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DATE : 5/12/2020

Event : Managed Long-Term Services and Supports Meeting

>> Barb: All right. Good morning, everyone. Thank you for participating in today's meeting. We are going to call this meeting to order and rather than make introductions we will do roll call. When your name is announced, please acknowledge you're on the call.
Blair. Blair, are you on today?
>> Pat: Barb, blair is on but he hasn't entered an audio pin. Can you unmute him?
>>Speaker: Held qulo?
>>Barb: David, is that you?
>>Speaker: No, it's rich. David may be on as well.
>> Barb: We will do a roll call. So Neil, are you on?
>>Speaker: Yes, Neil Brady is on.
>> Barb: Thank you, Neil.
>> Barb: David?
>>Speaker: Hi, this is David Johnson.
>> Barb: Good morning, David.
>> Barb: Bruce?
>>Speaker: Good morning, Bruce here.
>> Barb: Gail?
>> Yeah, I'm here, thank you.
>> Barb: Good morning, Gail. German?
>> Barb: Heshi?
>> Heshi is here.
>> Barb: Good morning. Jim?
>> Barb: Jessie?
>> I'm here. I'm not sure if you said my name, but this is Jessie. I'm here.
>> Barb: Thank you. Juanita?
>> Pat: She may be on and self-muted.
>> Barb: Thank you, Pat. Linda?
>> Barb: Luba?
>> Good morning, everyone. This is luba.
>> Barb: Good morning. Matt?
>> I'm here. Good morning.
>> Barb: Good morning. Mark?
>> Barb: Mike?
>> Good morning, everyone. I'm here.
>> Barb: Good morning, Mike. Richard?
>> Present.

>> Barb: Thank you. Richard Kovalesky? Richard Wellins?
>> I'm here, at my house, not at my favorite breakfast restaurant.
>> Barb: Good morning, Richard.
>> Barb: Sister Catherine?
>> Barb: Steve?
>> Barb: Steve?
>> Pat: I believe Steve is on.
>> Barb: Thank you, Steve. Good morning. Tanya?
>> I'm here.
>> Barb: Good morning, Tanya. Terry?
>> Barb: Terry, did you say you're here?
>> Barb: William, did you just acknowledge?
>> Barb: All right, that the member list. I'm just going to briefly go through the housekeeping rules.
>> This is German, I couldn't unmute myself when you called.

>> Barb: Thank you. Please keep your language professional. This meeting is conducted as a webinar with remote streaming. All the participants, except committee members and presenters, will be in listen-only mode during the webinar. While the committee members and presenters will be able to speak during the webinar, we ask that you please use the mute button or feature on your phone when not speaking. This helps minimize the background noise and improves the quality of the webinar.

We ask the participants to please submit your questions and comments into the chat box which is located in the go to webinar pop-up window on the right side of your computer screen. To enter a question or comment, type into the text box under questions and press send. Please hold all questions and comments until the end of each presentation, as your question may be answered during the presentation. Please keep your questions and comments concise, clear and to the point.

The transcripts and documents are always posted on the list serve under the minutes and they are normally posted within a few days of receiving the transcript. The captionist is documenting the discussion remotely so it is very important for people to state their name or include their name in the chat box and speak slowly and clearly. Other wise the captionist may not be able to capture your conversation. This meeting is also being audio recorded and the meeting is scheduled until 1:00 p.m. To comply with the logistical agreements, we will end promptly at that time.

If you have any questions or comments that weren't heard, please send them to the resource account and for your reference, that account address is listed on your agenda. Public comments are taken at end of each presentation, not only during -- instead of during the presentation, and there will be an additional 15 minutes at the end of the meeting for additional public comments to be entered into the chat box. And our 2020 MLTSS meeting dates are available on the human services website.

We will now move over to Kevin Hancock and he can provide us with the OLTL updates.

>> Kevin: Good morning.

>> Good morning.

>> Kevin: Just want to make sure that people on the webinar are able to see my screen. If someone could give me a thumb's up, that would be great.

>> We can see it, Kevin.

>> Yes.

>> Kevin: Thank you.

>> Yes, I can see it.

>> Kevin: Great, thank you. Good morning, everybody. I'm Kevin Hancock,
Deputy Secretary for Department of Human Services of the Office of Long-Term Living and I will provide the update for the MLTSS. We will good through our COVID-19 response updates, which includes a refresher on the OLTL priorities during a crisis period.
The priority for the three CHC-MCOs and provide information with the educational support and clinical coaching program and then a quick update on enrollment services that are pressed for application. Which we are hoping will be going out very soon this week, even today possibly. So starting with the COVID-19 response, and what I would like to did is, if it is okay with barb, would be to go through each of the sections then pause to see if anyone has questions before I go on to the next.

>> Barb: That is fine, Kevin.

>> Kevin: Thank you. We want it make sure we are keeping participants and staff safe to best of our ability. This includes any opportunity where we can work with the Department of Health. And elsewhere to identify and obtain personal protective equipment that would be personal protective equipment for providers, including nursing facilities, personal share homes, the work force.

If people on the phone could mute, if they are not speaking. I'm getting a little bit of feedback right now. Thank you.

So focusing on keeping participants and providers safe and hopefully infection-free is something we will be able to accomplish to the best of our abilityis. We all know we have had some pretty significant impacts from the disease, especially in facility-based here. But minimizing that as much as possible. And also minimizing the risk of infection for people receiving services in the community is also our first and foremost objective. Also, and

related, minimizing potential service interruption he. There is minimum service interruption but we know they've been happening even though it isn't reported. Staff choosing not to be able to perform their job duties for whatever reason, including the possible risk of a COVID infection. And a third possible risk is if the staff themselves are ill. And the fourth is if they themselves make the choice they don't want to receive services from a worker. And it usually relate it personal assistant services or nursing facilities services in community choice services. Staffing related is the most likely reason why we would have potential interruption of services. And also providing issues with the availability or lack of availability of PPE or personal protective equipment.

Creating flexibility through authorities including 1915c appendix K to the addendum to the waiver and a broader authority for the 1135 waiver that allows for a lot more flexibility and in times of crisis. We have had those approved. And also a disaster amendment approved as well.

And we continue to review these authority and update them to make sure that we are meeting the needs with as much agility and as much timeliness as possible.
So these waivers will continue to publish with update are required through our list serves. These waivers are constantly being reviewed it see if they are meeting the immediate needs of the situation. Which has been involving, as we know, pretty much on a daily and even hourly basis.

Support offing the acquisition of PPE I already touched on. The CHC-MCOs are working with suppliers and OLTL is working with the Department of Health for PPE to do what we can to make it available. It seems to be getting better in the system. Although there is always some sort of a shortage. The latest shortage I heard is for disposable surgical gowns. Masks were a shortage in April. But that seems to be getting better. But gloves were a challenge for a while as well. There definitely is still not enough of all of it but some of these shortages have been assisted somewhat. But they keep on evolving. Just like everybody else related to the situation. Identifying first PPE we touched on and distributing information is something we pretty much do on a daily basis a the this point and hopefully the information is helpful. If there is any type of stakeholder information that would you like to receive that you haven't, please let us know and we will look into seeing if this is something you can create. So those are our priority.

It is still the MLTSS SubMAAC so it is very important to get through them. Monitoring the incidence of diagnosis, and lifting information on daily basis as to whether or not any of their members have had incidence of COVID-19. And we will be going through the data for that very quickly. This information, to just be clear, is self-reported. And it relates to the community-based population. We have separate tracking for personal care homes. But at this point, there have been a total of 446 self-reported cases of COVID-19 infections across the state. And this is for the home community based population. For the southwest there have been 24 cases. For the southeast, 340 cases. Northwest, 5 cases. Northeast, 15 cases. And we had capitol, 62 cases. They sound like low numbers, and they are for the

majority speaking. Those in congregate care, including facilities and personal care homes, and some cases assisted living facilities. But the numbers, to be clear, they do very much track with the incidences of COVID infection across the state. Unfortunately, the southeast has the highest number of cases across all populations and that certainly is the 340 cases that have occurred in community health based services. And the next highest is reflected in the capitol in other area hard hit by COVID-19. There is a lot of counties from the Lehigh capitol area, which spans from Gettysburg to Allentown and our safety numbers reflect that.

So once again, if folks are not speaking, if you could mute your phone, I would appreciate it very much to avoid feedback.

Providing ongoing guidance and updates is something we can continue to do. Something we are updating. At this point we have a good baseline and providing guidance including guidance by the Department of Health as well as guidance we have developed ourselves. And that guidance is constantly being updated similar it what we are doing with our waiver authorities as well. This is an ongoing crisis and if doesn't make sense to continue to maintain information when we know the situation is evolving. So we are constantly updating information that we have sent out previously.

The CHC-MCOs are continuing to do ongoing checking calls. That's one of the ways they are able to identify whether or not an individual self-reported they have COVID-19 infection. This also helps them to verify that back-up plans are working and there aren't any missed shifts. If there are any unmet needs including meals that might have to be assigned to a person's service plan. And ensuring participants have access to essential home items which goes beyond just food and may also be key in essential supplies, including medical supplies and home supplies as well.

Also COVID-19 resources to make sure that participants know what to expect during a crisis period. This has included fact sheet, safety information and behavioral health resources. And stated before committee, behavioral health is incredibly important in a situation like this because to be perfectly honest, for many, many people, this crisis experience has been traumatic. It isn't a very fun experience. And if people need services during the crisis or even after the crisis, we want to make sure they know how they are able to access resources. And with that, I'm going to pause before I jump into the ESCCP program.

I don't know, at this point, Pat or Barb, if you have received any questions. But I want to give people a chance to ask them before I move into the next section.

>>Pat: Yes, I have one that came in from Pam, Kevin. Asking, what role are CHC-MCOs expected to in connection with the nursing facilities COVID-19 outbreak including failure to protect resident from exposure. Can members call SCs for assistance or are SCs monitoring the status of members in long-term care facilities? And just so you know, the MCO participants are unmuted, if you want it ask them for input.

