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Event: Managed Long-Term Services and Supports Meeting

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.
>> She will be. I don't see her on yet but we will -- we have her setup to be able to be a panelist. So she's unmuted.
>> Great. Thank you.
>> Um-hum.
Pat, do you think it's okay for me to get started?
>> I think we're still missing some committee members. I don't know if you want to wait maybe 2 minutes so we can go down through the list and make sure we have everybody that's on.
>> Okay. I was just thinking maybe people called in and they're not showing up on the --
>> Let's see. Let me look.
I'm not -- when I look at the conference line I'm not showing [inaudible].
>> Okay.
>> I don't know --
>> This is Jeff --
>> [Multiple speakers].
>> I'm on for Matt Seeley he has another meeting.
>> I'm sorry who.
>> Jeff --
>> [Multiple speakers].
>> Ovr meeting so he asked me to go in his place.
>> Okay. Jeff. Thank you.
>> I'll mute. Thank you.
>> I think we have everyone the committee members that are on and we may have some additional ones of that joined so we'll just switch them over.
>> Okay. Good morning everyone. Thank you for participating. I'd like to call this meeting to order. And I'll start by taking a roll call. So when I call your name if you could please identify if you're on the phone I'd appreciate it.
>> Good morning, I'm here.
>> Good morning. David.
>> Good morning. This is David.
>> Good morning, David. Denise?

Drew?
>> Good morning, Barb.
>> Good morning, Drew. Gail.
>> Good morning.
>> Good morning.
>> German? Heshie.
>> Here, Barb.
>> Good morning.
>> Good morning.
>> Jim.
>> Jim Pieffer's on.
>> Thank you, Jim. Jesse?
Juanita? Linda? Luba?
>> Good morning, this is Luba.
>> Good morning, Luba. And Jeff we have you sitting in for Matt.
>> Yes, in for Matt Seeley today. Thank you.
>> Thank you. Mark? Mike?
>> I'm here, Barb, thanks.
>> Good morning, Mike. Sherry Walsh you're sitting in for Richard Farr? Is Sherry on the line?
>> I am, yes inspect.
>> Okay. Thank you, her plea.
>> [Multiple speakers].
>> Richard Kovalesky? Rich Wellins? Sister Catherine.
>> Richard Kovalesky's here.
>> Thank you, Richard.
Sister --
>> [Multiple speakers].
>> She's showing that she's on but it doesn't look like she dialed in. Oh, wait a minute. She's self muted.
>> Okay. Steve.
>> I'm here. Good morning.
>> Good morning, Steve. Terry?
William Spotts? All right.
Thank you I'm going to briefly read the housekeeping rules. We ask that you --
>> [Multiple speakers].
>> This is Rich -- I just got on.
>> Thank you, Rich.
>> Thank you. Make sure you cover the emergency access.
>> We ask that you please keep your language professional.
This meeting is being conducted as a webinar with remote streaming. All webinar participants except for the committee members and the presenters will be in listen only mode during the webinar.
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Please hold all questions and comments until the end of each presentation as your question may be answered during the course of the presentation. We ask that you please keep your questions and comments concise, clear and to the point. Our transcript and meeting documents are posted on the list serve and normally posted within a few days of receiving the transcript. The captionist is documenting the discussion remotely so it's very important for people to state their name or include their name in the chat box and speak slowly and clearly. Otherwise the captionist may not be able to capture your conversation. This meeting is also being audio recorded. The meeting is scheduled until 1 p.m. and 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 for your reference that account address is listed on the agenda. Public comments will be taken at the end of each presentation instead of during the presentation. And we always allow an additional 15 minute period at the end of the meeting for any additional public comments to be entered into the chat box. For 2020 MLTSS meeting dates are available on the DHS website.
And with that we're going to turn it over to Jamie to give us the OLTL updates.
>> Good morning, everybody.
Happy Wednesday. I'm glad to be with you today on this beautiful October morning. So in terms of an agenda this morning I'm going to go over some quick COVID-19 updates for the committee and I apologize to those of you who may have attended the LTSS meeting yesterday some of my updates will sound familiar.
And then give an overview of the managed care quality strategy so at that point I'll turn it over to Will Marie. So with that I'll begin. So our COVID-19 updates. So much of our focus in the office of long-term living has been on the 19 is a waiver appendix K transition plan. So very obviously early on in the COVID-19 emergency which back in the beginning of March, OLTL submitted an appendix K waiver to CMS and it was approved giving us the ability to waive certain provisions of our CHC and OVR waivers. Released a transition plan as the state went -- they progressed through the colors you may recall the red, Joel green at that point in time and most counies were getting to the green phase. So our transition plan went along with those colored updates to update the temporary waiver changes.
So the appendix K transition plan was really to move -- move the waivers from the COVID phase into a more steady state. So we allowed the transition plan included requirements to begin the assessment, reassessment and service plan activities. And we were moving to a more normal state for these activities. So the CHC-MCOs -- we allowed in our appendix K transition plan them to start reassessing and assessing the population. We encouraged these assessments to take place face-to-face but knowing the participants and if they wished these assessments to be conducted tell phone clew but it was at the participants's request. So OLTL is monitoring this situation very closely and we continue to collect and analyze weekly reopening data submitted by the MCOs. We're taking a good look at this information so we know what's happening at the office

of long-term living level with the face-to-face and telephonic assessments and reassessments.
So the next slide gives you an update on the number of face-to-face assessments completed to date and the number of telephonic assessments completed to date. You can see obviously some plans have conducted more assessments than others. I will note that Pennsylvania health and wellness started conducting assessments a bit sooner than the other 2 plans. So that reflects higher numbers of assessments completed. The other thing I'll point out on this slide is obviously participants far and wide are requesting telephonic assessments and I think that reflect obviously participants's hesitancy to allow individuals to come into their homes.
Obviously many are sheltering in place and -- can somebody mute their phone. I'm getting some feedback. It sounds like a TV or a radio so -- I think that's Michael -- so just wanted to share this information with the committee. So you have a sense on the number of assessments being completed. I think we've heard from -- I want to say all segments meaning we've heard from home care agencies, we've heard from direct care workers, obviously we've heard from the participants and our advocates that these assessments are being conducted and obviously we're monitoring what they're saying as well as the numbers. So next slide. We're keeping track of the number of denials and reductions that are resulting from the assessments and reassessments and you can see the numbers -- the number of assessments we've broken it out by the denials telephonically and face-to-face and telephonically and face-to-face that are resulting a reduction.
So we continue to monitor these numbers as well. And then the next slide. We are obviously keeping track of those reductions and denials that are resulting in a grievance and appeal. So you can see percentage wise the number of reductions or denials on the prior slide that are resulting a grievance or appeal. So these numbers were actually from June 26th to September 26th. But we update this information weekly.
So I'll pause there to see if the committee has any questions before I get into the next item.
>> Jamie, it's [inaudible] is there any way that you could provide a breakdown on which services are being dened or reduced?
>> Barb, I don't think that's information that we're collecting to date, but I can say antidotally when we talked to the plans around looked looked at the services, it's --
I want to say it's primarily past services, personal assistant services.
>> Okay. Thank you.
>> I think 90% of the reductions were past services.
Any other questions? .
>> Barb, this is Steve [inaudible] stats how many are upheld or overturned? In terms of percentages?
>> So at this point I'm not sure that we have -- we are collecting that information. I think because there's administrative remedes at the plan level and then administrative remedies at the department level. So I know that we have given a heads-up to our Bureau of Hearing and Appeals at the department just letting them know that this rowsrows -- process is taking place and could see an influx of cases or obviously appeals on their end.
>> Thank you.

