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**Date: 02/01/2024**

**Event: Long-Term Services and Supports Meeting**

>> SPEAKER: Hi, this is Kathy. Hopefully you can still hear me. Is Carrie in the room and able to start the meeting? I apologize. I couldn't hear anything.

>> SPEAKER: Good morning, everybody. My name is Carrie Bach. I am the co-Chair of the new LTSS combined committee and I'd like to welcome everybody here today. And we're going to start with our introductions of our committee members. We've allowed a little bit of extra time today so everybody can do a quick introduction of themselves, roughly a minute. We'll get everybody in. So with that, I'll start with mine. Again, my name is Carrie Bach. I'm the new co-Chair and I am the director of MCO operations and (indistinct) independence. And for those of you in the room, obviously you can see I'm a quadriplegic with a spinal cord injury. I'm also a utilizeer of services myself. Thank you. I'm going to turn this over to Kathy now.

>> KATHY CUBIT: Thanks, Carrie. I'm Kathy Cubit, the other Chair of the committee. I'm pleased to be here and be a member. I am the advocacy director at CARIE, center for the advocacy and rights for elders.

>> SPEAKER: Thank you, Kathy. Before we move to the next person, I wanted to remind people that this meeting is being recorded. Your participation in this meeting is your consent to be recorded. Okay. Next, Ali Kronley. Are you here, Ali? Anna Warheit?

>> ANNA WARHEIT: Good morning. My name is Anna Warheit. I'm the regulatory affairs director for leading Age PA. So representing over 400 mission-driven and mostly nonprofit care providers who offer a variety of services to older adults. We cover nursing homes, personal care, home care, home health, affordable housing, and we also have some life providers in our membership. Prior to my role with Leading Age, I've spent time working in various positions in long-term care, including direct care, activities and social services, I also spent some time doing advocacy work with AARP in Nebraska. So I have a bit of a mixed bag as far as background but really focused on the needs of older adults and those who care for them. So happy to be here to learn from the group and discuss these topics. Thank you.

>> SPEAKER: Thank you, Anna. Carl Bailey.

>> CARL BAILEY: Good morning. My name is Carl Bailey.

>> SPEAKER: Carl --

>> SPEAKER: (Indistinct) my name is Carl Bailey and I am a representative (indistinct) provide this service. It's important that we (indistinct) and be able to give them information (indistinct) how long it will be before they get serviced and what type of information that they are keeping in touch with them.

>> SPEAKER: Thank you, Carl. Cindy Celi.

>> SPEAKER: Carrie, before you move on, Ali is on the call. Should be able to unmute now.

>> SPEAKER: Okay. We'll jump back to Ali real quick. Cindy, if you can hang on for one second. Thank you. Ali, you want to go ahead? It looks like you're still muted. Okay. While Ali works on that, go ahead, Cindy.

>> CINDY CELI: Thank you. Hello. My name is Cindy Celi, lifelong resident of Pennsylvania, community-based care. I'm a (indistinct) mom with meals. Thank you for allowing me to be part

of the committee. I believe that without food security, there is no security. So I'm coming to this committee with thoughts on food precarity, nutritional issues and very happy to be involved in the conversations. Thank you.

>> SPEAKER: Thank you, Cindy. Neil Brady. Gail Weidman.

>> SPEAKER: Good morning, can you hear me?

>> SPEAKER: I can, go ahead, thank you.

>> SPEAKER: Good morning. My name is Gail Weidman, I'm the director of policy and regulatory affairs with the Pennsylvania Healthcare Association. Our association represents nursing homes, assistance living residents and personal care homes across the commonwealth. In our current membership we have over 269 nursing facilities with 37,000 licensed beds and over 184 assisted living personal care homes with over 15,000 beds. Licensed beds. I've been with the association for now over 14 years. Prior to my time at the association I was a state employee for 28 years, 22 of those years I worked in the department, what is now referred to as Department of (Indistinct) services. At the time of my time with the state it was the Department of Public Welfare. Within that department, I held various positions to supports. I really appreciate the opportunity to be on the subcommittee. I look forward to working with everybody.

>> SPEAKER: Thanks, Gail. Jay Harner.

>> JAY HARNER: Good morning. My name is Jay Harner. I'm also a quadriplegic. My injury happened in August of 1997 so I've been using home and community-based services since January of 1998. I work full-time. I have three kids. So not only do I use the system, I advocate for it, live it every day. So thank you for having me.

>> KATHY CUBIT: Thanks, Jay. Jennifer Ebersole.