>> **Kevin:** So I will ask them for input. I would say very broadly that quality of care issues is not just a responsibility of the CHC-MCOs, though they are still part of the reporting process. And I would say that participants and their caregivers can always reach out to service coordinators if they have any types of questions or concerns. But quality of care in a nursing facility is also a consideration for the Department of Health. Responsibility for licensing. So those facilities. It is also a consideration for the state ombudsmen program and usually with the ombudsmen program for aging. There is a lot to use when it comes to issues of quality of care. One of those resources I would agree is the CHC-MCOs. I'm not sure who will be responding for each of the MCOs but I will turn it over it AmeriHealth Keystone first to add anything they would like to be able to add with regard to the role of the CHC-MCOs and quality of care in facilities.

>>Pat: Patty, Chris or Jen?

>>AHC: Sure, good morning. This is patty. I can begin to respond and then Jen Rogers, director, will continue to respond. Our service coordinators we are continuing to outreach to nursing facilities, working with the staff as well as participants when they are able to contribute to the discussion. We also are working with their support of system with the participant. So that communication does continue during time. So Jen, do you want to provide any additional response?

>>Speaker: Good morning, Patty, thank you. Good morning, Kevin, and everyone. I think the only thing I would add is we are trying to serve as a resource for nursing facilities. This includes help with transfers and relocations due to a high number of positive cases. We have had specific examples in the phase 3 region where our service coordination team worked tirelessly with the social work team at the nursing facility to stabilize situations where there are a high number of positive cases in the nursing facilities. Again, we don't want to get in the way. We want to be a resource and support to participants and the teams at nursing facilities to make sure they are supported any way we can to help with logistics concerning COVID.

>>Speaker: Thank you, Jen.

>>Speaker: P I will next ask if there is anything to add with quality facilities.

>>Pat: We have Brendan, Andrea and Karen. Brendan, do you want to respond?

>>Speaker: He may be having trouble unmuting himself. Maybe turn it over to Pennsylvania health and wellness while UPMC gets themselves ready to respond.

>>PHW: Good morning, Kevin. Can you hear me?

>>Kevin: I can.

>>PHW: Okay, very good.

>>PHW: This is Anna. Patty's comments were spot on with the way key health has been responding. We have been reaching out to facilities when COVID first rear edit head in early March and began that regular weekly engagement pment service coordinators assigned to the facilities continue to monitor what is happening there, and we do have individuals still expressing an interest to transition out of the nursing facilities. And for those that are pretty serious about that, we are working with them closely to get that done while helping them understand the risks as well. So that is kind of where we're at.

>> Thank you, Anna.

>> Anybody else able to respond?

>>Pat: Brendan and Mike both need to enter their audio pins. Let me check and see if Mike -- I can't. Andrea. You were volunteered.

>>UPMC: Yes. I am the one who can -- I'm the only one able to unmute. By have been working very directly with all of the nursing facilities. Our service coordinators are keeping as much direct contact with them as they can to understand their status and where members are. From the network side, we are also working very closely with them to ensure that they have a members of communicating back and forth to us when needed. And assist if they need any extra help. And trying to keep as up-to-date on the COVID as we can. So we continue to work with them as closely as we can. Our service coordinators are attempting to be an asset to them and it members in the nursing facility.

>>Speaker: Thank you, Andrea.

>>Speaker: Are there any more questions regarding –

>>Speaker: Yes -- yeah, I have several, Kevin.

>>Speaker: So the next one is from terry, and it is our understanding when a home based care provider begins caring for a consumer or patient who was previously diagnosed with COVID-19 as in the case of starting care after a hospital discharge, they are not required to notify of that infection. Is that also true for MCOs or OLTL? They wouldn't have to let MCOs or OLTL of the previous? Is there a support group type of arrangement? We have initiated with -- that carried over into another -- sorry, I carried offer into another question. The question was, do they need to notify the MCOs and OLTL of the previous infection.

>>Speaker: So if an individual is already diagnosed for COVID-19, that would have been reported to the Department of Health. And we have mentioned that the data we are

collecting for the CHC-MCOs. There is no requirement to report to CHC-MCOs. We with like to know if there is a new infection and if it is associated with someone receiving long-term care in the community, but it is not a requirement. The formal reporting process for providers who are providing COVID-related or other type of support working with individuals who are COVID positive to report that information to the Department of Health. That is the formal requirement.

>>Speaker: Okay.

>>Kevin: And the second half of that question?

>>Speaker: I think you covered it. That the requirement is related to new cases.

>>Kevin: Right.

>>Speaker: The next question -- well, no. Is there an opportunity for service providers to share their stresses and issues in a support group type of arrangement? We have initiated with this for medical professionals in the southeast and have high levels of participation, which we view as an indicator of success.

>>Kevin: I actually think that is a great idea. A really great idea. Mentioned already that for many people, and I'm sure that true for support professionals, especially for support professionals working with COVID cases in any type of facility. This has been a traumatic experience. Even if it is post recovery, I think this is a great idea. We would like to know more about what is being managed in the southeast. OLTL can certainly advocate for this. But it would probably be something that would be better overseen by associations that are affiliated with home care providers or even the representatives might be able to take the lead and also support the benefit of such a support group. I really do think it's a great idea. We will take that one back and have further discussions. We have conversations with home community based providers on a weekly basis and that might be something we could bring to them to see what they think. And we have conversations with health care worker representatives and that might be something. We can use those platforms to discuss the idea. But I thank you for the idea. And it is a great one.

>>Speaker: Okay, next question is from Pam. Are the MCOs providing masks to participants in nursing facilities?

>>Speaker: The nursing facilities themselves would not responsible for providing those types of supplies. So it wouldn't be a direct reslayings p between MCOs and participants. That would be something the nursing homes would be responsible for providing.

>>Speaker: Okay. The next question is from Lester Bennett.

>>Speaker: What do we do to make sure providers don't go to the facilities during the

pandemic?

>>Speaker: We believe in participant choice. And participant choose to receive their long-term care in a nursing facility. That is very much a part of the program and something that we would offer. A consideration for this would be obviously infectious disease protocol. We know that nursing facilities have not taken to admissions for a variety of the reasons related to the pandemic. But the program is all about participant choice. And if participants choose to receive long-term care in a nursing facility is something that certainly DHS will help to facilitate. We do emphasize home and community-based services in this program as well. So community-based services is always the first option but there is always participant choice.

>>Speaker: And Lester provided clarification, -- g
[Inaudible]

>>Speaker: Yeah, I covered that with my answer.

>>Speaker: May I now or –

>>Speaker: Yes, go ahead.

>>Speaker: Real quick. Kevin, as a follow-up to Pam's question. We clearly understand it is a nursing home's responsibility to provide to their staff. It is the MCO's responsibility to protect
people living there who provide PPE.

>>Speaker: So, when it comes to the provision of PPE for participants in a nursing facility, the first and priority first is to the nursing facility. The nursing facility is to reach out to MCOs and if they need help, in obtaining PPE, they can also reach out to the Department of Health or PEMA if they need help, especially if they have infection in their facilities. But the facility themselves are first and the responsibility to provide PPE to staff and also to their resident.

>>Speaker: Thank you for the clarification. And as you said, it is the responsibility for the three entity, as far as you know, has that happened? The AA or nursing home staff questions the MCO or state entities for PPE for specifically for their residents. Or you cannot answer at this time?

>>Speaker: I can't answer for the MCOs but I can say that nursing facilities have reached out to the Department of Health and to the Pennsylvania emergency management association or PEMA for PPE that is happening very frequently, even on a daily basis. So they are also, I can say with authority, they are getting distribution of PPE as well.

>>Speaker: Thank you, Kevin.

>>Speaker: Thank you. I don't know if the three MCOs want to respond directly to the question. Responding first with AmeriHealth Keystone.

>>AHC(Patty): Kevin, if it is PPE as you indicated, the facilities, nursing facilities are managing their own PPE. But what we would like to say, AmeriHealth, the topic right now tends to be the nursing facilities, we just wanted to assure the community that when requested nursing facility transitions are still occurring. And we are diligently working with the community and family and support systems of participants who are transitioning and do want to take a second to do a thank you and shout out to barb and the team at liberty. They have really tirelessly recently been leading this effort so we did not want the community to think that nursing home transitioning, nursing home transitions had stopped as a result of COVID.

>>Kevin: Thank you, Patty, and thank you, barb. And everybody at liberty. They are doing a lot of great stuff at liberty through this crisis period. And barb's team and I've had conversation about some of the work they are doing with employment and all kind of different areas of support. And liberty does deserve a lot of credit for providing exemplary and really innovative services during this crisis period. Thank you, barb, for that hard work. I'm going to turn it over to UPMC. I guess Andrea will be the first person today.

>>Speaker: Mike Smith is now also unmuted.

>> **Kevin:** Okay, Mike.

>>UPMC(Mike): Hey. Thanks, Kevin. Yeah, so we are, as I think we are on the same page where AmeriHealth Keystone. We are also providing technical assistance to nursing facilities when requests come out. And mainly providing a lot of the same kind of resource discussions with them as we do as provided by the Department of Health and that type of thing. So they are stepping up to that plate and handling those requests for PPE and I think that if I understand correctly, from other discussions, that PPE is being pushed to nursing facilities that have higher COVID levels as well. So we maintain really close contact as much as possible without being a burden to the facility to understand what the status is of the participant there and if there is any need for additional assistance from our part. So we are trying to remain vigilant and supportive but not overbearing to the facilities that we will open with.

>>Speaker: And again, working through nursing home transitions.

>>Speaker: Thank you. I do appreciate the comment of not being burdensome with facilities in this time of crisis. That is something we do have to keep in mind. The nursing facilities and personal care homes are the hardest hit in this crisis in terms of a provider type. And we want to be there to support them. And I think Jen Rogers also did a great job of what could be done to support them. Appreciate that comment. Pennsylvania health and

wellness. Anything to add? Yeah?