>> Um-hum. All right. So if there's no other questions on that issue we can get into the next major item that the Office of Long Term Living is working on and that is the regional response health care collaborative program. Act 24 create the regional response program and allocated 175 million for the activities of these -- what we call RRHCP programs. So regionally I think we presented the health systems that are involved in the regional health collaborative program. And we wanted to give you an update on what they're working on an and I want to say the productiveness of the RRHCP program. As of October 4th, 4233, assignments have been completed and obviously the assignments can be anything from going on site and helping a facility with testing, residents and staff to giving them information on infection control, it covers a number of activities that the RRHCPs are doing to support personal care homes, assisted living residents, nursing facilitys as well as other DHS licensed facilities. So you can see the -- I want to say the activity level of the RRHCPs and their busy stage that they areare -- they're doing to support our long-term care facilities.
They also have 1,246 assignments in progress. So sometimes obviously the things that they're doing don't just one day is not sufficient. They're ongoing involved with that facility and providing support.
So the top 3 assignment activities include facility assessment testing and facility consultation. We know new testing guidance was released recently for nursing facilities and assisted living and personal care homes. So the RRHCPs are very busy supporting those facilities and testing per that updated guidance that was released. We also as a RRHCP program offer webinars twice a week to the facilites on relevant issues that are facng those facilities in the COVID-19 situation. So there have been 4,693 participants network participants to date. So those facilities are taking advantage of those twice a week webinars.
One webinar is focused on nursing facilities providing support to those facilities and then the other webinar is focused on personal care home and assisted living facility participants. And so this program we required the -- the actual RRHCPs to do two on site facility visits during their time working on this program.
So that would be obviously to the point they were stood up which was mid-July until November 30th. And so 91% of the first round of on site facility visits have been completed. And so those facility visits are really important. Obviously the RRHCP is going on site looking at the infection control procedures of that facility, how they are using PPE, how they are adhering to masking. And sometimes it's obviously looking at how -- what their plans for co-boarding are if in fact that facility would have a positive case of COVID-19. So those facility visits are actually critical and helpful to the facility as they you know, deal with and address COVID-19. So the next slide is we have had obviously cases in personal care homes and assisted living residences. 419 of our facilities have reported at least one COVID-19 positive case for residents or staff, and so out of the 1,200 personal care homes and assisted living residences COVID-19 is taking obviously a toll on these facilities. So we had 20 facilities that had their first case identified in September. I think a majority of the facilities had their first case in April when COVID was I'm going to say -- COVID cases in Pennsylvania were climbing and obviously the state was, you know, going through the biggest faces of their outbreak. But we are obviously very worried as we go into fall that cases adopt climb again. And so obviously our RRHCP program supporting our personal care homes and assisted

living residences. And so we continue to do onsite visits with these facilities, you know, just assessments and recommend best practices through that program. They're also participatng on those ongoing education webinars through the RRHCP programs which are actually offered by the Jewish health care foundation. The RRHCPs are assisting personal care homes and assisted living residents with PPE, the procurement of PPE, recommending testing strateges and supporting those testing efforts. And then finally we are very soon going to resume on site inspections by the Bureau of Human Service Licensing. To date I think since very early March we were only conducting on site inspections if we had to follow-up on a complaint of where the health or safety of a person or persons was -- was actually the subject of the complaint. However, you know, we know this is an important time for the population in these facilities. And we're going to be resumng on site inspections just to ensure that things are not in crisis at these facilities and to make sure that we're seeing not only COVID-19 issues, but any other issues that could exist in these facilities as well. So with that, I'm going to pause because the next slide gets into the managed care quality strategy.
So can I answer any questions from the committee members is itit --?
>> Jamie, this is Mike -- you said it's available for the facilites is there anything that's -- what if -- if there's anything available for home and community-based services?
>> So are you talking about PPE, or are you talking about testing or support or -- I mean, so a couple of things, Mike. So if a participant needs PPE, we have direct the CHC-MCOs to add PPE to the participant service plan when warranted. And so obviously participants can get masks, gloves, gowns if they need them through their service plan. That was one of the provisions of the appendix K waiver and we've continued it throughout this time. The other thing is, you know, I don't --
I'm not sure if participants need to be tested, but obviously coverage for testing to determine you know the presence of COVID-19 would be covered you know, it would be a covered service. As long as they had an order from their physician.
>> Okay. All right. All right.
>> And the other thing I would say is that we have, you know, through the appendix K and in talking to our CHC-MCOs and make they could talk a little bit more about this we know at this time the plans had to be flexible. So participants would not be attending adult day services. They probably would not be going out into the community like normal. So adjustments needed to be made to service plans to account for those -- I just want to say change in circumstances.
>> Um-hum. Would that be true for also for the residents who wanted moved back to the community as well?
>> So you're talking about if a participant an adult day program reopened and the participant wanted to go back to that program?
>> More based people that are in nursing homes and wants to move back to the communities.
>> So the nursing home transition program has continued during this time. And I know we have a meeting later today to talk more about this issue. You know, we've been working with the CHC-MCOs and they have continued the nursing home transition program. Now, I know it's been a bit more difficult especially when nursing facilities were not allowing any visitors. So that contact with the participant was a bit harder. I think very early on in the COVID-19 period.

>> Yeah, that understandable.
>> Hi this is Jeff from Pennsylvania -- can you hear me?
>> Yep, hi, Jeff. How are you?
>> Good. How are you doing?
>> Good.
>> I know a few of the stakeholders on this call are also on Christine and -- [inaudible] disability integration task force. And one of the issues that we brought up was in some of the nursing facilities you've had the national guard come in and CMS. Can you comment if OLTL is providing any additional supports for those facilities or rather people that are helping them people want to transition a couple specific ones I'll mention is Danville has gotten recent facility [inaudible] work there. And I know that the Beaver I think I want to say the brighten Woods [inaudible] are another one. I don't know if you can comment on those or any others or --
>> So -- excuse me -- so Jeff, you know, I can't comment on the specific facility but the know the National Guard has gone into many facilities not only nursing facilities but some of our perch care homes when there has been a COVID outbreak to assist the facility with staffing needs, cohorting, providing PPE fit testing, staff and anybody that's coming on site and the I think I said testing already.
But they have been a really important part of I want to say the effort when a facility is in crisis and they have many staff out with COVID-19. And many residents that are sick with COVID-19. The other really important part of that response has been our RRHCP program. Our regional response health collaborative program. Those RRHCPs have been on site I want to say working side by side with the national guard and the RRHCP program has really been staying once the national guard pulls out the program usually stays behind to continue to support the facility in whatever their needs are. Often times it's providing additional staff until that facility can bring all of their staff back safely. Meaning their staff with R done quarantinng or they've gotten better if they've been sick with COVID-19. That's been a critical part. -- testing efforts on site and test residents and staff as often as they need to be. I think, you know, sometimes it's testing everyone weekly to make sure that there are no new outbreaks, or if there are additional people that are testing positive, cohorting them appropriately. Parking lot of that effort -- part of that effort, Jeff, and I think what you're getting into is sometimes in these facilities outbreaks we've seen these in nursing facilities and personal care homes part of the effort is actually to I want to say decompress the facility. And so that is identifying additional placements or places that people can safely be moved to. So that cleaning can occur at the facility, cohorting can occur safely at that facility. So they're identifying places that you know, the residents can safely be moved to on a temporary or sometimes a permanent basis. Whether that's additional nursing facilities that are called upon to take additional participants, sometimes it's other personal care homes. Sometimes it's a hospital who will take just sick patients so that the facility you know, can focus on those that are maybe asymptomatic or not showing -- or not testing positive.
>> Okay. And I realize that the rules for -- were made by Department of Health in terms of persons generally required to go back into a facility where they were if -- where they contracted COVID-19. Hopefully they can continue to maybe there can be some cross

departmental discussions on maybe adjusting that role now that a few have done NTH to work on that.
That's something that going forward is -- because some of the people that are this there are in there -- some may have chosen but there are a lot of other people I think it was basically they were told this is the option not really given what a lot of us would call [inaudible] moving forward.
Thanks.
>> So, Jeff, just to clarify, are you talking about the guidance early on that required facilities to take COVID positive residents back into the facility?
>> Yes. And even since then when we some must have been on the DIPF calls and have asked about it were told basically that the role is still the same.
And if people still have to return to that facility in most instances there are very few exceptions made.
>> I know that the Department of Health was definitely looking at that issue for nursing facilities. I'm under the impression that they're working on guidance. I also know that they've done extensive amount of testing meaning that the person was required to test, test, test before they returned to the facility. Especially if they were positive and they wanted to assure that the person had, you know, I want to say gotten better, and tested negative before returning to the facility.
>> Right. And it's the same for folks that are in personal care homes and assisted living, it's a test positive.
They're -- they have to go back into that same facility too, correct, or is it a little different?
>> So I'm not sure. I mean, if they go back into the facility the facility has to make provisions that they are going to be cohorted or quarantined safely especially if there are no other residents at the facility that are testing positive with COVID.
>> But they don't have -- I guess my point was they don't really have a choice unless they're I guess they really get some sort of special exemption though, correct?
>> So I think it's really comes down to whether a facility can cohort its residents effectively. You know, I think so that's going to be more difficult in a facility that is a smaller facility say a 4 bedroom personal care home.
That has maybe 2 bedrooms and you know, all the residents share a bath. That's going to be a different conversation than I want to say a multi you know, a hundred -- facility with a hundred residents and you know, different areas that can be cohorting residents that are positive or not positive or asymptomatic. I hope that makes sense.
>> Yeah. I think that makes sense. Thanks.
>> Any other questions? Well, if there are no other questions I'm going to turn it over to --
she can take you through the managed care --
>> Thanks, Jamie. Can you hear me?
>> Yep.
>> Awesome. Good morning everybody. It's still morning good morning everybody thank you for having us participate in to the's equal. And to talk a little bit about the managed care quality strategy. For many of you who have participated as a stakeholder in providing input in the last quality strategy which was released in 2017, it was sort of

