MCOs to consider and implement as an administrative function?

>>JILL VOVAKUS: So, during the overview of the service coordination requirements, what was included in there is what is in the agreement. So the next steps after this open discussion is we are currently working on scheduling the work group so we have folks that have expressed interest in being part of this work group. We have already received feedback from our MCOs as well as other stakeholders and that will be reviewed during this work group and then we will come out without comes and recommendations and then we will be able to report back on the types of results that we have -- that we have decided upon for all of the MCOs. I can tell you that it will be standard. So that is the point of bringing all of the MCOs together so that all MCOs will be providing the same type of information for folks to select their service coordinators.

>>DAVE JOHNSON: Thank you.

>>MIKE GRIER: I just wanted to say I will volunteer to be a participant in your work group.

>>JILL VOVAKUS: Got it.

>>MIKE GRIER: Representing PILC.

>>BARBARA POLZER: Pam?

>>SPEAKER: I just wanted to know from the MCOs what is a time frame that people should be expecting a response, I guess, or a no to a requested service if people are waiting a month? Are they waiting two months before they don't -- would they tell their service coordinator I need a home mod and durable medical equipment and they are not hearing back. What is the reasonable time because at some point they need to have the ability to appeal. So, what is your time frame when you expect your service coordinators to give a decision on a request?

>>JILL VOVAKUS: Alphabetical.

>>SPEAKER: Starting at the back. Thank you, Barb.

>>SPEAKER: Okay. I think something that is important to point out is the service coordinator is not necessarily making that decision on the service. So there are expected time frames on when they are completing that assessment which is the starting point and to appoint that Patti made there are different team members depending on the nature of the service, that could go through a medical team or an independent as it results to home modification. If we are going to be making a denial, there are time frames that govern that determination. If we determine something is not appropriate we do have 48 hours to notify the participant of that determination that something is not going to be approved for that individual.

>>SPEAKER: If they are not hearing from -- I understand --

>>BARBARA POLZER: Come to the microphone.

>>SPEAKER: I'm sorry.

>>SPEAKER: I understand there is teams and there is processes but when you get to a point and you are two months out you are not hearing -- I submitted it. When is that point that the consumer says enough is enough I need to move forward with this?

>>SPEAKER: If they are not hearing from internal service coordinator or from a contracted service coordinating service entity they need to be contacting us through the Member Services provider services or the service coordination hub number so we can follow-up on that because there shouldn't be a time period where it is two months and they should be getting that notification. If they have been heard in a few days -- our coordinator should be reaching out to them about where something is in the process.

>>SPEAKER: I will just add the same point that with DME and other medical services and there are very specific time frames that are in place and strictly adhere to those time frames and those time periods. Home modifications are different. There are a lot of moving parts but please let us know if you think that the amount of time is taking is two months. You can reach out to us at any time and we can give you additional information on what is going on with that particular case.

>>SPEAKER: I agree and concur with Norris and Dave. The only thing that I can even think of that would take that long would be a home mod because it is a question if they have to get

multiple bids or waiting for a P.T. eval or looking to see if there is a permit being approved. So if a participant at that point really is waiting that amount of time –

>>SPEAKER: For a yes or no.

>>SPEAKER: For a yes or no then again, I would always encourage and remind them that they can call and put in a complaint or grievance if they feel that they have made outreaches and that they have not received a response back from a service coordinator. Daycare, those type of things should never take that long and if a participant is requesting a service that is much higher than an assessment or an S C observation or the combined conversation would dictate and it is sent at least to Keystone First and AmeriHealth internally, that is sent to our L. TSS department and all of those decisions are made within 48 hours and if we need additional information from a physician for whatever reason, that is also done within 48 hours. So again, two months just seems unacceptable unless it is indeed a home mod.

>>SPEAKER: So if I'm talking to a consumer and they say I requested within a week ago from my service coordinator for a certain request, then tell them to call you guys to make, you know, to say hey where is it and if they don't hear back. The time -- the two month comes in all of the calls and you are still try it go to find out where it is going so if after a week, they should call you guys and find out.

>>SPEAKER: Yes. Absolutely, especially, it seems odd unless it is a situation where it is not something -- a discussion that is occurring during an assessment. The participant has made a call to a service coordinator asking for additional information outside of when the assessment or the face to face visit was happening but again, nothing should take two months. Again, the only thing that we run no time is, of course, home mods because as we all talked about all of the other step that's are required multiple bids and permits and all of that type of enough but a yes or no should not take that long.