>>AHC(Anna): Hey, Kevin. A couple of things. One, the days all roll together right now so I can't remember when it happens but three or four weeks ago we distributed thousands of KN-95 masks and other PPE to contracted nursing facilities across the Commonwealth. So I mean, just whatever they were in need of that we were able to get our hands on, we assisted with them and acquiring that and then while we brought up around sound liberty resources, I will give a shout out to Tom Earl and I agree with the group on all of the work that liberty is doing in this current situation we're in. And Tom is working with PA health and wellness to establish, we are doing a pilot with him on an emergency home care worker registry if Philadelphia to see if it is something we could replicate in other part of the state. And they have stepped up to the plate to help us see what we can do to pilot that in the event that individuals don't have a backup plan and need a worker on a really short term basis. So more information to come on that. But I wanted to share that with the group as one of the other liberty call-out.

>>Speaker: Thank you, Anna. Pat, any more questions?

>> Pat: Yes. I have another question. Actually, two more. One from Lori Kelly. And I believe this is related to some of the guidance that recently went out. Under personal assistance services and participant direct community support on page 3, this change allows participant spouses, POAs and guardians to be paid care givers. For example, has agency care givers' child becomes sick with COVID and she has to be out immediately to take care of her child. Does the SC have to have the change approved by the authorization department and how long does that take? What are other requirements these agencies have in addition to conducting background checks and child abuse clearance on the wife? Would the wife get paid at the time she starts caring for her husband even before the process get completed ? Would the payment to the agency continue?

>>Speaker: Complex question.

>>Speaker: Yes, I think can I answer that. Sounds like there is a worker serving the husband and then the worker's child became sick. So she left. Now the wife wanted to become the care giver and what process is necessary and what requirements do te have around enrollment?

>>Speaker: So the best entity to answer that question in my view is the agency itself. The agency, we did temporarily allow for spouses and power of attorney to be eligible to be hired both in consumer directed model and agency model for personal assistant services on a temporary basis which will hopefully end on June 30. And the hiring process would be something that would be best explained by the individual agencies. That agency still has licensing requirements when it comes to onboarding staff and agencies could answer those questions. But power of attorney and spouses can be used as care givers during crisis period which will hopefully expire on June 30.

>>Speaker: And Kevin and Steve, Steve is unmuted if he wants to add anything.
But Jill also mentioned she had received some questions yesterday and was drafting a response related to a directive approach versus agency. Sounds like there is possibility.

>>Speaker: Okay, next question, I may have missed this answer. PEMA does not designate care as health care workers at home. We get PPE from them because of it. What can OLTL do to help change the designation?

>>Speaker: So we have talked with both the Department of Health and PEMA about home care services. This is something to address on a case-by-case basis. We have a lot of different initiatives. So I have asked Shawn to reach out to us, to OLTL or through CHC-MCOs. Reach out to us and if you are hitting a barrierr and being able to work with PEMA for PPE, we will certainly help break down that barrier. It could be a conversational challenge. There is personal assistant services and how they are considered to be life sustaining.

>>Speaker: And just providing additional information, saying health care workers are not on the list as of last week. And this is all of the questions I have as of now.

>>Speaker: I have one more question.

>>Speaker: Go ahead.

>>Speaker: Has there been an increase in protective services cases ?

>>Kevin: Across the system I'm worried to say there's been a decrease in protective services cases. That is across the entire system. From adult protective services and child protective services. And to me, that is troubling. We have theories but not enough understanding as to why. It is my understanding fewer cases are being reported. So if there are no other follow-up questions, I'm going to jump into providing an overview of the educational and clinical coaching -- educational support and clinical coaching program.
So I love our acronyms. ESCCP evolved out after critical need with personal care homes and assisted living residences and needing to understand what the COVID-19 infection meant for their facilities and also how best to manage these cases. Or to best maintain some level of infectious disease control in facilities if they did have an outbreak or COVID positive infection. If the collaboration between the long-term living and department of human services because we have in the secretary's office helping as well, the Jewish health care foundation and several regional health care systems across the state, it is designed to provide assistance to personal care homes and assisted living residences by focusing on the latest guidance either from the Department of Health or for disease control or CDC providing targeted information on the effective use of PPEs and helping to manage and operate COVID-19 in their facilities.

We had very early on, since the explosion of the infection in Pennsylvania, we had personal care homes reaching out not only to the department of human services but also to the Department of Health asking for support or not willing to return, let individuals in their facilities, and who had COVID positive infection or they were symptomatic, they went through a hospital stay and they were concerned about having individuals come back to their facility simply because they didn't feel like they were in a position to manage that facility. And as a reminder, personal care homes are residential model. They are much more of a social model in their facilities. So there may be cases where personal care homes may not have the same type of resources or training for medically complex conditions like this. That is the reason why we sought to set up the initiative and to be able to provide this type of support. The health care systems across the state have been particularly helpful in doing targeted outreach with facilities and asking facility is what they need to manage these types of cases or how to use PPE.

>>Speaker: This has been effective for about six weeks now and this includes multiple webinars with the Jewish health care foundation and audience which are always fully attended by personal care homes. And we have found that with these webinars and with this type of outreach, that in addition to personal care homes and assisted living residences that some facilities are also asking for this type of support. We have recently expanded it to include skilled nursing facilities as well as homes and residences to be able to receive some of the targeted outreach and to have some of their questions answered. We are also looking for opportunities to provide additional support for individuals with intellectual and developmental disabilities. So when we continue to look at the effectiveness of this type of targeted outreach, and the Jewish health care foundation, and we would also look for ways to replicate the type of support with other facilities where they are either at risk or contending with COVID-19 infection or outbreak. And the whole point of this is to develop some level of comfort so facilities feel they can manage cases or to know what they need to do to be able to obtain resources to be able to get PPE or other support they need to manage cases as well.

Six weeks we will continue to provide update on how it is progressing and at this point, a significant portion of the personal care home and assisted living residences have received this outreach from hospital systems. And we are hoping that outreach will continue to expand for skilled nursing facilities that are then identifying they need this type of support as well.

So before I move on, have we received any questions about
this initiative test?

>>Speaker: Yes. I have two right now. First is from Pamela Silver. Is there any discussion of keeping ESCCP after the COVID emergency. For example, it could this help with the flu season and other infectious disease management?

>>Speaker: It has been suggested and something we are exploring. Since we are

expecting the COVID infection period to go on for some time, there isn't a whole lot -- it something we could certainly discuss when we feel there is a more progressive handle on the disease. But at this point, there is no firm planes. It is just worth too much in the COVID-19 crisis period it think that far ahead. But it is a great suggestion and it has been discussed.

>>Speaker: s there consideration in expanding it to the home-based care providers?

>>Speaker: Also been suggested. Actually, my recommendation to terry would be if she thinks this would be of use to providers in her association or in any of the home care associations, send us a request. This could be part after future expanded scope of ESCCP as well.

>>Speaker: This is Jessie, if I could jump in. We have been sending training to people through videos and other mechanisms to do that but one of the areas we keep getting stuck on that I think that we could use, that could use some assistance on nursing facilities space and probably other spaces as well where folks are dealing with positive COVID-19 folks is particularly in the N-95 or KN-95 masks and I don't know this group is focused on the how to get resources or support in any setting, and not only with PPE but the fit testing requirement and you have to require special equipment and someone who knows what they are doing and I know the kit to do fit testing are on short supply as well. So there is probably a back-up way to do it that is not as good but I don't know if that is part of what this training is. Or something we are doing as we are more successful in getting out PPE and training folks via video and how to do that. I don't know if that part of it.

>>Speaker: So focusing on the fitting for the N-95 masks, Jessie, especially health systems, can help identify with facilities they are supporting where the mask fitting could actually occur. And in most cases, it is my understanding that the fittings are overseen by the hospitals themselves. And so they would be able to help identify where that fitting could occur. And they could help provide instructions for PPE. It is possible that as Terry Henning suggested with agencies, it is possible that the scope of ESCCP could be directed towards the work force and because it is of resources would he have to think of a way that information could be sort of broadcasted to a large group of the direct work force. They wouldn't be able to do individual outreach considering how many there are. But that will is definitely something we can consider expansion and a lot of the information that the DHS requested is something that health systems have been able to offer.

>>Speaker: Great, thanks.

>>Speaker: Thank you.

>>Speaker: Are there any other questions?

>>Speaker: I have no other questions at this point.

>>Speaker: I do. I have a question that came in from Tonya. Has anyone considered reaching out it 3-D printing companies to get more COVID testing to nursing homes. Or does the testing have to pass some sort of regulations in or the to be used?

>>Speaker: I'm not an expert on 3-D printers, but there is a lot of energy right now behind promoting more testing in nursing facilities. I had the opportunity to do two hearings last week on Thursday and Friday with the senate and one with the house. For the general assembly. And that question was frequently raised. Not only by the nursing facility association site but by many members of the general assembly. The department of health is taking the lead when it comes to testing. And secretary Levine talked about how in recent weeks more testing has become available and right now the Department of Health is exploring what other states are committing to do which is much more frequent university testing for facility based long-term care and they are talking to other states and more feasibility in facilities to see if they could accomplish what it is intended to do, which is early detection and appropriate disease management.

>>Speaker: Go ahead, Meredith.

>>Meredith: Okay. I have one more question from Steven Gamble. Have they offered the ombudsmen in this initiative?

>>Speaker: The ombudsmen, actually the ombudsmen, the state ombudsmen has developed a report being shared with the Department of Health. Source out of the department of aging and shared with the Department of Health and department of human services across the commonwealth, they are engaged in the process and always an incredibly important partner especially in nursing facility quality complaint or concerns and the statewide ombudsmen is part of the conversation we have when it comes to opportunities to improve connections and expand the concentration of support for long-term care. So the answer it that is broadly, yes.

Any other questions ?

>>Speaker: Yes.

>>Speaker: I have one more from Rebecca Shepherd. Some of us have been trained on FITT testing. Why would a hospital have to FITT test for an agency?

>>Speaker: That's great the agency has had the training. Hospitals can train. Great question, actually. Hospitals can train people who don't already have training. But if facilities have the wherewithal it get training themselves, from my perspective, that makes more sense. Hospitals have to not able to identify where that fit canning actually occur.

>>Speaker: That's all of our questions.

>>Speaker: Okay.

>>Speaker: One more. Sorry.