still relatively new for Office of Long Term living with regards to being a part of the quality strategy for the Medicaid programs. Next slide.
So the statewide quality strategy is really something that's required by CMS. Every state must have a state-wide quality strategy to continue to assess and improve their Medicaid program and their managed care system. The quality strategy is usually updated every 3 years. So in Pennsylvania it made sense that in 2017, when we released the current plan, that we update a couple of things for you know, for the 2021 update. And finally with regards to the quality strategy really is a very comprehensive plan that kind of details the various quality improvement initiatives that the state has inn occurred [inaudible] design for their managed care system. So next slide some of the updates that are going to be referenced in this new plan is much more interesting. The 2017 report was very, very long. It was 223 pages long. It's segmented each program very separately, health choices. Obviously we started -- we were -- we had a portion of that plan. We introduced community health choices to Pennsylvania. And so the provided at a high level some of the details of what we were planning for community healthchoices design. The other updates that we have incorporated in this new and improved program plan is that it's much more comprehensive.
It is now only 62 pages. All of the program offices have been very much involved in making sure that we coordinated all of our efforts. We expanded some of the developments for the community healthchoices program sort of quality strategy that we've talked about in the past couple of years. It also has meaned for all of the program offices at DHS to work alongside each other and talk about some of the improvements and coordination among all of us to provide a much more detailed report or plan for the entire state. And as you all know, a couple of years ago there was the new managed care final role and we wanted to make sure that that was also included as part of our plan. Next slide. So a couple of things that we wanted to make sure with this plan is, you know, 3 things that we have always talked about in our MLTSS [inaudible] being able to demonstrate to all of your stakeholders how community health [inaudible] truly performing whether it's our, you know, whether it's our monitoring oversight, reporting other quality type of I want profits. Through the years we've talked a little bit about making sure that we adhere to not only national measures but also include other statewide measures that we wanted to make sure were incorporated in our program. One of the things that I think we've talked about in the past couple of years has been how do we make sure that the services that our consumers are receiving is improving the health and care for our consumers and so we've talked a little bit about -- and you've already heard presentations on for instance, the various surveys that we have in place in Pennsylvania, the [inaudible]
survey. It also includes the [inaudible] health plan giving our participants an opportunity to really tell us how they are evacuatng -- e evacuatng the services that we're receiving. Through the years we've been able to incorporate other improvements to again strengthen the community health choices program and that has also included some of the engagement and feedback we've gotten from many of you and other type of forms to tell us you know based on some of the data we've presented to you all how are we doing and how can we improve.
Next slide. So the quality strategy plan is comprised of the 4 major programs of DHS office of medical assistance, policemen health and substance abuse office of long-term

living and the office of development programs. And within the plan it provides a much more detail on each of the programs that DHS is responsible for, the health choices program, community health choices, obviously the [indiscernible] program and [indiscernible]. Next slide I won't go into too many detail but what we did is we took some information from the plan and sort of giving you some highlights for each of the program areas. For instance for OMAP it was a much more mature program. You already know that there is value-based purchasng model within the program and some of those details are in the plan and again, we are encouraging everyone to -- since it's a shorter plan is that you take an opportunity to really look at the some of the details within the healthchoices program. Next slide. On the OMHSA side they also have a value-based purchasing arrangement as well. So the quality strategy plan does provide you a little bit more detail. It does call for the detail of the telepsychiatry services so again I'm encouraging you all to take the opportunity and review the plan and be able to provide some feedback. Next slide is really the slide that we wanted to take a little bit of time. And again, now, that we are full implemented in Pennsylvania on community health choices is statewide we wanted to make sure that we build upon some of the things that we have talked about in the 2017 quality plan that exists today. Back then we got over 200 comments from all of you -- from many of our stakeholders. There were very specific stakeholder themes that I think we try to make sure we kept on the radar. For instance some of the comments that you all that the stakeholder shared on the current quality plan was please make sure that participants and providers have the mechanisms to be able to support participants and providers with regards to you know, having direct access or continue to have direct access to OLTL even though the managed care organizations are now part of CHC, but they wanted to make sure that there is still that sort of connection continue that connection with the state.
Other things came out of some of the comments was continue to promote stakeholder engagement which we think have always done that. I think that has been part of the success of community healthchoices but we always have an engaged stakeholder environment here in Pennsylvania. And I think that that really has helped us between the associations and advocates, et cetera, and I think that that has really helped community healthchoices.
Other things that you all have also shared with us is really make sure that the program is very trancearent. So our stakeholders are very interested in learning and hearing how can [inaudible] MCOs providing services and again part of our MLTSS is to be able to use this forum to be able to talk a little bit about that. You know, making sure that communication continues to be strengthened and for our providers and our consumers to understand about the community health choices. Other things that I think was very important to all of you is really make sure that as community health choices continued to expand throughout our state that participants truly have choice.
Whether they want to live in a nursing home, whether they want to return to the community, and whether or not you know, they want to be able to have service providers that can really meet their needs whether in a long-term care setting. And then finally one of the other things that came out when we started this journey was please make sure that there is diversity inclusion and that's -- and through our conversations in the past couple years we've made sure that we've talked a lot about that. I think most recently when Jamie came onboard she also talked much more in-depth about you

know the kind of data we are able to collect based on the CHC participants with regard to ethnicity and the various populations that we serve. And again, really encouragng our MCOs to make sure that translation type of services are provided to our consumers, and for providers to understand that translation is really important to the diverse population that we're searching at community health choices. Next slide this again is a highlight of the program that again is part of the quality plan. It really just talks a little bit now that has been transition the as part of OMAC there is more detail between quality plan be able to talk in more depth about the CHIP program. Next slide. And then finally I did mention that the ACAP program is also within the quality plan and it just talks a little bit you know, the details of the push that they're going to be using increasing community-based services for the consumers that are being served under this program. Next slide.
And then finally what we wanted to make sure that we let you all know is that on Saturday the public notice is going to get published in the PA bulletin.
So it will be this Saturday. We are encouragng all of our stakeholders to please make sure that you have an opportunity to review the 62 pages of the new quality plan. You have 30 days to provide comment. Again as I said before we did receive over 200 comments the last time. And I thought that those comments that we received were good comments. And I think we want to continue to encourage you all to again be able to submit the kind of information you shared with us about 3 years ago.
There is an email address for you to submit your comments which is on the slide. And then for as a resource there is a link on the slide here that you'll be able to access not only the 2017 -- I'm sorry --
quality plan but you'll be able to see the proposed 2020 plan that's again, much shorter, much more comprehensive. It does even include an acronym list because you know in state government we have a lot of acronyms. So we thought it was very important to do that. I think the key is when we look at this new plan it does provide a more comparison of the type of quality measures that exist in some of the various programs that we have at DHS. And I think that's all I have. Thank you.
>> Do you want me to do the question first or comment I should say?
>> Sure, sure. Thank you.
>> Okay. Okay. So this is more of a comment than a question from Dana -- making an excellent point quality doesn't exist without adequate staff.
[Inaudible] staff has been especially difficult with COVID many of our employees are mature women and have elected to retire given the risk. The reimbursement rate for -- is too low to allow providers to offer a wage that attracts routine staff. It was bad before COVID now it's horrible. One [inaudible] COVID funding did not help us to provide a -- wage. So this is Jamie and I know it was more of a comment but I think we have heard that that staffing especially during COVID is very difficult. And I think it's been difficult across home and community-based services nursing facilities and our personal care homes. You know, I will say and we've done a couple of things. Obviously CARES Act funding went out to both agences and direct care workers in the participant-direct model to address just a small I want to say a small portion of the issue. We know that workers have made a heroic effort working during this COVID-19 emergency. The federal government has also made additional opportunities available for providers to apply for COVID funds. And these funds can be used to you know, supplement workers's pay if