>> JENNIFER EBERSOLE: Hi. Good morning. My name is Jennifer Ebersole. I'm the senior director of public policy with the Alzheimer's Association. The Alzheimer's Association is the leading voluntary health organization leading the way in global research for Alzheimer's. And also driving risk reduction and early diagnosis. All the while also accelerating maximizing quality care and support for everyone that's impacted by the disease. I too am a lifelong community resident and I'm very privileged to be in this role to be able to be an advocate for the nearly 400,000 Pennsylvanians living with Alzheimer's or dementia in addition to the over 400,000 unpaid caregivers provided unpaid care for those impacted by this disease. And so I have been with the association, tomorrow is five years. But prior to that, I also worked with the American Heart Association as their government affairs director in the Pennsylvania Department of Health in their legislative and policy office, and senator Jay [name?] So I'm pleased to have 20 years of experience doing state government affairs work in all different access. The constituency we serve truly need the home and community-based services. So I'm again very privileged to be part of this subcommittee. And happy to be with you all this morning.

>> KATHY CUBIT: Thank you, Jen. Juanita Gray.

>> JUANITA GRAY: Good morning, everyone. Can you hear me?

>> KATHY CUBIT: Yes, we can, Juanita. Go ahead.

>> JUANITA GRAY: Yes. Hi. My name is Juanita Gray. I became severely disabled some years ago. Kidney failure. A lot of other organ failure. I had to get revived. So I lost a lot of memory from my youth. But I wanted to join the subcommittee to get the help and the care that we need. When I was in the facility I didn't get. So I love the home care services. It helped me get better along the way. And I love being a part of the community. I love helping people. I'm a disabled person but I have the heart to help. Through the services I like being in the meetings and listening. And before I got disabled, I worked for attorneys for a long time. With secretaries and

paralegal. But I became disabled so I wasn't able to do that anymore. But I love being on the meetings and helping out to get services to all those that really, really need it like us. And I thank those who started the services for us and is fighting for the services because being inside of facilities are not ideal at all, being with our families and having that love and that community is what we really need. So thank everyone.

>> KATHY CUBIT: Thank you, Juanita. Latoya Maddox.

>> LATOYA MADDOX: Can you all hear me?

>> KATHY CUBIT: We can.

>> LATOYA MADDOX: Okay. My name is Latoya Maddox, I work full-time. I was born with my disability. I'm an advocate in the community as well voluntarily, and I'm just here to make sure that our needs when it comes to CHC and MCOs are heard, and we know they're heard but in a room resolutions come about, and permanent things come about because there are some flaws in the system and I think just a few things would help to change the way in the workings of CHC and MCOs. So I'm just here to help push our needs. Thank you.

>> KATHY CUBIT: Thanks, Latoya. Laura Willmer-Rodack.

>> LAURA WILLMER-RODACK: Good morning. Can everyone hear me?

>> KATHY CUBIT: We sure can.

>> LAURA WILLMER-RODACK: Perfect. Good morning. My name is Laura. I am the director of self-determination housing of Pennsylvania. We are a program of Englis. It offers several programs that serve folks with disabilities, our regional coordinator program, which provides training and technical assistance to service providers across the commonwealth, to provide education and opportunities. And we also operate a home modifications program which serves folks across the commonwealth as well through a grant from DCDE and HUD, and we just recently launched our newest program which is our landlord risk mitigation fund, which supports folks who are transitioning out of nursing homes back into the community to better support them and their landlords together. Englis is a large disabilities services organization based in Philadelphia and SPSP merged with them three years ago today. I also come to this meeting as a support person for a family member with a disability. So I do understand lots of the challenges that come with home and community-based services, both in my professional life and my personal life so I'm really looking forward to joining this group and to learning from everyone.

>> KATHY CUBIT: Thank you, Laura. I want to take a moment for the captionist to let you know this is Carrie Bach taking the roll call. And Kathy will be with you in the next section. So again, it's Carrie speaking right now. Carrie Bach. Thank you. Next person. Leslie Gilman.

>> LESLIE GILMAN: Good morning, everyone. My name is Leslie Gilman. And I am the current president of PADSA. That stands for Pennsylvania Adult Day Services Association. We represent over 200 centers across Pennsylvania and their participants and families. I'm also the Executive Director of an adult day center in Jenkintown, serving Philadelphia, Montgomery County, and Bucks. Prior to being in the adult day field, I was a hospital administrator. I still hold my nursing home administrators license. I ran a hospice and I have done healthcare consulting. I am very happy to be part of this group and I look forward to working with all of you.

>> CARRIE BACH: Thank you, Leslie. Linda Litton.