>>Speaker: From Juanita gray. Are there more hours to provide extra support and safety for care for protection during the COVID pandemic?

>>Kevin: So as part of the crisis period, the department of human services, and office of long-term living don't require changes to service plans. That is part of the planning for the crisis period and we are absolutely sure that there has opinion cases where personal assistance would have been increased to provide needs for the participant. It would always be case by case. But we are sure it certainly happens.

>>Speaker: Any other questions ?

>>Speaker: No. Meredith, any from your side? Okay.

>>Kevin: So this shows COVID-19 resources, including from the Department of Health website. I strongly encourage people to go through the Department of Health website. We have a lot of great information for providers as well as for participants on activities relating to the coronavirus. DHS website has a lot of information for providers on the guidance of what is publishes. And on the DHS landing page, there is a lot of information for citizens and participants. We also have a website for the ESCCP program. And there is guidance that has been released.

Now a quick update for enrollment services. We are anticipating the release for application this month and it could be today or tomorrow, actually. We are very excited to say it's been quite a journey, long journey to be perfectly honest, and we are looking forward to having that document published for responses. And the whole goal of this change to enrollment services is to create much more after one-stop shop and improve the experience of applicants and most importantly in addition to the experience of applicant to reduce the time it takes for the application to be processed. We have throughout this process published documents and received extensive stakeholder input which was incorporated into the RFA development process as well as the RFA itself and also in the program design. And we are looking for different types of responses we will be receiving for interested contractors. And we always have our OLTL resources, including the website, which has transcripts of the MLTSS SUBMAAC, including today. And for more comments about the program at RA-PWCHC government website. It is open even during crisis. If there are questions or complaint, please call the 800-932-0939 number. And the participant number is open even during the crisis period, at 800-757-5042. I do have to once again give a shout out to the facility being open. They had to close down due to a COVID outbreak but they are back open and in operation. We are very happy for the performance at this point.

>>Speaker: Yes, from Janet. What is the time line for enrollment services. I asked her for

more specificity for the response timeframe or implementation for potential contractors to return their bids. That is the question she has.

>>Speaker: Actually, I think 45 days, but I'm not sure. Can anyone unmute and answer?

>>Speaker: Mike Hale should be unmuted.

>> Mike: Am I unmuted ?

>>Speaker: You are unmuted.

>> Mike: Okay. It is actually from the day is posted, 60 days for potential bidders to submit their bids. We will be having a prebidder's conference on the 27th of the month. It will be via webinar. And the link for that will be on eMarketplace with the proposal once it is posted with the RFA once it's posted.

>>Speaker: Is OLTL tracking COVID-19 activities in the HAV zone in Philadelphia?

>>Speaker: Is OLTL tracking COVID-19 for agency services? Is that the question? I want to be sure I heard it correctly.

>>Speaker: Is OLTL tracking COVID-19 activities in the HEZ zone in Philadelphia. I think the health enterprise zone.

>>Speaker: Yes, in northeast Philly area.

>>Speaker: Oh.

>>Speaker: Around temple?

>>Speaker: Yes. So the Department of Health is tracking targeted areas. They have -- the information the Department of Health is tracking is very specific even to a zip code. To answer that question, following the lead of the Department of Health, yes, it is being tracked.

>>Speaker: Okay, I don't have any other questions.

>>Kevin: Meredith, any questions for you?

>>Meredith: No, I don't see any.

>>Kevin : Okay. With that, I'm going to turn it over to Barb, if that's okay.

>> Barb: Thank you, Kevin. I'm sure I'm speaking for all of us and thanking you for all you and your staff and MCOs have done during crisis. To ensure the health and safety of our participants and also for all of the guidance and support of you guys have given us providers. It really is appreciated. So now we will turn this over to Brian Macdaid who will give a presentation on the CAHPS survey result.

>>Brian: Yes, my, I'm Brian Macdaid. I am with program analytics with OLTL. Next slide, please. Thank you.

Now today I want to share with you the result of the HCBS CAHPS survey. We will show you how we did with the regions surveyed this year. The past year for 2019. Which was the southeast and southwest regions. And in comparison to how we did for the southwest region alone which was surveyed in 2018. Keep in mind we are hoping for the upcoming, for this year, for the survey for 2020, that will include all of the regions for CHC has a whole, not just south east and southwest and southeast regions but the south as a whole.

Real quick on the first slide, essentially we have the questions asked were the core survey questions. For the survey. As well as supplemental employment and PA-specific questions. And the PA-specific questions, I have focus on this for 2019 years for person centered service plan, transportation, housing and dental. The survey itself was administered by nchts SPH analytics. We are fortunate all three plans used the same vendor. So they administered a survey for all three vendors. In addition they also did the validation of the beta and survey was administered in the fall of 2019. We had a response rate are of 13% for MCO and state response rate of 11%. The completed survey was targeted for 1200 or 400 per plan. We did fall a little short with 1,185 complete. But even though we did fall short of our goal of 1200, we were still above and beyond as far as 95% confidence level with plus/minus 5% interval. This slide here is the start unless we have a breakout of the responding characteristics.

As you can see, in regards to age group between 2019 and 2018, not much variance. For 2019 we have 9% for age 21 to 44. And 46% for age 45 to 64 and 3 '04 R5% for 65 and over.

For ethnicity, we did have a 94% response for 2019 of not Hispanic, Latino, or Spanish and we did have an increase of 6% Hispanic, Latino, or Spanish in comparison to 2018. One thing with regards to the ethnicity, and in 2019, we did have 16 surveys completed or administered in Spanish. And also, in regards to education, very similar between the two years. And same holds true for over all health status as well. Next slide, please.

I'm thinking with the responding characteristics, for over all mental or emotional health, very similar to 63% for good or fair and 64% for 2018. Same thing for residential independence. 56% for individuals who live alone. And in 2018, 52%. For urban rural, county or residence, for 2019 we were at 80% of respondent completing surveys or 80% urban and for 2018, at 76% urban. Here, we have a national breakout between southwest and southeast regions

in regards to responding characteristics. And as can you tell, for the age group in southwest, we did have 49% for age 65 plus. Where as comparison from southeast, we have 50% was highest percentage in regards to the age group h 5 through 64. And once again, both of the regions were similar in regards to sex with 69% of female southwest. And 71% female on southeast.

In regards to the race for southwest region, we found that 63% of the respondent were white. And for the southeast region, we found 70% were African-American. Also in regards to ethnicity, we did see a difference there as well. In regards to the southwest, 99% were not Hispanic. And also for the southeast, we found that 88% were not Hispanic. And we did have a response of 12% of respondents that completed surveys were Hispanic, Latino, or Spanish in regards to the city. Next slide, please.

With the break out in the regions, education, southwest we had 66% were in high school or a graduate GED or college. Southeast, 61% as well with high school, graduate, GED for some college. And also, over all health status is similar with 60% indicating good for air for southwest. Southeast, 58% indicated good or fair. Also in regards to over all mental or emotional health, similar once again, only 1% difference. 64% being good or fair in the southwest. For southeast, 63% good or fair. Also for residential independence, there was a difference here, about 80% in regards to 60% of individuals indicated they live alone. And for southwest region. For southeast, 52% indicated that they live alone.
And also the big difference was with southwest region with 61% indicating with living with the county of residents urban and for southeast 100% urban. Next slide, please.

This slide here indicates as far as trying to capture as far as the assistance individuals receive during the course of the survey being administered. Just want to indicate this the column on the left for both of these questions, the one green is, and you will see this throughout the rest of the presentation, is an indication of the combined as far as southwest and southeast regions combined. And the purple is actually just representing the southwest. And the red is representing the southeast. With that said, we had only 12% throughout the state indicating that someone did assist them with completing the survey. And then for staff or paid support actually helping the respondent complete the survey we only have 6%, actually not just for the state, the southwest and southeast combined and individually as well. The assistance received, the survey respondents were either assisted by family members. The assistance was minimal but essentially for the times to make a few minor suggestions related to history, held the phone for the respondent. There was only one that was actually a whispered response to the respondent. And there was a couple times where there was answered a brief side question once or twice. Only a few where the answer was given by the individual helping the respondent and once again someone answered just a few of the questions.

Okay, next slide here is where we were actually capturing and studying as far as preferences of the participants of the survey and respondents. In regards to if they prefer to have the survey I have administered in person versus having the survey administered by

phone. We found that statewide, 9% of respondent indicated they preferred to have the survey administered in person and found that 31% of the respondent indicated they prefer having the survey by phone. And the remaining amount of participants did not have a preference. We are looking to try to continue the two captured upon this information. Basically at this time, it is an option for the states in regards to the administration of the survey if we have the requirement to have the survey administered in person versus by phone. So we are currently trying to continue to collect that information with the survey and one of the things in which we are keeping in line is we are going to continue to administer the survey for 2020 in person. And not in person, but by phone. Apologize, I misspoke. But we will administer the survey by phone once again. But we will continue our effort to collect that information to see what the participants preference is in regards to the administration of the survey.

Okay, this slide is where we get to the responses in regard to their experience. Please note for this slide, potentially up to the near the end of the deck, the presentation today, this slide is actually in the others following the participant or categories as most positive. Please note that these much positive responses throughout the survey were either yes in regards for yes/no items. Always for always, usually, never and sometimes items. Mostly yes for mostly yes, mostly no items. And 9 and 10 for ratings from 0 to 10. And also, excellent for excellent, very good. Good, fair, poor items. And also definitely yes for questions which indicated definitely yes, probably yes, probably no and definitely no. So just wanted to let everyone know that is basically these slides representing the most positive responses to be received. With that said, the first area in regards to the participant experience was in regards to the staff listening and communicating well. As you can tell that we as a state were at 95%. And equally that was seen within the southwest and southeast regions as well. Also for personal safety and respect once again we have a 98%, 91% and 89. That was followed in suit by both regions at 87 and 89% after 88 for service coordinator. Participant indicated that 86% with combined staff or reliable and helpful. This is also similar seen in southeast and southwest regions individually. Also, in regards to individuals ability to choose service teas matter to them. We were at 80% for the state combined in both regions. And also for transportation and medical appointments, in regards to participant experience, 78% with the combined regions and southwest region with 76% but southeast region slightly higher at 80%. And in regards to planning your time and activities, in basically once again for 2018, just for the southwest region, it was indicated for this where we indicated there was only 62% positive response in regards to this question, this area, however once again this came up for both the southeast and the southwest but imieped with only 61% with 61% for southwest which is a drop from 62 from 2018 survey and southeast was at 60%. Next slide.