the entity so chooses. The other thing is the Department of community -- it's DCD the Department of Community and Economic Development did release a grant program that allowed agencies and entities with front line workers to apply to provide hazard pay for their employees.
And I know that opportunity has ended. But we continue to look at ways to address this issue.
>> Thanks, Jamie. And then I had two other questions. The first one is from [inaudible] Wilson and he wanted to know if you could remind the group when regarding the reopening of the life programs and the adult day centers.
>> So the Department of Ageing with the department of Human services did issue guidance regarding the reopening of adult day programs as well as life centers. And it provided -- I want to say comprehensive information about how life programs as well as adult day centers could reopen safely.
It -- we also issued guidance when these centers had to close if they had a positive COVID-19 case, an then they should fool -- follow the guidance that was issued to reopen safely. We do know that in some places in the state, mainly the city of Philadelphia, they have -- they have issued guidance to keep these adult day centers and life -- life providers closed.
And so they can -- they have continued to do that. So we know from talking to the adult day association and our life providers that some of these settings have reopened. And some have not. And there have been different reasons that they have stayed closed. It hasn't been a requirement at least --
other than the Philadelphia area that they stay closed. But some have chosen to do so.
>> Okay. Thanks, Jamie. I think Mike Grier had a question -- I can read it, Mike --
>> Yeah, Jamie, I was just wondering if the department updating the appendix K to allow for HC home and community-based services to be delivered in another setting? You know, similar to a hotel or something like that, like with ODP, community options the locations and situations particularly where there's a high -- there's high numbers of COVID-19 positive testing and like the long-term locations. I was just wondering if that's a consideration.
>> So hi, Mike. To date the Office of Long Term Living has not updated its appendix K to allow home and community-based services to be provided in in a hotel setting. However, we do know that the regional response health collaborative program has looked at providing services to a nursing facility population if they needed to move nurse --
moving nursing facility residents out of the facility and potentially into hotels to cohort them effectively.
They've looked at that possibility. However, that would not be I'll point out home and community-based services that were providing services in those settings that would actually be the regional response health care collaborative program or the nursing facility providing services to that population. So I know that you've submitted proposals and we have looked at those proposals and continue to dialogue on them. But at this point we have not updated appendix K.
>> Okay. Thank you.
>> Okay. And then the next questions I have may actually be questions Jamie and Barb that you want to have the MCOs weigh in on. And I don't know if you want me to hold

those until the next portion of the agenda or just to go ahead. If there aren't any more questions for Jamie and Will Marie we can move on. Unfortunately Nora Carreras is not able to attend today.
She was slated to give us an update on the resource an referral tool. But she did ask that we let you all know that the tool is in the midst of procurement. And they hope to have a vendor in place by the end of December or early January. So with that being said, we will move onto the CHC-MCO --
>> Pat.
>> Yeah.
>> Sorry to interrupt. This was David. I had a quick question for Jamie in OLTL before we provided.
>> Okay. Go for it, David.
>> Thank you. Jamie, a question was posed at the consumer subcommittee two weeks ago and I want to repeat it with the looming budget crisis is loss of long-term living considering any caps --
particularly personal assisted services or pass?
>> So thanks, David for that question. And I think the question at the consumer sub was a little different. I think we had questions from participants or service coordination entities if there was a current limit on past services. And if that was the reason that -- that past services were being reduced.
And what I affirmatively said at the consumer subcommittee meeting is currently there is no limits on past services, there are no caps on past services.
So the work that the MCOs are doing currently to reassess or assess participants and potentially based on those assessments reduce past services was not due to any current caps on past services. I -- what I can tell you, David, about the future is that I am not sure if we will have to go to any types of caps on services, whether that be past or any other services. I can tell you that it is a very difficult budget situation. COVID has not made anything easier. Revenues are down. And obviously services necessary for Pennsylvanians are up. We can totally understand that. I have not to date been involved in any conversations where this was on the table.
That's not to say in the future that it may come up. What we have said though is and what the consumer subcommittee has requested is that any conversation to cap or limit services would involve conversations with stakeholders.
And we have agreed to that at the Office of Long Term Living.
I hope that makes sense.
>> It does. Thank you.
>> This is --
>> [Multiple speakers].
>> Yep. Hi, I had a quick question too if I can go ahead.
>> Thank you. So this is German can you help me briefly understand about the potential CHC lowering or taking away of services to the point of when the national or emergency public health declaration back was instituted back in March but back to the end of January, on Friday, just this past Friday it was renewed by secretary Alex --
to extend for another 30 days --
another 90 days after October 23rdrd. Are there --

when we start [inaudible] in Pennsylvania there was understanding that CHC services would not be lowered in ISPs if you will. But it is happening, so when did this change or are you looking at now that the national emergency public health declaration -- I'm messing up that order but the public national declaration has been renewed, are you looking at stopping this and are you looking at re applying to appendix K?
>> So a couple of things in response to your question. Yes, the federal emergency declaration was extended. My understanding is until January 21st I think yesterday I said January 23rd but not quite sure of that date. So it has been extended until January 21st and during this federal emergency we have not, I want to say eligibility for CHC-MCO recipients has continued during this time. There's been no disenrollment of CHC-MA eligibility during this time.
However, when we instituted our appendix K transition plan, we did talk to CMS about our normal process of assessing and reassessing participants. And making adjustments to service plans accordingly. And that was not viewed by CMS as a -- I want to say a cut in services. That was part of our normal processes that outlined in our waiver programs that participants needs -- need to be reassessed and assessed and changes can be made to the service plans according to those assessments and reassessments. I think that's what you're referring to.
>> That's really useful. One last -- [inaudible]. In these I'm getting backfeed but in these agreements with CMS of what is allowed or not allowed, is PPE a new allowable for CHC?
>> Yeah. So that is part of the appendix K transition plan.
And it was a part of the appendix K and carried forward through the appendix K transition plan that if a participant identifies a need for PPE, that PPE can be added to the participant service plan per appendix K.
>> So I learned this a couple weeks ago by being a board member of a provider. So I would personally as a consumer truly appreciate hearing this when the MCOs talk about -- talk in a little bit their plans to inform all consumers of this new allowable. Thank you.
>> Sure.
>> This is Rich. I just had a quick question: When does the new budget year start?
>> So that's a really good question. I think because this is an interesting budget year. So the fiscal year 2021 budget would have started July 1st of 2020, and running through June 30th of 2021. However, the general assembly passed a partial budget. Meaning they only funded the first -- I want to say five to six months of state programs. They need to regroup and fund the remaining fiscal year 2021, and I think they're working on that now.
Fiscal year'21, '22, will start July 1st of 2021 and run through June 30th of 2022, and that will be a new budget year hopefully with a whole budget passed, not a partial budget and then the remainder of the budget.
>> So we will know better for the partial budget and new budget where your budget actually stands, right?
>> Yes.
>> Because you'll be part --
okay. That answers my question.
>> Yes.
>> Thank you.

>> The initial partial budget funded for the first half of the fiscal year 2021 budget essentially level funded every -- every service and program where it was for fiscal year 2019-2020.

>> Any other questions from committee members for Jamie and willMarie.

>> Hi this is Jeff. Just a follow-up along the lines of what German was mentioning and this isn't directly, I guess a cut, but this could be cuts if this happens in the minds of some. Is the Medicaid lock in legislation, I don't know if the department is looking at it or if you can comment, if you can't comment I understand, but just is it on your radar? It seems to be moving in the general assembly. .

>> Jeff, just so I'm clear on what you're talking about, the Medicaid lock in legislation is the basically if the participant picks or is assigned a plan they happened -- they could not change their plan for 12 months?

>> That's correct. And as some plans have or individuals have not been able to get the care they need long-term even after [inaudible] sometimes there's a need to change the plan and 12 months potential inequities get locked in and as some people have notices about reductions and [inaudible] let's say you pick a plan now in a month later you get a notice service reduction, well, you've signed up for that plan already at least as I understand, others may have a different opinion, you're locked in for the remaining 11 months or, you know, until you can choose another plan. So I think there is some concerns over how that might work, if I'm not understanding it correctly, please let me know. The house bill is 2857. I don't think there's a senate companion bill at this time, thanks.

>> I'll just say that currently the CHC -- currently under the Community Health Choices participants can change plans at any time. It's part of the tenets of the program. I'm not sure, Jeff, what's fueling that legislation but it's certainly isn't the department.

>> Okay. Well that's good to know. Thanks.

>> Anyone else with a question for Jamie or WillMarie.

>> I had one that came in from the audience if there's no committee member questions.

>> Let's go for it then.

>> Okay. So -- was asking: Is there any consideration to investing more money in the nursing home transition program.

Many providers are working very hard to get people out as fast as we can and emergency funding needs to be dedicate for NHT as an example. Since the COVID emergency again BFI has transitioned 143 people. Last year our annual total was 189. .

>> So --

>> She was thinking this was for the department if there's any type of direction that you're looking at.

>> Yeah. So there really wasn't any type of direction that we were looking at in terms of funding for the nursing home transition program. You know, antidotally I know that one of the barriers to the transition program is really the lack of available affordable, available accessible housing. And so that often presents people the opportunity -- or that often presents a barrier for participants to leave the nursing facility because they're ready to go, there's just nowhere to go in terms of housing. The other thing that I know that we have been contacted by advocates on is the -- I want to say the eligibility process.