>>BARBARA POLZER: We have a request that came in over the phone if we can provide the MCO contact names for providers can that be put in the minutes. I know Norris has volunteered to be contacted personally.

>>SPEAKER: I think there is already a master list on the state website but we can certainly do that. And again, we have 24/7 participant line, provider line, compliance line, all of that information is in the handbook but we are happy to also provide it.

>>BARBARA POLZER: I guess the request is also to have it included in the minute.

>>SPEAKER: So the specific request was individuals who are attending this meeting and have issues are able to get a contact -- a direct contact after the meeting. The individuals participating via webinar and telephone would also like to be afforded that opportunity of having someone's name.

>>SPEAKER: Okay.

>>SPEAKER: So, we will just send yours.

>>SPEAKER: Sure. It is job security. It is good.

>>BARBARA POLZER: And there was one last question that came in on the phone. In similar at the other end of the spectrum what about serving the needs of the youth with

physical disc 8s. SCs have very little understanding about their needs and programs other than the elderly. So, I guess that is something to write down for service coordinators what people are looking for.

>>JILL VOVAKUS: Yeah. And I guess we would need clarification on youth. If you are talking about under 18, then that would be a population that served under community health choices but absolutely, we will make sure that we include that or age out type of scenarios with the service coordination information.

>>DAVE JOHNSON: I'm coming in under the wire. A question for the MCOs that list the time frames for something like comprehensive needs assessment the agreement outlines when they must be completed whether requested personally or the event of a trigger. I'm wondering does the SC know when an assessment must be completed by or when that clock starts ticking say in the event of admission to a hospital, a trigger event? Who knows when the assessment must be done and how can a consumer make sure that it is done on time?

>>SPEAKER: We actually have -- trigger events we have flags that come up in our system even when their annual assessment is due if there is a trigger event and it kind of says in 15 days this is due in ten days if you haven't been out there and when they go and do the assessment then that resets that clock and it comes out on every day when they log on, they have an outreach screen that comes up and outlines what is due.

>>DAVE JOHNSON: For the service could order faith for.

>>SPEAKER: For the service coordinator.

>>SPEAKER: And then it is also copied to supervisors.

>>SPEAKER: Similar to PA Health and Wellness . We measure on the timeliness on filling that requirement. We really try to make sure we meet the time frames.

>>SPEAKER: Similar, we have tasks and flags that happen for coordinators. We get feeds on admissions and discharges to let them know when the clock starts.

>>DAVE JOHNSON: Thank you.

>>BARBARA POLZER: Okay. We have three minutes.

>>SPEAKER: I have a question and don't have anything to do about this topic. I have this question for a really long time. Is it okay for a homecare agency to have sign ups or offering $300 bonus for the employee to transfer with a patient to their agency? Is that legal?

>>JILL VOVAKUS: As long as you are not soliciting specifically from or trying to scout from a different -- from a particular agency or you are not sending things out via participants or doing cold canvassing and that kind of thing. I mean, we see billboards around, you know, saying, hey, I'm going to -- I offer workers this starting rate and that kind of thing, that is perfectly acceptable. It is when you are specifically marketing to individuals or you are doing solicitation through the participant themselves or, like, cold calling to participants or employees of a -- of a sister agency, right, that type of thing is what we, you know, want you to do.

>>SPEAKER: I have a consumer that they literally knocked on their door to offer them to, you know, try to convince them to switch.

>>JILL VOVAKUS: Yes, so you will want to send me that to me. I will give you my card.

>>BARBARA POLZER: Jesse, one minute.

>>JESSE WILDERMAN: 30 seconds.

So just on the census stuff, I just wonder if there is something the MCOs are planning to do or could do to alert service coordinators because the participants and direct care workers are both fall into the category of people who get under counted in the census and they are talking to those folks all the time and it is timely. I don't know if there is something planned already.

>>JILL VOVAKUS: I'll follow-up. I don't know if they are providing each of the program offices information to go out through our list serves. So that would include all of our providers and service coordinators so I will follow-up and see what the request is from the census folks.

>>BARBARA POLZER: Everybody, this is Marilyn's last time we will be seeing her. If you want to say goodbye to her please do so upon leaving. Thank you everybody for coming today and our next meeting is April 1st. Have a great month.