Okay, also in regards to service coordinator and service choice. In regards to the personal center service plan including all of the things important to you for both regions combined. 65%. Southwest is slightly better at 67% for its region. And the staff knew what was on the PCSP including things important to you, this one was significantly better wherefore the combined regions was at 95% and southwest at 94% and southeast actually did about 2%

better than combined with 97%.

Next slide is continuing with service provider and service choice. We did well in regards to being indicated ababout participant they could contact service provider when needed. 94% with combined regions with southwest standing out at 95%. Also, we have the service coordinator work to get other changes of services when they were asked for help. But with the combined at 90% of southwest doing slightly better with 92%. And southeast slightly lower at 88%. And the last area that was explored was the service coordinator working to get fixed equipment and asked for help. And overall, the combined was at 86%. Southwest did slightly better with overall with 88%. And the southeast was at 85%. Next slide, please.

Okay, these questions are in regards to the personal assistant services and behavioral health staff reliability and communication. Individuals indicated once again descente scores in regards to the both regions at 97%. And felt that they knew that staff knew what kind of help they needed. With everyday activities. Southeast did slightly higher than the 97 there at 98%. Once again treated with courtesy and respect at 92%. For both regions. Southeast you slightly higher at 94%. Staff explained things in a way easy to understand. 98% combined. Southeast slightly higher at 890%. And staff explanations were not hard to understand. Combined was 81%. Southwest, 84 and southeast 97%. Okay, behavioral staff, reliability and communication, respondent indicating that the staff listen carefully to them at a rate of 85% for both regions. Slightly higher for the southeast at 88%. Important one here if regards to coming to work on time, over all well were at 87%. But 91% for southeast region. Also, someone tells you the staff cannot come, to come in and cover their shift. This was an area of a real bit of concern, which we are currently addressing with the plans. And in which both regions were indicated at 76%. Where southwest was the 79% and for southeast at 74%.

In regards, these questions in regards to dental hygiene, these are Pennsylvania specific questions. In which we felt that we definitely wanted a side of the scope on the national questions. We wanted to be sure we could capture from participants responses and report to how their dental care is occurring in the Commonwealth. So for the southeast and southwest regions combined in regards to individuals receiving care from a dental office within the last six months, combined at 37%. And also, that was true for southwest. And there was for the southeast just slightly lower at 36%. Also, did they go it a dental office ever clinic two or more times in the last six months. Combined 59%, southwest, 56% and southeast 62%. And most importantly the question asked if the individual did receive care, to please rate their dental care. Rating scores here listed are a 9 or 10. With combined of 59%. And southwest was at 63%. And southeast at 55%.

Findings we have for transportation, we found that with combined 83% of the respondent indicated a ride was available for medical appointments. This held true for both regions. Also, 87% of the respondent indicated the ride to the medical appointments was easy to get in and out of. The southwest did slightly better at 91%. And for the southeast, at 82%. Transportation continues. Medical appointments arrived on time to pick them up. 65%

combined for both regions. Southwest at 67% for southeast at 63%. For transportation was not a barrier to get to a nonmedical appointment or event and/or complete an errand. This is actually a question that was a Pennsylvania-specific question. We found that for both regions at 82% and four southwest at 83% as well as southeast at 80%.

And in regards to planning your time and activities, individuals felt that they decided when to do things each day was at 92%. Combined. And then at 91% for the southwest, and also at 92% for southeast. Also individuals decided what to do with their time each day. That is at 88% combined. And for the southwest at 88% and southeast at 87%. One of the areas that were a bit of a flag was having enough staff help to do things that a community for combined regions was at 69%. Southwest at 73%. And southeast at 66%.
In regards to continuing with planning your time and activities. Able to get together with nearly family at 50% for both regions and for southwest and southeast at 49%. Also, ability to get together with nearby friends, this was at 39% across the board for both regions and combined. And ability to do things in the community, at 27% to for combined and 27 for southwest and slightly lower at 26% for the southeast.

In regards to safety and respect, this one was good across the board. Combined at 98%. Southwest slightly lower at 97%. And southeast came out strong with a 98%. And continuing with safety and respect. Individuals indicated 92%. They know how to report abuse, neglect or exploitation and this is true across the board. For both regions individually as well as combined. Also, there was someone to talk to if someone hurt you or did something to you and did not like, this is at 89% for above the combined as well as southwest. And southeast which is just slightly lower at 88%. Next slides, please.

Okay. This slide deck is basically the responses having received in regards to the employment assistance experience in which the respondents have it. With the survey, for 2019, 1,173 responded to the employment supplement to the CCBS CAHPS survey. Out of the respondents, 1,154 indicated they did not work for pay at a job last three months. Including 927 respondents who did not want to work. Below that number, 203 of the 1154 wanted to work at a paid job. And a breakout of that number, we had 23 respondent indicated they asked for help in getting a job. And out of the 203, 178 did not ask for help getting a job. And 92 of those individuals did not know they could get help to find a job for pay. Out of 19 respondent indicating they worked for pay at a job in the last three months and out of those 19, 4 said someone was paid in the last three months to help with the job they have now. Okay? Moving to the next slide, please.

We also collected information through the Pennsylvania-specific housing questions. Responses for aware of your housing right and how to get information for preventing eviction or foreclosure. For both regions at 71% combined. For southwest region at 74%. And for the southeast, we are at 69%. Respondents that indicated they needed assistance with housing issues, only 12% indicated a need. For both regions. Southwest only 10%. And for southeast, only 14%. And for respondent indicating they received assistance with housing issues from a housing or service coordinator, were both regions at 19%.

Southwest at 19 and just slightly lower for southeast at 18%. Okay.

As a summary of the 2019 survey results, we did find there were some areas of success regarding the staff assisting participants where they were listening and communicating to the participant well. Participant safety and treating participants with courtesy and respect, allowing participants to decide tir daily schedules and activities and service coordinator and there may be behavioral health staff being reliable and helpful and also another area of success was transportation to medical appointments easy to get in and out of.

We did indicate areas for improvement. Those are answered where the individuals choice of services that matter to them. To the participant. And also, participants from time and activities also warning participants when staff cannot come on time or come at all. Also the coordination of participants dental care and follow-up. And also coordination of transportation to medical appointments and nonmedical activities. Also, the assisting participants to be active in the community with friends and family. And also, increasing participants awareness of employment assistance as well as housing services that are available to the participants.

So recommendations that we are working with plans at this time, we are sharing these results with plans as well. And meeting with each of the client individually. Some areas we're stressing is recommending areas as far as training of proper service coordination and interviewing techniques and communication documentation also for the plans to continue to work with dwent Al providers to improve availability and access of these services. Also continuing work with transportation providers to address scheduling issues, availability and timeliness. Also opportunity to become more involved within the community with family and friends. Include awareness and use of employment assistance and housing services that are available.

Okay, this is an overall look for 2020HCBS CAHPS survey. Due to COVID-19 pandemic, we are still in the office with the permit along with plans for two, you know, the impact of the pandemic and the ability to be administering the survey for 2020. At this time we are planning to administer the 2020 survey. Once again, this could change due to the impact of the COVID-19 pandemic. The model dpoaz with the plan. We are looking to target the number of surveys to increase that to 2,100 survey estate wide. That must be considered completed. And this is roughly around 700 completed surveys per plan. And the breakout will be evenly distributed among each of the regions to make sure we have equal representation for each of the regions for the state. Still maintaining, once again above and beyond the 95% confident level with a plus/minus confidence interval. So we will hear a very strong sample by requiring this number to complete surveys. And also in regards to administration time line, we are looking for the survey vendor that is selected by the plans. To administer the survey from August 1 through October 31 of 2020. And we are looking for the survey vendor to submit survey findings to OLTL by November 15 of 2020. Okay, this brings us to our last slide. Next slide, please. Which is just questions.

If anyone has any questions this morning, I will do my best to answer those questions. And also, if you do have any additional questions, after this presentation, as always, I like to tell people, if the question hits you at like 2:00 in the morning, feel free to reach out to us and relay that question at that time as well. So with that said, Pat or Meredith, any questions at this time?

>>Speaker: Yes. I have several, Brian.

>>Speaker: Speaker : First one is from Heshi. He wanted to know if there were any questions looking to obtain any data around sexual orientation or gender identity. And how are orientation an expression addressed with regards to participants?

>>Brian: At this time, there is no specific questions. The core questions themselves from guidance, that does not address those areas. But would fall within the realm specific questions for Pennsylvania. At this time, there are no questions being developed in regard tore 2020 in regards for these areas. That is something we can take back to address to see if that could be a potential question we could add. If not for the 2020 survey, but potentially for surveys in the future.

>>Speaker: Actually, I will unmute you. I can see I muted you for background noise. If you had any -- now you show you are self-muted.

>>Speaker: Brian, that was great. My name is Heshi and I'm with LGBQT. I'm thinking when collecting demographic data you are asking for gender male/female. I could be transgender or gender nonbinary so right away I'm not included. Right away, I'm not included in this survey. So how does that speak to courtesy and respect when there is a whole population of folks out there not included in the survey because we are not asking for sexual orientation and gender identity information.

>>Speaker: I would just ask that in future, there is a whole swath of people across the state who are part of Community Health Choices and this survey does not include those folks. And can't until you begin to address some issues of orientation and identity.

>>Speaker: Okay.

>> Brian: That is a very valid point. And like I said, we will definitely take it into consideration. And just one of the drawbacks that we do have is it may have to be a Pennsylvania-specific question primarily due to the question if regards to individuals race, gender. Those are from the core questions that we are given guidance by at the federal level. And so once again, there will be something to take back and review and see how we can potentially incorporate that. And an individual participant for the survey and capture their attention as well.