So switching the person from nursing facility eligibility to home and community-based services eligibility and so the timing on that process and we have been asked to look at that and how we could I want to say speed that up for individuals who have a place to go and all of the other -- all of the other considerations on moving somebody from a nursing facility into the community have been accounted for. So -- I know that's one of the things that we are looking at.
>> Okay. We also got a request, Jeff, if you could repeat the [inaudible] number for the Medicaid [inaudible]?
>> This is Jeff from Pennsylvania -- the bill is HB2857. And I believe it was it may be getting a floor vote later this month or next month, but the clock is ticking on the session because our current group of legislators is done November 30th and they only have I think at least 3 days although I think there will be some add after the election. Thanks.
>> Okay. Thank you. Anyone else for Jamie or Willmarie?
Well, thank you so you both for taking the time to participate in our meeting. We appreciate it.
>> Sure. Thank you, everybody.
>> [Laughter].
>> So we're going to move right into the CHC-MCO Q and A. I don't know if we have any questions from committee members. Or Pat, if you have any of that come in from the and you had yens. Oh somebody just has one.
>> MCO Q and A?
>> Yep.
>> This is German again, [inaudible].
>> German, we can't hear you.
>> How are the 3MCOs let participants know if PPE is new allowable?
>> I know that we have MCO members on. I don't know Chris if you want to ask -- answer on behalf of AmeriHealth?
>> Hi, unfortunately I still did not hear the actual question.
>> German is asking that it ties back to his earlier question to Jamie on how the plans are going to make participants aware that the MCOs should be covering PPE, I think that's correct. Is that right, German?
>> Yeah.
>> So that would actually be handled individually. And Jen is muted as well. So that would be with the service coordinator they work together with them.
And I don't know if Jen is unmuted at this point.
>> Jen is not --
>> [Multiple speakers].
>> Yeah, so we would look at that and work together individually with the participants and as we work through their service plan. And have it added to that in working together with them.
>> This is German, can you hear me clearly? Can you clearly hear me?
>> I can hear you better now, yes.
>> Yes.
>> Okay. Understood that personal protective equipment is the most important tool in preventing the spread and contagin of COVID. Thank you for allowing PPE to be

allowable on their CHC. Are you saying that you can form every support coordinate tore call their participants to inform them of this new allowable?
>> So PPEs that is part of the process for the [inaudible] when they are working together with participants to assess for that.
And it's something that's actually been in place throughout the COVID emergency once that -- with the [inaudible] so it's not something that's brand new.
It's been part of the process for us.
>> This is German. So there is no education plan to educate participants of the new allowable, that's what I'm understanding.
>> So the education is taking place with the service coordinators, they've been educate from our -- with our team to assess for that and have conversations with the participants. It would have been [inaudible] educated and they do have that. It's not a mass mailing or something if that's what you're asking.
Actually handled with the direct one on one with the service coordinatrs and the participants.
>> How many direct -- how many participants are in AmeriHealth approximately?
>> So for home and community-based participants approximately 70,000, 75,000. I don't --
>> Thank you --
>> [Multiple speakers].
>> Thank you. What is the percentage to have added PPE?
Well, what is the percentage of that been offered PPE?
>> I don't have figures right in front of me. I would have to go back and pull data.
>> We would appreciate that.
The next MCO, please.
>> Okay. Next Anna, do you want to address --
>> Yeah, hi, German. Yeah, this is Anna can you hear me.
>> Yeah.
>> Hi, German similar to what Chris shared there is a conversation with the service coordinator when an individual identifies that they believe they need PPE. We have educate service coordinatrs since March on the notification of how to dodo -- add that to the request for each individual consumer.
I'm going to take a pretty good stab here but I think we've had around a total of 200-ish consumers identify as COVID or suspected COVID positive across our health plan. So that could also be individuals that are nursing facility ineligible.
But in the cases where those requests have been made we have for PPE we have responded to those. An then in addition to that, we've worked closely with SEIU and the individuals who are self directed to get quite a bit of PPE across to those individuals through collaboration with PPL and SEIU.
>> Thank you.
>> And before we go to UPMC Jen Rogers is on do you have anything you want to add?
>> No, I didn't. I just wanted to make sure. Can you hear me now?
>> Um-hum.
>> Yes.
>> I think I'm connected so I can answer subsequent questions.

Thank you so much.
>> Sure. Okay. Then we'll go to Mike Smith for UPMC. Mike.
>> Can folks hear me? Hello.
>> Yeah.
>> I can hear you.
>> Yes.
>> I --
>> [Multiple speakers].
>> Sorry about that. Nobody reacted. [Laughter]. So you know, we've been -- we've been very -- we've been providing information on PPE and our mailings to individuals about face coverings COVID preparedness and that type of thing. We put out a mailing early on in this when we did our back up plan outreach and subsequent monthly calls with participants when we're going over their plans of care. In particular we're focused on folks that are exposed and our quarantined and/or COVID positive based on either information that we received from the participants but also if we get calls from you know, family members or concerned folks that say somebody has been exposed we will contact them and see if that equipment is needed.
Really targeting making sure that we have it available too for our participant-directed folks because they obviously have the hardest time getting access to that equipment. So participants who have been exposed and they're going to be and/or quarantined because they've got a COVID positive situation, can get full access to PPE kits that we provide.
And we've -- and we've provided that information to folks on their regular calls.
>> Thank you. Good practice.
>> Okay. I'm going to say there's a related question on PPE from one of the -- mans. And in re relation to PPE I should say this is from -- in relation to PPE how would the CHC plans like -- plans to coordinate with the CHC plan.
Is there a list for each CHC as to what is covered? And how about this time we will start with Anna at PHW.
>> Okay. That coordination would likely begin with our care management team. We would look to Medicare to be payer first before Medicaid but coordination of that -- those items would definitely begin with the care manager for an individual that is shared mutually with the health plan and the -- so you would just call our regular number.
>> Okay. Mike, how about for UPMC?
>> Yeah. Certainly we're interested in partnering with our partners when we're unaligned with them. Service coordination member services line can connect you to the service coordinator for that discussion. And we'd actually encourage you to reach out to us if you have particularly if you have participants that are COVID positive. But remembering that you know, this is an -- benefit so NFI participants you know, there maybe a you know, something where they could use the -- they would be working on a -- I guess it would probably be a co-pay with you guys or maybe over-the-counter benefit.
I think our lined -- don't quote me on this I get kicked by my snip team but I believe we have an over the counter benefit that allows for purchase of this if you're in an aligned plan.

Depends for -- just call our member services number they'll connect you with our service coordinator. And you can walk through the needs of the participant with them.
>> Okay. And Jen, do you want to speak for AmeriHealth?
>> Thank, Pat. And hi Jerry this is Jen. I don't think our process would vary much from what Anna and Mike have already explained other than we try to steer coordination traffic to our D snip coordination at our CHC coordination at AmeriHealth dot com mailbox that's overseen by a team of folks with the aid of connecting the Dsnip case manager quickly with the appropriate team member. On the CHC team. And I think to offer a list would be missing the mark. We want to make sure that the equipment is authorized, the PPE is appropriate for the situation. So that's where the coordination and discussion would be most helpful to figure out exactly what's needed and what coverage should be explored first.
>> Okay. Thanks, Jen. All right. Barb, do you want me --
I have a list popping up here.
Do you want me just to continue down or any committee members?
>> Continue with --
>> [Multiple speakers].
>> Go ahead. There's a committee member who wants to ask.
>> Hi this is Neil Brady. How are you?
>> Good.
>> I have -- yes, I have a question regarding medical transportation that has popped up. Probably about a month and a half ago and then most recently this week. Involving the skilled nursing facilites and the MCOs with regard to non-emergent ambulance transportation. And some questions have been floated back both to the MCOs I think Chris at AmeriHealth is aware of this.
We thought it was resolved but it recently surfaced again.
Genesis in operatng numerous nursing homes across the state has IESHTD guidance -- IESHTD guidance indicatng that they will now be essentially moving the transport requests for non-emergency ambulance front --
directly to the providers that they have onboard through --
they'll be moving it from those directly to the brokers for the MCOs and the confusion that's being created by this is I guess related to the responsible payer portion of those transports. I know that that's always been an option for from my understanding that the nursing home can choose to do that. However, it also looks like the guidance is saying that they're shifting not only the request process but also the payment responsibility from the Smith to the MCO through the broker. So that's where the confusion is occurring right now. Unless there's been a change overall or if Genesis has separately negotiated different agreements with the MCOs to shift that payment responsibility, I'd like to see if anybody can help clarify this issue.
>> Okay. So I'm not sure if Mike from UPMC you may want to have Andrea handle this, I'm not sure if she's able --
>> I was just going to say.
She's on, I think you know unmute her if you've got her number.
>> Yeah.
>> Actually I'm unmute. Thank you from UPMC health plan. So we have had this discussion with Genesis as I believe the other MCOs have and we have actually

collaborated with the MCOs to have the discussion. So there is confusion coming from them on what is covered within the nursing facility and what is not covered within the nursing facility. So the first thing we stressed to nursing facilites is always to coordinate benefits. So use a Medicare benefit if they have a primary benefit that can be used in the nursing facility. So many members that are Medicare primary and Medicaid secondary do have a benefit that can be used within the nursing facility to take them back and forth to physician offices et cetera.
There are also some covered services under Medicare that will cover the member if they are traveling via an ambulance and they have to go back and forth to certain locations. So we have educated them on that process. We also informed them that based on the information that we have that it is the non-emergent transportation that is covered within the community, that usually goes to MATP, and that it is deemed the responsibility for the facility if there is no other coverage that would cover the transportation to cover the actual transportation as part of their per diem. I'm pretty sure that Chris may be able to jump in and actually supplement what I just said. In that sense. So I mean, it is a discussion that we can have separately with OLTL to make sure that we're all on the same page with that transportation but we are following the guidelines as we understand them.
>> Chris, anything you want to add?
>> No, I think Andrea has summed it up. According to what our understanding is from the MCO. And I -- and just so I know that this is issue came up a little while ago I have not seen a recent communication. So I will take a look to see if anything is at into desk for that as well. So --
>> It's Andrea, I would appreciate that. I'll supplement again quickly what Chris said is that I haven't seen this come back up since I've had my discussion with them. So I'm -- I wasn't aware that this had resurfaced.
>> Yeah. And so after the call I'll forward the repeat guidance that has been issued by Genesis and again, they have a third party involved where they use an internal subcontractor to manage a portal called Move, but it's still directing the -- the guide dance -- guidance is directing the facilities to schedule through the brokers and bill the brokers for the services. And again, as you have explained that creates the confusion in terms of payment responsibility because it's complex depending on the case itself. If it's Medicare as a primary the allowable destinations and all those other complexiies that are involved.
>> Okay and -- did you have anything to add from the PHW perspective?
>> No. This hasn't come up, but I did take a note and I'll take it back to network and see if they have anything and then we could respond later.
>> Okay.
>> Thank you everyone.
>> Any other committee members?
All right. Pat, would you like to go to the questions in the chat?
>> Sure. Sure. We have a range of -- wide range of questions starting off with -- I don't know if anyone from OLTL wants to frame an answer to this one first and then let the MCOs answer but -- was asking why is there such a high right of reductions? And if anyone from OLTL wants to answer first then we would start off with AmeriHealth and Jen, I guess.

>> Hi, Pat, can you hear me?
>> Yes. Thanks, Jen.
>> Okay. Hi. So thank you to Keri for the question and I think we are continuing to make sure that we are measuring --
we're measuring the reentry the data the same across all plans.
And also checking the AmeriHealth and keystone data.
There have been questions raised by the numbers and we want to make sure that we're counting things the same way. So that validation that is needed to refine is still underway and we're working with OLTL to kind of dig a little deeper into those numbers.
>> Okay. Thanks. Anna. PHW.
>> Yeah. Thank you. Thank you. Anna -- I think Jen answered it really well. The reductions that we've seen at PA health and wellness have aligned with the needs of individuals as the assessments have shown and consideration made to informal supports and community resources. So as Jen said, we'll continue to look at the data. But we believe that we are ensuring people -- insurng people who are getting services that they need.
>> Okay. And Mike.
>> Yeah --
>> [Multiple speakers].
>> Are you -- do you have me unmuted?
>> Yes.
>> Okay. So thanks for the question. I believe that this is what you're seeing here is I would agree with the other 2 plans is just us getting back into the field. And being able to work with participants to make sure that the services are aligned with their needs. And I don't know that they're, you know, extremely high to any circumstance other than maybe the compressed nature of doing them and getting back out into the field. I mean by that is you know if you haven't -- we haven't been able to work with the plans in terms of moving towards reductions for the period of the COVID period, you would have a condensed sort of period when we're trying to get out and expedite reviews face-to-face as well as doing a really good job with our assessments telephonically. I feel comfortable that we're working with participants on these and doing following our regular protocols and we're actually being extra cautious to spend as much time as UPMC and I think the other plans would agree you know, on the phone with folks an even when they're doing a face too face we're really using it as a period of validation and you getting some face time with the participant but to really and try and make sure everybody stays safe in this new normal that we have, right.
>> Okay. Thanks, Mike. So the next these go together from --
I'm not going to pronounce your last name because I know I will not get it correct, but why are the MCOs not updating authorizations on time or before it is to expire. Why can't you update the authorizations for one year or at least 6 months.
And then also requesting the contact email information for MCO representatives? And Anna for PHW can you go first?
>> I will. I'll need to look into that because when an authorization is approved, it goes into our system. And I believe it goes in for at least 6 months but more over I see a lot of them that were a year.

So if there were a particular case that needed to be looked into I would need to take that offline with a name and we could investigate why something might have expired. The other thing that we see often with some of those is eligibility challenges where a person became ineligible and then got their eligibility reinstated but I apologize that I don't have a better answer for that. I really need to know the consumer's name because it wouldn't be a system issue.
That's all I've got there.
>> Okay. Mike for UPMC.
>> Sure. So a couple of things. There, you know, when it comes to skilled services there is a 60-day authorization period. So that may come into play and the person who asked the questions thinking, so there is a requirement for those to be reviewed every 60 days. So those would be a shorter authorization period. The other thing is coming out of con new witty of care for UPMC, we're trying to do shorter authorizations until we get to see the person so that we're not just perpetuatng a plan of care that's based on information that it needs to be updated. So that could be something that you might be seeing in UPMC side.
And search through or member services and calling-in line you can -- you can check on those authorizations. Certainly it's a discussion to have with the --
coming from the participant side of the orientation too, and make sure that you're, you know, contacting us that you're working with our network folks on any authorization issues.
But then you know, the participant definitely would be the one who would be one of -- be making sure you're coordinating with to talk about any services that you think need to be authorized longer they're involved in the conversation for sure.
>> And this actually came from a provider. So I guess the other request was who should the provider be contacting when they have authorization issues and to give -- to provide the examples.
>> Is and degree I can't still on, do you have the network information right handy with you?
>> I'm so sorry. I couldn't get off mute. I'm sorry which --
>> [Laughter].
>> Information do you need?
>> The email address and the network number if the participant -- if they're having issues of authorizations.
>> Yes --
>> [Multiple speakers].
>> We do ask providers to go through HHA anytime they are having any authorization questions or issues because HHA is our secure communication method. However, the network team is definitely available to assist in any way that we can.
And our again email box is chcproviders@upmc. Edu. That allows you to -- network manager or my level or Josh -- our managers level can assist in any way that is needed.
>> Thanks, Andrea. Chris or Jen for UPMC. I'm sorry for AmeriHealth.
>> Sure, Pat. Hi, it's Jen. A couple of things I just wanted to add to the discussion. So I'm not sure where the person who posed the question is calling from. But we are offering our provider education webinars. We had one yesterday and I'll be on the AmeriHealth offering tomorrow. So we encourage our provider -- our past providers to

dial into that to get more granular information about the process and get their questions answered probably a more detailed -- a more detailed and more than what I can provided to. But a couple things I just wanted to say.
One, we are -- we need providers to work through eligibility issues with us. The point of contact is still the service coordinator for AmeriHealth and Keystone First are responsible for updating authorization. If you've run into a challenge where you are not getting a response from the service coordinator, and I will say that information now is available in the HHA exchange and I'm hoping that this is useful detail for the provider community. But if you're not getting the answer you need or the response on your concerns about expirng authorizations we want you to use our authorization escalation mailbox. We've provided that address. I can get it out again. I'll be sharing it tomorrow during our provider education webinar. We have tools and reports to know what authorizations are expiring and we do our best to get ahead of the game. We are also trying to write cleaner authorizations and we've made some changes internally of how we're writing authorizations but the request of writing them for a yearly time frame is not something at that in align am with our service coordination process.
So our service coordinatrs are trained to write authorizations in alignment with the authorized service. Some 60, some 90, some 30, and to I think Mike or Anna's point, that gives a service coordinator the time to do the appropriate plans of care review, check utilization, have a touch point with the participant to see what's working and what's not working.
So that's a little bit behind why you're not seeing an annual authorization the way you did perhaps in the future service labor world. But we are committed to making sure that we have responsive service coordinators, trained service coordinatrs on how to write authorizations and service coordinatrs who are going to meet you halfway with any authorization challenges you have. We know that you're out there servng participants and how important that is. And we don't want you to feel you know, unsure of an authorization that's expired and it's not getting attended to. So please use the escalation mailbox so we have sight lines and can help out.
>> Okay. So while we are on authorizations, I have another one here. I just have to find it. Give me one second. So crystal Rivera comment as a provider we are seeing issues with procedures and how to obtain authorization for consumer services and complete forms such as the 485, the procedure seems to be different for each service coordinator depending which SC is assigned to a participant is there any communication that can be GOIVEN a provider on how to submit a request through each -- example some SCs state we must go through the utilization department for physical therapy while others in the same MCO state that we email the request and the therapy script to the SC themselves. And I think we're at Mike for UPMC.
>> Yeah. We -- the 485 form is not always required for UPMC.
So sometimes we will accept a 485 form but we can work with the provider on getting other documentation for the authorization of those services.
I'm not sure if that answers the question. I'm sorry. I might have missed some of the finer points there.
>> Okay. So Jen for UPMC, and I think just maybe to summarize the question, I think they were asking it sounds as if it may be a they're related to therapy services and where should they be going to get authorization for services? Jen.