>>Speaker: We are more likely better to get it out of the state than from the Feds. At this

point in time. Thank you, thanks.

>> Brian: Thank you. Any additional questions ?

>>Speaker: Yes. I have more, Brian. Meredith, if you could go back to slide 14 and 15, Lloyd works is asking if you could review why the measures were listed as indicating behavioral health staff reliability and communication.

>> Brian: I'm sorry, what is the question again? I apologize.

>>Speaker: Sure. No problem. Can you review why the measures on 14 and 15 were listed as indicating the behavioral health staff reliability and communication. I wonder maybe it is a slide 15 perhaps? Oh, okay, I see on the header.

>>Brian: It is on the header because those questions are geared for national guidance, once again as far as core questions. The questions of which support these areas in which the information is selected. And geared towards inquiring of an individual receives past services or has a behavioral health staff that provides them services. These questions are geared specifically for those two type of providers. Regards to indicating individuals who come to your home, providing services and care and as far as how they communicate with you in regards to do they listen to you or come to work on time. They are not able to come in that they acknowledge that. So once again, that is basically a reflection as far as how questions are actually administered to the respondent. And in regards to the core questions, guidance that we have to adhere to at the federal level to have the survey considered to be the HCBS caps.

>>Speaker: I have a semi-question, too. I'm wondering, I don't know if you know, but why is it behavioral staff and you are talking about the care of providers, not necessarily staff running behavioral care organization.

>>Brian: Exactly. And the type of providers, and brought together. And in regards to the individuals that actually come into the individuals home to provide the direct care and they are finding that the two primary direct care not just for Pennsylvania but also for other states for their programs, in regards to the services as well as behavioral health. It is a by to capture as far as the type of providers that come into the individual's home as far as you know, the type of care provided and in regards to acknowledging participants being listened to as well as most importantly being sure that if the individual is not able to come into the home today to provide the services that communication is made to the participant in regards to made aware that the person will be either late or not coming at all. Does that hopefully answer your question?

>>Speaker: Yes, thank you.

>>Brian: Thank you.

>>Speaker: And so while we're on good neighbor health services, then I will get into other areas, Brian, there is two questions. Will future surveys look for data and when mentioning behavioral health services it is substance abuse and mental health. So it would be services through –

>>Brian: Yeah. That is a very good indicator. Once again, just as the question earlier with regards to information with sexual orientation gender identity, questions like that will be more towards making that a potential specific question for the Commonwealth of Pennsylvania specific question. And at this time, if not for 2020 potentially there is something we can explore for 2021 as well. Once dpen, again, that is good feedback from the audience member and something we can definitely look to explore further. To see if we would potentially look at behavioral health services themselves independently.

>>Speaker: Then another general question and then I think others will more specific input. The CAHPS data is very interesting. Very positive news. Congrats to all stakeholders. I'm interested to see how it compares to the research at Pitt for participant experience. Any sense about when the result will be available?

>>Brian: With regards to the work that is being done by MRC, we are currently waiting for those results and now Ms. Gonzalez is working with Howard and his team in regards to getting that information. What names we are currently looking at is working with MRC, in regards to be able to present jointly as far as how we are capturing this information per se from the viewpoint of the ACVS CAPHS survey in conjunction with the response that Howard has seen collecting as well. We are reviewing that information and developing presentations in regards to that. That something actively worked on and sure hopefully soon, sooner than later, being presented as well to this group.

>>Speaker: Hey, Brian, thank you for putting this presentation together. And answering all of the questions that are coming in. I just want to talk a little bit about the survey and some questions that came around with regards to behavioral health. As many of you know this survey was designed by rntle CMS and tested for a number of years throughout state. And when the survey was described, it was engaging care by participants. So the findings of this survey is coming directly from our participants telling us how they feel and measure the awk the success of what the MCOs are providing. They added both personal care goals and or behavioral health services because the MLTSS, they could potentially be receiving a number of service possess p personal care assistance and behavioral health service is a question that throughout the service is being asked for both areas. So that why the behavioral health services or service is added to the personal case services. Hopefully I was able to answer that.

With regards to sexual orientation, that is a good question. That can be added to the 2020 as a state specific question and I know that this came up when we were designing the FED and expanding our home care tool which as many of you know is the comprehensive needs

assessment and we are capturing that information. So that could be something that Pennsylvania can also add to the survey. I want too remind everybody, and I'm glad that someone brought a lot of the information that is being collected by the Medicaid research center through Dr. Howard who has been at these MLTSS committee meetings and talking about some of the information that he has been able to collect either conversations with many of you interviews by residence living in nursing facilities and interviews that he has done directly with HCBS providers. We are hoping he will be able to come back and in an upcoming MLTSS SUBMAAC meeting.

What we are doing at OLTL is looking at this survey and also a survey that another independent vendor does on a yearly basis as part of the NCQA requirement. And it is usually done in the beginning of every year and that is where participants have an opportunity to measure the services that they are actually receiving by the health plans. It is a little different. It is calls a CAPHS health plan survey. So when you look at the surveys, the CAPHS HP, another survey the plans are required to implement, at the beginning of every year, and then the information that the Medicaid research center is also collecting again based on services, we are at trying to look at all of that information and be able to share with all of new a more comprehensive manner so it makes sense to all of us and we are able to answer any questions that can come up.

So we are trying to sort of look at everything, review it, and be able to present something to you and we have begun that exercise and looking at all of those services and we hope in a future MLTSS SubMAAC we are building that information and building upon not only what we talk about today but able to add more additional information from the other surveys that are occurring right now.

>>Speaker: Thank you.

>>Speaker: I still have several more, Brian. So slide number 15, lester bennett was asking if, listen carefully to you, is an area identified as improvement. I don't think it was on that list. That is on the last page.

>>Speaker: Yeah, sorry about that. Basically, I think in regards to that question, that is one of those ones where we work with individuals to improve on that area as far as communication. I know each of the plans themselves are, you know, look as far as ways to continue to build and improve upon that. Especially with the staff members, their communication with individuals. And that is one of the areas where we were at 85% in regards to listen carefully to you. But I know that it is also one of the areas in which a plan, you know, we are making note of. Especially in regards to some of the areas we are looking at for improvement is the coordination as far as communication in regards to, especially areas in regard to participants where staff cannot come in on time or come in at all. That is the area this n which plans are consistently working with or in regards of education and service coordinators and also most importantly, the staff members that, providers of the various services, providers to the participants, it is definitely we can definitely make sure we

fully help with in regards to the plans themselves. I want to have our individual meetings with the plans to go over the results.

>>Speaker: Okay. So I think the next group of questions probably there regarding the items on the areas from improvement and it may be good to, this is identified as areas where the plan should seek improvement and questions that came in, I think looking for perhaps more specificity from plans. So perhaps the plan could talk about areas where they are trying to improve on things and I think that the three specific areas that were identified in questions were the low numbers of people on to a dentist in the last six months and why is it a lack of -- why is the problem, a lack of access and what is being done. And what is the follow-up related to the community activity and then decreasing in health status. So maybe it makes sense to just start with one of the MCOs and we can ask them to address those to the areas.

>>Speaker: Yes. Definitely agree. So yeah we have plans this morning if you would like to address us. I know jail. Y Kennedy was identified by Karen. I don't when if Patty and Jen have someone they want it identify.

>>Speaker: We will wait for plans. Once there is prior discussion with plans they are addressing each of these areas, actually. And as for as discussion we have with the plans on the individual basis, that we are reviewing the individual plans results, but once again, under is not sight to plans we are sharing this morning, that would be great for the group here. For the committee.

>>Speaker: Can I say something?

>>Speaker: Jamie, yes.

>>Speaker: I just need you to repeat what the person said. I see the results –

>>Speaker: Sure, right. Okay.

>>Speaker: And I guess, Meredith, could you go back to slide -- let's start with slide 3. The first one in the order and there is a question about, if you have any idea why the overall health status decreased from previous years.

>>Speaker: For that one we were not sure either other than I think just with a lot of the focus on trying to get the person to manage their care better. And there is an assessment and the questions being asked over and over when they are being reassessed, with the focus on self management and understanding their own condition and health literacy and things like that. It could be that through just the program maturing and the conversations that they are having, that they are answering this a little differently because we are trying to get them to understand and take more control over their condition and help them manage it better. So it could be that they are usually in this program because they are not doing great

and maybe it is just that a reflection of that.

>>Speaker: Okay. And then, we will just go through on the slide so if you could go to slide 16, Meredith. The next question related to the barrier analysis around the poor results in receiving care from a dentist office or dental plan in the last six months. And then if you are able to speak to the issues to try and improve that, Jamie.

>>Speaker: Yeah. Might be able to respond to that because we will have to take this back and review these results and see what our dental team has been discussing there since this has been a topic of concern that we have known about for this population for a while. And so the scores are fairly consistent with but there is still a lot of room for improvement. So we can come back to you later and discuss what our plans are.

>>Speaker: Okay. And Meredith, if can you go to slide 20. The question is related to the low performance and ability to do things in the community.

>>Speaker: Do you have an idea what is causing that?

>>Speaker: We will have to get feedback from our service coordination team to understand more of what that is. Whether that is an access issue or just a lack of support to get there. We will have to just explore this with our service coordination team to figure out what that is.

>>Speaker: Okay, all right. Thanks, Jamie. Is there anything you want to share at all regarding the results?

>>Speaker: I think that we were pleasantly surprised that the southeast scores in certain areas were higher for the first year than we thought, the first year in the southwest region relating to service coordination so there was some really positive things, I think, lessons learned in 2018 roll out that we were able to apply and see those results with some higher scores in the southeast area. And then we also were looking at any of the challenges that we need to improve upon when it comes to language barriers or making sure that we are addressing any needs in the Hispanic community with some of the questions that population scored lower on. Do we need improvement on translation or support documents we need to supply for that group.

>>Speaker: Okay, thank you.