>> Oh, sure.
>> [Multiple speakers].
>> So I think what the answer to that is that would go through our UM department, utilization management department and they coordinate with us in our service coordination side of things. So thanks.
>> Okay. Pat, can you hear me, this is Jen?
>> Yes, Jen.
>> Okay. All right. Thank you. So I think I'm hearing a couple things here. And the theme and my takeaway is we need to maybe do some more work on educatng our service coordinators about the 485 process. In a separate conversation all three of us have heard this from the brain injury provider group and they have my commitment to develop a specific 485 form and training for that. And that's about in earlier meetings. That's the key to have job agent training and transparent about and can share with any LTSS providers.
So I want to be clear that I'm only speaking in terms of 485 forms specific to LTSS benefits and not perhaps the physical health benefits. Providers I think are well versed on the UM process. And the 485 form process. But what I'm hearing is service coordinatrs there might be some variation in their training and understanding and we can tighten that up for sure and having that we're working on. And happy to share in thethe -- to be transparent and work with our provider community so that we can reduce confusion.
>> Okay. Thanks, Jen. And Anna from PHW.
>> All services go through our service coordinator and that's our process internally at PHW.
Like Mike has said [inaudible]
if there is confusion we can certainly work with our service coordinate teams to remind them of a consistent process. But moreover that's where the services begin and the conversation with the consumer and the needs that they have and then it's submitted into the health plan.
>> Okay. Great. [Inaudible].
Talked about that one. All right. So the question from Rene -- is how should a provider verify if a member is NFI or NFCE? My understanding is an authorization to use the 30-day benefit is required if the member is NFI, is that correct?
And I think Jen or Chris we're back to AmeriHealth.
>> Sure, Pat. So the way I understand the question is how do we verify eligibility, is that the question between NFI and NFCE participants.
>> And then just verifying if an authorization is required for an NFI participant for a nursing facility admission. So, yes.
>> Okay --
>> First part and then you add on.
>> Okay. So checking the --
[inaudible] for verifying eligibility and we do need to authorize for nursing facility ineligible participants that are looking for a nursing facility admission. That would follow our physical health prior authorization process which I'm pretty confident most providers in our network are familiar with. If that doesn't answer the question I'm happy to take it offline, Pat and walk whoever the sender was through the specific situation.

>> Okay. Great. Thank you.
Anna, how about for PHW?
>> Thank you. Jen summed it up pretty well promise is the source of truth there. If there's a specific consumer question from a provider you can also call our call center and they can check that information for validation as well.
>> Okay. And Mike for UPMC.
>> [Multiple speakers].
>> Okay.
>> You would use the DH site to verify whether the member was NFI or NFCE. If you know there are are member of course we have our own portal that westbound verified also. We do require authorization for an NFI nursing facility stay which would occur after the Medicare if they have Medicare either skilled stay has expired or they have used -- they have exhausted their benefit. They would then contact our UM department to request an authorization for the 30-day NFI stay.
>> Okay. Thank you. Let's see. The next question I have is from a home care agency that provided PPE to their staff, will they be -- they wanted to know if the MCOs will reimburse them for that. And I think Anna we're starting with PHW this time.
>> Okay. Thank you. PHW has not engaged with reimbursng home care agences for PPE for their staff at this time.
>> Okay. And Mike for UPMC.
Or Andrea.
>> That's the same for us as well, but I would say that I know when we receive those calls we've been pointing people back to state resources and other areas that are available for the PPE that -- I believe the state in its regular COVID announcements an updates has pointed to some resources available there where to get it if it's you know, circumstance that your staff need it for regular day-to-day types [inaudible].
>> Okay. And Chris or Jen in AmeriHealth.
>> We are the same. There's nothing additional to add there.
>> Okay.
>> All right. The next question is from -- I know there was a delay in getting home mods done is there an update on expected time frame for modifications like at ago shower grab bar. There are people of that been waiting since December and had falls while waiting for the home modifications to be made. And I think Mike starting with UPMC this time.
>> I was going to ask if Karen's on the line.
>> Yes, I did -- [inaudible]
it's Karen. For home modifications we did not discontinue providing the services during COVID unless the participant asks for a hold on their request or if there was an issue with provider availability or a part or a service availability. But if there is a specific holdup for UPMC, if you want to get in touch with us via the service coordinator, we're certainly willing to take a look and see what the issue is. But everyone is provided with the OT valuation and then we process the claims -- the requests without any delay to make sure that we're not causing any disruption in service or any issue with health and safety for the participant. So certainly want to make sure that if this is an UPMC issue we'll take a look at it but we just need some additional information.
>> Okay. Thanks, Karen. And Jen.

>> [Multiple speakers].
>> Sorry. Go ahead, Chris.
>> Okay.
>> Hey, yeah. I would echo what was stated previously. We did have some [inaudible] during the COVID emergency and for the most part they were asking at the request of the participants there were some during COVID for providers not being able to get out and do some of the home modifications but we are currently up to date as far as home modifications and moving through those processes, you know, for reviews. If as stated earlier if there are specific concerns or participant status requests then we would ask that you work together with the service coordination team with their specific service coordinator and they can provide any updates on those specific cases.
>> Okay. And Anna, how about for PHW?
>> Yes. Thank you. Karen and Chris addressed it pretty well.
We did reach out to all individuals early on with COVID to ask about did they feel comfortable having the home mod completed or do they want to wait. Many of the consumers said please wait. They were concerned about COVID but it never stopped our process.
Anyone that said no I need that modification immediately, we went ahead and took care of it as best we could with the situation with contractors and such. And again, just reiterating what my colleagues have said, if there is a delay please get with the service coordinator track down if there's a piece of documentation missing that might be holding up something, but otherwise they can follow-up and see where it is in the process.
>> Okay. Thank you. The next question is when MCO eligibility doesn't match what promised and/or should have who can be contacted OLTL provider support is not adequately resolving these communication issues. And this is from Kyle Hefner. And I don't know Jamie or Jill this is something that you want to address or if you want the MCOs to address.
>> Other [inaudible] lost part of what you said.
>> Okay. So this was a question when the MCO eligibility isn't matching what's in promise or Sis so you have a discrepancy between the MCOs enrollment file and what's in promise or sis who should the providers contact related to that? Apparently they're contacting the provider area and some issues are still unresolved.
>> Well, Sis is the storage [inaudible] and the MCOs file from the department so if there is discrepances I think that the first spot, first place the member start would be with the MCO.
>> Okay.
>> This is Randy -- we are seeing some cases where there is some discrepancy between what's on the Sis file what's on the MCO file. Again first reach out to the MCOs and should be coming back to the state to determine whether there's an issue with the file or truly an eligibility issue especially during the pandemic here because we want to keep services going on. The MCOs should be continuing shoulding the services and MCO work with us and we'll try to make the corrections as necessary.
>> Okay. Thanks, Randy.
Anything any of the MCOs want to add in addition to that? Nope, okay. So we will move on the next question is from -- Miller Wilson question for each MCO it is widely acknowledged that mail is delayed how are the MCOs responding to these delays with

regard to delivery of reduction notices which are time sensitive as well as delivery of member handbooks lessons active. And Jen, Chris, AmeriHealth would be up first this time.
>> Thank you for the question.
We too want to make sure we are sensitive to any reports of mail delays but nothing to my knowledge has been reported.
Regarding delays but we are following our contractual guidelines for time frames of notification. So I think it might be better addressed with specific situations. And you know, plan to plan. However, I do want to note that part of our process and part of our requirement is to notify participants eventually so we conduct outreach calls. And of course document them to make sure participants are notified of any decisions made about their services.
>> Okay. Thank you. Anna.
For PHW.
>> Yeah. I had asked in Nora -- can be unmuted to respond to this one. Is that possible?
>> Sure hang on one second.
Got to find him. Okay. Norris.
>> Norris you might be double muted so check that.
>> Okay. Can you hear me now?
>> Yep. Yes.
>> Okay great. Great, thanks.
I guess I was double muted. You know me too well, Pat.
>> [Laughter].
>> I had to be double muted.
So I mean, thanks for the question and we think that the Pennsylvania state law and our currently contractual obligations adequately address the mail times. If there are specific cases where individuals believed that something has been delayed and please let us know.
But we don't think that existing protocols that are in place require any changes at this time.
>> Okay. And Mike do you want to speak to this for UPMC?
>> Sure. And I think it's pretty much the same as what the other two plans said. I would say that, you know, after last -- I think this question actually came up on the last call as well. And I said virtually the same thing I think what Patty said and somebody called and said -- or somebody wrote to us and said hey we had a mail delay. So we certainly take those seriously and well will look into those on a case-by-case basis and see what's happened with those. And you know, look at those as a --
as they come in. If you're seeing mail delays please let us know and we'll work with you to figure out how we can work with the participant on services that might have been impacted by those delays.
>> Okay. Thank you. Then there was a request Jen, you had mentioned that I think it was you who mentioned it there was a a, maybe Chris, webinar tomorrow and there was a request if you could send the link.
>> There is. That was us.
That was AmeriHealth and we're offering them for Keystone too.