>>Speaker: This is Mike. I just wanted to mention on this last one, this last survey slide. I work with our insurance coordination. Operations. And just wanted to mention that, this is very important to us and we want to get to the bottom of it. Part of the CAPHS survey for us is participants are sometimes blinded. We will be doing major review of any kind of transportation barriers. We will be looking at training regimen around these types of things as well as year over year improvements in the southwest versus southeast. It is longest this year from the southeast. So we will be using that as definitely training material for our staff

to try and understand what are those barriers for individuals. Because this is one of the more key components of the program and what we are definitely concerned about it and won't be addressing it. I think the sad part about this, is with COVID-19 to make these numbers more difficult if we can't get a handle on the virus and get it managed. So going into next year these numbers may not look much better, unfortunately.

>>Brian: Yeah, high, this is Brian Macdaid again. That is a very valid point. In our discussions with the plans yesterday while reviewing individual findings, one of the things in which I know the COVID-19, the numbers may be significantly impacted in some areas, especially in areas of transportation and in regards to some service delivery. know that is one of the things in which I'm hoping we do go forward with the 2020 administration survey and that will actually give us insight, too. Especially during critical time with the pandemic. And be able to see and capture and reflect what is actually going foreign a lot of our participants. I recall earlier this morning with individuals ability to report and for 2019 we were doing very well and potentially individuals may not feel as secure and safe with the current situation going on now. A little more potential for social isolation et cetera. So I think if we do administer the survey for 2020, yes, probably will intentionally show us as a whole and more after negative light but also probably provide a lot of insight into regards to how individuals truly feel or felt and more success or failure in regards to how we help continue to provide good services to our participants even during such a situation as COVID-19.

>>Speaker: O then we will go in reverse order back to Jen and Meredith if can you go back to slide 4. Jen, did you want to speak to these? Or is there someone else you would like me to unmute?

>>AHC(Jen): Okay, hi, Pat. This is Jen Rogers with AmeriHealth.

>>Pat: Okay, so over to the other Jen.

>>Speaker: Okay, Jen rogers. Now I realized there are a lot of Jens on this call.

>>Speaker: Does Jennifer net -- if she is off mute, I don't want it skip turns. I apologize.

>>Speaker: Can you go ahead. This is Jen.

>>Speaker: Okay. I apologize, Jen. Thank you. I think our response is that he theme that Jamie provided for overall mental or emotional health and in comparison here, I don't have a good answer as to the reasons behind. I think we are still analyzing data, Pat. Not much more I can offer on that.

>>Speaker: Okay, how about jumping to slide 16 relating to dental access. May be the same, you are doing your barrier now, if looking at specific interventions.

>>Speaker: They are. A couple of things to say here, and it is really dependent on as we

learn each day what can or can't do in a safe way in a pandemic situation. We have a dental program that we are very proud of in AmeriHealth, targeted specifically for disabilities accessing providers that can see them in their chairs. And accommodate people with different ability levels. In a meaningful way. And also educating providers which is an important component of improving adherence to dental exams and getting your dental exams, right? But also about training service for these discussions. I think we have in the future, we will tackle that and how we can safely see dentists in a pandemic but we are finally in a steady stage where we are not in an implementation phase any more. We have the opportunity to train our teams and service coordinators and get the light bulbs to go off and make connections when people call regarding health and how it is connected to your overall health an adherence to seeing your dentist and then ultimately connecting you with the right departmentist where we can. I think there is lot of opportunities here. We are still in the analysis phase. But also cautious of what will dental care look like after the pandemic with a vaccine.

>>Speaker: Thank you. And then Meredith, if you can jump to slide 20 regarding the community engagement. Jen, if you can talk about that a little bit.

>>Speaker: So I know there is a conversation with Brian yesterday specific to this because obviously we are concerned. Our folks are adhering to social distance and limiting nonessential travel. That will impact when we look to 2020 how we measure these things about connecting friends and family. But we are proud of the returns we had for our plan in 2019 survey. And we have, I think, done an exceptional job in making sure that our participants are aware of their transition benefit and what it can and can't be used for. We are continuing to educate and also, continuing to learn what the transportation needs are of our participants across the commonwealth and how we meaningfully connect them with the right service. Whether it is with through the benefits and then what does that look like? A token gas mileage reimbursement. And so those are all things that you know, they are training in education and focusing on the needs of our participants in this implementation study and things we can do to improve it for years to come.
>>Speaker: Okay. Thank you. And then any other all comments? No.

>>Speaker: We are still under way with our quality team, Pat. And looking at opportunities to refine our training and education to the service coordination team and reflect on what went well, what doesn't go so well and what we will use for things going forward. And I think is unfortunate absent after pandemic, you know, we are excited to implement things that maybe we need it take a second look at in the near future. But regarding training. We are finding creative ways to reach people, our certification team, they are at home right now. But I'm very proud of that team.

>>Speaker: Thanks, Jen. Then to the last Jen. If can you go back to slide 4, Meredith.

>>Speaker: Can you hear me?

>>Speaker: Yes.

>>Speaker: What is the question?

>>Speaker: The question is did about the results –

>>Speaker: Yes.

>>Speaker: I'm agreeing with what Mike and Jen have said. I think those are all things that we share. But we will have to go back and take a look at with our service coordination folks to take a look at this in numbers. It is very minor. And it could actually be, you know, an error of the survey. And but it is really good information for us to go back and look at it. I want to just say overall and this probably relates to both the first and third slide that you are going over, one of the things we are really challenged by and I think the other two would agree with this is that the existing service coordination network relied very heavily on PAH which can isolate people because they have many, many hours of PAS in their homes and therefore aren't socializing. We were really, before COVID, we were really taking a look at building some building training around the use of adult day, which is down in our system. And talking with adult day services and speaking to some existing service coordination entities, especially in continuity care, they are not aware of the adult day. I think there is challenges around just the existing service coordination behavior that might be driving some of this. So I just wanted to make sure that was on the table.

>>Speaker: Okay.

>>Speaker: All right?

>>Speaker: Meredith, can you go to slide 16? And this question was related to any barrier analysis or interventions around the dental services.

>>PHW (Jen): Well as you know, it is pretty poor. We will work with our dental team it figure out really learning from other states where some teams have done some really cool initiatives with dentists. But this will, I have to take the results of this back to our dental group, dental team and really do some analysis around that and take a look at what are they doing and other states to build on. It is good to know where we are.

>>Speaker: Okay, great. Then slide 20. Related to human engagement. I think you were talking about that earlier as it relates to adult day.

>>Speaker: Yes. I thisty is adult day. Getting out to senior centers. There is this behavior that Jen definitely touched on it in needing to do training with service coordination entities and really make sure that we are working with service coordination teams. And they were all over the state. And to really make improvements to not only this but talking about employment and housing and all those kinds of things. There is a whole lot we can do to

build our search and we really have good service coordination partners that are, really willing and able to partner with us and they have their own good ideas. But I do want to again say that the care programs, there is a service center plan, very heavily dependent on TAS and that is a behavior we need to move away from.

>>Speaker: Okay. Then Jen, any other overall comments regarding is survey results from PHW?

>>PHW(Jen): I want to say that Brian did mention this. And I think the time we're in with the pandemic is really going to alter or potentially alter what these survey results look like for 2020. And it will be interesting to see that. Although, you know, for in many cases we are seeing that participants are now with family who are not working and you know, are interacting with them. So it may impact to the positive. I don't know. I'm really encouraged that we are doing this survey and I think over time. these early result will give us improvement and there is appreciation for what was said about taking a look at, and I think someone asked the question, taking a look at the study being done by the Medicaid research centers.

>>Speaker: Okay, Brian, those are all of the questions I have on HCBS CAPHS.

>>Speaker: I have a couple more. So some of them are general and some specific. So I will start with the general. So the first question is for Mike. Are there benchmark targets for each of the quality indicators?

>>Brian: That's a good question. This time, the HCBS CAPHS survey itself, on the national level, it is one of the more fairly new survey approaches being administered. Currently CMS is working with another group in regards to trying to even do a compilation on national level. And one of the things we do try to target is looking at where they fall per se with some guidance we receive from some of our other performance measures like 86% threshold per se. Trying to target to see where the plans land. Usually we see the plans or result as a whole, slipping under the 86 ers p and this is where we start and sta as far as items we need to follow up with, with the plans and plans vice versa with their service coordinators and providers. So this kind of the benchmark this time is usually around when we see things around 86%. As Jen just indicated, I think that we are starting to establish some of the benchmarks. Only the first administration since 2018 and second year of administering the survey for 2019. If we continue to grow, I think we will be able to establish stronger expectations, benchmarks. I want to say grow, not just as OLTL, but also with the plans themselves. As far as being able to do a more thorough job in regards to the benchmarks and expectations. That we may have. Some of the results and measures, would expect to be maybe 86 or maybe below for some. Just because of the way the questions are. Sometimes they have more insight for individuals, almost like a subjective type nature. And we do have some that are more objective. And these are considerations that we have to take in regards to, you know, the exact benchmark per se. There should be an expectant.

But to answer your question, that is one of the things by are looking at to improve upon and striving towards establishing in the long run. So hopefully that answers your question and I know that sounds like one of those right in the middle but essentially we are looking at h some of those various scores and hopefully with CMS and they are working with another group in regards to establishing national reports. We will looking at those in well. Not just to assist for Commonwealth but to externally see how we compare ourselves against other states as well. So it is a process in the work and definitely something we are striving to establish as a whole.

>>Speaker: The next question I have is results to other states. So I think you covered that. And next one after that, are you able to break out the survey data per MCO plan for each quality indicator? If so, can you share that?

>>Brain: At this time we haven't been able to break it out with each individual MCO. To share that information externally at this time is t is for internal review and purposes. I would have to take that back and discuss with of course with our executive staff and team. As far as how we are doing as a whole or as state, and we aren't, per se, having direct recommendations to the plan. I can take that back and discuss it with the executive staff team and see where we go from there.

>>Speaker: My next question is from Barb. Thank you for sharing these results. Do the MCOs have a time line to respond to the areas of improvement? Do they plan on tackling all areas focusing on one or two?

>>Brain: Speaking of conversations with so far this year and also last year, each of the plans have pretty much their own internal type as far as working on it. And a lot of the plans are focused as far as how they can improve and you know with the current services and situations as each of the plans is warning indicated they are taking responses and feedback that they are getting. They are definitely taking that back and revealing and addressing those issues internally themselves. And once again, because of the fact that this is a survey per se, and we don't per se know the actual individuals or a blind survey, the best that the plans are doing is taking this information back and seeing how they apply to their program to continue to approve upon their programs. We did see in 2018, 2019, we did see improvements in some areas. Such as transportation. I know are is some site improvement to those areas. And with the plans we just need t home and 2020, 2021, and socialized will continue to see both in each of these areas and definitely improve within the result that we receive for each of the ongoing years.

>>Speaker: And then last question I had is from Drew. I appreciate the survey results. I'm particularly interested in the MCO responses to the recommendation in the areas of improving choice of services that matter and awareness of employment assistance. It would seem the latter especially needs to be coordinated with OBR since there is likely a lot of confusion on the part of participants and care managers as to how to get help with getting a

job. If MCOs are not prepared to response today can we get responses how they will improve at the next meeting.

>>Speaker: I think with individual plans, Meredith?

>>Speaker: Sure. So AmeriHealth, you want to go?

>>Pat: Jen, you want to answer that one?

>>AHC(Jen): Sure. So can you hear me, Pat?

>> Pat: Yes.

>>AHC(Jen): Thank you. So the awareness of employment service providers I think is the question. Is that accurate?

>>Speaker: Yes. You know, there is, the waiver requires that the participant be considered and then turned down by OVR first. And then that was waived in the amendment but I'm still thinking
there is a lot of confusion about that. And you know, both on the part of participants and care managers.

>>AHC(Jen): I would agree with you, Drew. And that where my comment from before is my go-to. It is about training and retraining and making sure that service coordinator a enjob searching all of the things they are listing in the benefit is available to everyone who demonstrated interest during service planning meeting and a wanting to engage in meaningful work. And those are things that we need to work on, I think, across the board. And there was a lot of confusion in the older process. And I think OLTL is helping us as plans form a better approach and streamline processes where we can. And hopefully that would result in increased participation for our participants.

>>Speaker: Then Jen Burnett, you want to speak and give a response?

>>Speaker: Jen is not on the call any longer. PHW has a formal as do the other two, we have a formal employment plan with the state. And it is monitored. PHW works with this on a regular basis. And multiple e-mails on a regular basis, especially right now. He gets word of businesses hiring. We disseminate it across our service coordination teams. And then we are regularly doing training. We have an employment specialist on staff and monthly we are training service coordinators. How to access the employment services under CHC. And then do ratterring as to the number of individuals utilizing servicees. In reality with PHW as well, is we recognize the average age of our consumer is around 67 years old in krrchghts HC. There are a number of consumers who simply have aged out of an interesting working competitively and the younger population group that we work with, we do believe we provide education to and resources and service coordinators do have the conversation

about employment during their assessments provided their health condition is such that they do want to work. And I will leave it with that.

>>Speaker: I have a follow-up. We are wondering if the survey goes to all participants or is that particular question only asked of participants who could possibly be in a working age category. Because I'm sensitive to Anna's comment about the average age.

>>Speaker: Yes, this survey is asked to individuals who participated in the survey as a whole. Once again, there is no discretion as far as a specific age group or any kind of distinguishing -- also, the fact that the individual is given the opportunity to address or answer the questions regarding employment supplement to the HCBS CAPHS survey. You see there are 1173 individuals respond to that specific portion of the survey. So essentially of the discretion of the individual, the respondent, there is no indication as far as, if the questions were asked to a specific demographic as far as age in that regard.

>>Speaker: So the only 23 asking, that percentage is probably the relevant one and why didn't the 178 ask? So we really are talking about smaller numbers, but still rather large percentage that did not ask or seem to know they could get help finding a job.

>>Speaker: So my take way is where we discussed plans in individual meetings where the individual implied they did not know they could get the help, at the very bottom number there, the 92. That was the one where, you know, we saw that indicates, you know, whether or not the individual chooses to use the service is at the discretion of the participant. However, their awareness that they can even ask for the help or receive the help, that's where they think plans could work with their service coordinators and they have that initial conversation and communication and awareness for the participant that services to exist. Whether the potential receipt through the OLTL is irrelevant. But the simple fact to be sure they address that and with the participant while developing their service plan.

>>Speaker: Right. Which does go back to the issue of being offered choice of services that really matter to the person. So they are kind of tied together a little bit.

>>Brian: Yes. Essentially the group when we review this, we see, you know, 300 individuals refused and no interest at all, and then but there was, you know, all 300 at least know the services were at least available. That would look better, per se, which the participant in given that opportunity to pursue the employment assistance.

>>Speaker: Great, thank you.

>>Speaker: And before we move on it Jamie and to the question, there was a follow-up question for Ann about, can we talk more about the registry participants can call, where is this available statewide even is this service only and what is provided.

>>Ann: Yeah, happy to do that. We are in the proposal phase right few. We have set aside

funds for the pilot. The registry to our knowledge in Pennsylvania there is not an active type for our members. It is not limited to health and wellness. We believe this is a good effort to ensure that individuals have workers in the event they don't have a backup plan. And this experience. And with COVID folks, there might have been a back-up plan where it was to go to a temporarily go to a nursing facility or use their Medicare dollars for respite care. And when this facility is not taking people, they are much more stranded. So in order it get in front of the pilot and be Philadelphia specific in this case, but we are not opposed to duplicating it in areas of the state that prove successful. What we are doing is setting up seed money for the implementation of the register system. And liberty will prove it out in coordination with SCIU to make that happen. So we have received their proposal and we have approved it and it will move forward now again developing and implementing. So early stages but at this point specific to Philadelphia. There are two centers for independent living in the country who have had very successful programs. One in Berkeley, California and the other in Chicago. There are different types of programs. One is all population for workers. Another is more focused on similar to PPL. In our case it would be any worker whether they were agency or PPL. And so that's about as much as I have today. We would be happy to give updates on it.

>>Speaker: Then, I guess, Jamie for the response to Drew‘s question.

>>UPMC(Mike): This is Mike. I'm going to take a look at this and respond. I think Mike Smith, the topic is pretty covered consistently with the other plan. I would say I'm also concerned with the $927 just making sure we are providing the opportunity for them to understand that that is a viable option for them if they need it. Always thinking about employment as another way for community engagement is really critical. Even when we think of transition participants, once they get home beyond transition we should think about whether or not they would like to seek employment. And that question is asked thoroughly in the process but that is not what they are thinking about at the time. So this is another means of community engagement and. I want to make sure our staff are trained up front to ask these questions and engage in participants on it and certainly would be concerned about the 17 who didn't know they had the option if they were all UPMC folks. So going to that, you know, that 92 that didn't know they had the service available. We are working with a not for profit that is assisting us with a program. UPMC is a stock grant as well in providing technical assistance to assistive homes and we are looking at UPMC as well more broadly in Allegheny county, so we have a plan we are working on as well.

>>Speaker: Thank you.

>>Speaker: So then I think, Meredith, if you can go to slide 20, there is actually two interrelated questions. Regarding transportation question related to medical transportaion but nothing related to nonmedical transportation?

>>Speaker: Can you go to the slide, please, Meredith?

>>Speaker: Once again, this is a reflection of a lot of the specific questions, the core questions, which is definitely more focused per se in regards to the mental services and appointments. And the next slide, Meredith, on 20. I believe.

>>Brain: Yes, the question of transportation was not a barrier to get to a nonmedical appointment or event. That one, I believe, yes, that was actually a specifically we added that as Pennsylvania-specific question. Because of the very fact that we notice that the core replacement themselves, which the other questions focused on heavily on medical appointments and nonmedical. So we added questioned on the specific questions to this capture as far as the availability as far as now being a barrier to keep individuals from being able to have event to complete a narrative, to capture that. And as can you see, we are around 82, 83%. But as indicated by each of the plans and addressing this type of question and area, a lot of it we found is tied to the individuals as far as service plan in regards to making sure services are outlined out front, per se, as we have activities around medical and in which they still request or leave the services to assist them. That is definitely an area which plans themselves are, you know, continuously looking a the it continue to work with and also with our service coordinators and also be able to help improve and their understanding and awareness as far as working out details as part of their service plan as well as ensuring the service coordinator is working with the individuals like wise.

>>Speaker: So Brian, in asking for rides for medical appointments when MCOs don't provide medical transportation, is that question why medical doesn't pick you up is this related to in APP may be taking them. It may be just in the questions for 2020. You don't want to just -- and I'm not sure if you have the ability to try to explain a little bit about medical transportation. But I that I was part of what the question is related to. And think that's all the questions that we have on the survey at this point.

>>Brian: And thank you, everyone. Once again for the feedback. I can't express the appreciation enough because the survey itself is, you know, a by in which we can continuously help improve our agenda, issues, concerns that we need to address. And it is also something, once my team, we are continuing to work on various ways to improve the plans and as far as ways we can continue to improve as far as the questions that are being addressed. Administration of the survey. And also most importantly the analysis and responses to the data that is peaking collected. Once again, thank you for your feedback and opportunity to present this morning and once again if you have if I questions that hit at 2:00 in the morning, please don't call me. But definitely feel free to reach back out to OLTL through the appropriate channels and we will be more than happy to hopefully address those additional concerns you may have. Thank you, once again.

>>Speaker: Barb, there is one question that came in at the beginning that I said I would put in additional comments ? And we have two minutes left.

Okay, this is directed to Kevin, who unfortunately had to drop off, but he did provide an answer to it. Was there any disruption to the end of continuity of care for phase 3 and

Kevin's response was that it -- if the crisis period is over by June 30, continuity's care will end at that point. And if not, then there may be some additional decisions made.

>>Speaker: All right, thank you, Pat. Thank you, everybody, for participating. And I want to thank Pat and Meredith for their help in making this all happen and run as smoothly as it does. Our next meeting is scheduled for June 4. Not sure how we are going to do this. It might be remote. Who knows. But please, everybody be safe, and thank you again. Have a good one.