So Pat, if I send the invite to you, would that be sufficient.
>> Uh-huh.
>> Great I'll do that now.
>> We can place that. Okay.
Thank you. The next question I think would be more on on that Jamie, you may want to answer.
It was a question from Erica --
the funds that -- for the Act 24 funds that OLTL sent each provider, this was for PPE for staff employees and clients, is that correct?
>> I think Jamie had to drop off.
>> Okay. Okay.
>> [Inaudible]. The funding Act 24 is to allow anybody or the agences to handle anything that was COVID-related. So if it was staffing, if it was supplies, equipment, like PPE, that was all part of the Act 24 funds.
>> Okay. Thank you, Randy.
Then another question from Kyle Hefner circing back to the some of the challenges with authorizations. Will the MCOs commit to their being no gaps in authorizations while they attempt to clarify the authorization process specifically AmeriHealth as they stated they are still working on finalizng the process and completng service coordinator training and education. So I don't know Jen if you want to speak to that.
>> Sure, so I can't commit to something that I can't promise because the way our system is brought up is that service coordinatrs write authorizing sayings, authorizations flow to the correct space if it's a daily service like [inaudible]
HHA. So if this is a question from Kyle with valley residential I actually sent you an email this morning and would love to get on the same page with you and your team so that we can together work out any potential authorization issues that you're experiencng and how to hurdle those together. We don't want to see gaps in care we don't want to see expired authorizations but we also don't want to blanket authorize things that we feel need to follow our process, the 60-day, 30-day, 90-day authorization process that we've put in place for our plans. So I'm happy to take this conversation offline and I encourage you to bring whoever you need to the conversation when we set it up next week.
And also encourage you to join us during the participant education series. I'm sorry provider education series, not participant, provider.
>> Okay. Thanks. And it was -- it was the same Kyle.
Okay. The next is probably I'm going to say more of a statement than a question, but it from --
MCOs need to address the continued issue with service coordinatrs not communicatng with participants and this is across all MCOs and regions.
They continue to report poor communication. MCOs have acknowledged this issue but we want to know what has been done to remedy this. And I think Anna PHW would be up first. I don't know if --
>> [Multiple speakers].
>> Home -- [multiple speakers].
>> I can certainly say that we have put a lot of energy into improved communication.
With the service coordinatrs and the health plan. We have weekly meetings with all service coordinatrs across our whole state. Every Tuesday afternoon they get on a call

and we give them updates and feedback about any changes regarding policies or processes. We meet with leadership on a regular basis all of the executive directors of our partner plan -- service coordinate team. We meet with this leaders on a regular basis.
We accepted out update to them on anything that needs to go through from that -- the state or things regarding employment, housing, any issues like that.
If it's more a direct consumer service coordination issue where there's a communication gap, the consumer or the participant remember can reach out to the service coordination team or to the health plan and express any discontent they have and then we will exercise their -- the right that the consumer has to even change their service coordinator if they feel there's a continual communication issue there that is their preference. So I'm not sure how much more we can do but we will continue in the efforts that we have established and continue to process -- improved communication to improve the customer's experience.
>> Okay. Thank you. Mike, how about for UPMC?
>> I agree, we follow many of the processes that Anna laid out there. The only thing I would add into what we are you know, working with is that we provide weekly updates to our service coordinatrs regarding communication, the outreach, and what needs to be in that outoutreach on a regular basis. We communicate to them, time frames for all return calls and we monitor that at supervisory and manager levels. And it escalates up if we see issues.
So I think it's pretty much the same type of -- same type of issue. Again, I think if you're seeing consistent lack of communication you certainly can -- you can call in and speak to our service coordination supervisors if it's all necessary because you're not getting the response. I think it's a complicate issue too, I'll just throw this into the mix. Sometimes we have a hard time getting ahold of the participants because of issues with phones being disconnected or services being doned or terminated. And so we have requirements that staff continually try and contact folks. And then we'll reach out to actually providers. And say have you had a contact with them we can't seem to get ahold of them. So there's other methods that we'll try to do to be timely in our contact and response back as we go through our process of elimination in terms of what are the issues that are facng us in our communication. So it's not a simple us not getting back sometimes, it's sometimes communication issues and in general change of telephone numbers, things like that. So thanks.
>> Um-hum. Good point, Mike.
I know from the monitoring reports the ability to contact participants is sometimes challenging. So, okay. Jen, how about on the AmeriHealth sited -- side.
>> Yeah, thanks. The only thing I wanted to add to the conversation my colleagues have already covered we are in constant communication we have had you hads with our service coordinatrs and their supervisors and the ex term service coordinatrs so those lines of communication are established. They meet on the regular obviously but what we're really talking about is how do we measure how good we're doing.
And I wanted to share that whether you're a service coordinator or an entity or a service coordinator internal to the plan we conduct trial audits. And we do so to measure exactly this kind of thing. And effective necessaries --

effective necessaries is communication, looking at success rates, monthly contacts and making sure that service coordinatrs are using all the tools, training and resources that we've -- we've given to them and doing so effectively in meeting the needs of their participants. So obviously it's a process that's ongoing. And feedback that we get from our [inaudible] line and participant services is also a factor here and something we take very seriously. So we want participants advocate for themselves, let us know what they expect to get from their service coordinators so we can fix it.
>> Okay. Thank you. Let's see here. List of the other items are some general statements. So I don't have anything else right now. And we will send the living out as follow-up we can send out the link for the AmeriHealth session to everyone who's registered as part of the follow-up.
>> Thank you, Pat. Are there any other questions from committee members?
>> This is Jeff from Pennsylvania -- are we only on MCOs or is this a general comment?
>> Jeff, I think we'll take a general comment if you'd like to make one.
>> Okay. This goes back to an issue that we had some presentations on when Kevin was still here. It's OLTL and the collaboration was OVR. I think as many folks are aware of we are still waiting -- working to take people off of their waiting list or order of selection which I think the number is between 3 and 4,000 individuals currently.
It's on the recent OVR meetings that we were at the OVR made some comments I guess they were going to have to go -- that back with OLTL since a lot of the conversations occurred under when Kevin was still here. I'm not sure if those have happened since Jamie was here. I don't know if you have -- if you don't have any comments now maybe it could be put on the either a future meeting later this year in terms of just any the work that OLTL done with OVR on payments and helping people get employed, thanks.
>> I don't know Randy or Jill, do you have a comments or do we need to put in on a future agenda?
>> Yeah, this is Randy unfortunately I did not hear most of what he said. My sound cut out, but probably, I mean if we could send his comment in this is something we can talk internally about so we can get further information out. I'd talk with Jen and Ed butler who oversees our employment related activities.
>> Okay.
>> And then if we need to add something to a future agenda we can absolutely do that.
>> Jeff, would you mind dropping an email with that information in to me and then I can forward it over?
>> I can accepted -- send it over. Who is asking for me to send the email.
>> It's Barb. It's bark Polzer.
>> Okay, Barb, will do.
>> Thanks. Any other questions or comments from committee members? Do we have any additional comments from the participants on the chat line?
>> No. There are a number of comments related to the authorizations and the impact of not having those [inaudible]
EVV, but this is not really a specific question but several statements around the challenges related to that.
>> Okay. Well, if we have no more questions we can adjourn today. Early. This might be a record for MLTSS. I want to thank everybody for participanting today and our next

meeting will be November 4th and it will be held remotely and I hope everyone had a wonderful day. Thank you.
>> Thank you. Bye.
>> Thank you.
>> Thank you.