>> LINDA LITTON: Hello, everyone. My name is Linda Litton. I'm a retired surgical nurse. I was diagnosed with MS in 1999. And presently I am a resident at England's house [name?]. I am an advocate. I always have been an advocate through my whole career. Listening to everybody else, I feel really small, I better start getting involved in more. I used to be a member of the MLTSS before COVID happened. So I'm very happy to be here with the LTSS and to see what

we can do. Thank you.

>> CARRIE BACH: Thank you, Linda. And I see Ali is in the room. Let's go back to Ali.

>> ALI KRONLEY: Apologies for having you call me repeatedly. (Indistinct) my name is Ali Kronley. I'm with SEIU Healthcare PA, one of the Vice Presidents for the largest healthcare workers union in the state. And I have the honor of working daily with our home care workers who are both part of the participants direct system as well as the agency. So represent probably about 10,000 workers and I'm honored to have been on this committee and part of the MLCSS as well and really look forward to working with all of you.

>> CARRIE BACH: Thank you, Ali. Lloyd Wertz.

>> LLOYD WERTZ: My name is Lloyd Wertz, community health advocate. I didn't start out that way. I was planning on being a pharmacist until my dad became mentally ill and committed twice to a patient unit, not a pleasant moment, but a career redirection and I'm thankful I had that. I started as a residential aide in group homes in 1975 then moved into various roles in the mental health system, hospital therapist to managing residential programs, became a county administrator for four years in my home county and started moving to managing inpatient units in local hospitals till about 15 years ago, when I became a mental health advocate and I really like this. This is a good place to be. I will stress that it is my position that you can't separate the head and the neck successfully, they have to work together, and anything you do to help the body has to also take into consideration what's happening in the mental wellbeing individual you're treating because they won't work without each other. And in fact over the long-term they'll save money by being able to collaborate and work together to find good resolutions and positive lifestyles for people, even those with mental illness. So when you hear me comment and advocate that mental illness on this committee comes from the heart and the head, and I'm more than happy to be there. I did serve four years on the MLTS. Why they asked me to continue on the LTSS, I'll never know but I appreciate it and I'm happy to be here.

>> SPEAKER: Thanks, Lloyd. Matt Seeley.

>> MATT SEELEY: Good morning, everybody. Matt Seeley. I'm with the State-wide Independent Living Council. We support all the centers for independent living around the state. (Indistinct) just happy, excited to help Pennsylvanians with disabilities.

>> SPEAKER: Thanks, Matt. Michael Grier.

>> MICHAEL GRIER: I'm the (indistinct) independent living for trade associations and supports centers for independent living across the state. I've been on the committee a number of years. And recently have been the Chair and happy that Carrie's in her role right now. And Kathy. And so I look forward to working with everyone at the table and everyone in the crowd to hopefully influence policy to help our system get better. Thank you.

>> SPEAKER: Thank you, Mike. Minta Livengood. Monica Vaccaro.

>> MONICA VACCARO: Hi, I'm Monica Vaccaro, director of programs for the Brain Injury Association of Pennsylvania. We're a state-wide organization, an affiliate of the Brain Injury Association of America. I have 34 years working in the field of brain injury as a clinician, a researcher, advocate, and I represent the brain injury community. I'm new to this committee. I was formally on the MLTSS committee. So thank you for having me.

>> SPEAKER: Thanks, Monica. Pam Walz.

>> PAM WALZ: Hi. I'm Pam Walz. I'm an attorney at Community Legal Services in Philadelphia. I'm in our health and independence unit. And among other issues, we represent clients in a lot of issues related to long-term services and supports, including financial eligibility and making their way through the enrollment process for home and community-based services and also

accessing the level of services that they need from the program. We also represent nursing home and personal care home residents when they have issues especially around residents' rights. We receive a fair number of referrals for involuntary discharges. And we represent people in those appeals. The model at CLS is that we represent a lot of individual clients and we see what the issues are that our clients' cases bring to us and what our clients are telling us about their experiences and what they think needs to change. And we use that information to engage in advocacy. So I've been on the LTSS subcommittee for a number of years and I'm really happy to be here on this subcommittee too. Thanks.

>> SPEAKER: Thank you, Pam. Patricia Canela-Duckett.

>> PATRICIA CANELA-DUCKETT: Thank you. Good morning, everyone. I'm Patricia Canela-Duckett. I'm on the clinical strategy team for United Healthcare Community Plan and currently in Pennsylvania we administrator Medicaid, CHIP and dual (indistinct). And we have LTSS in about 14 other markets across the country. Throughout my career I supported the healthcare segment in various different roles and ways. I started my career actually at Liberty Resources and from there went on to the acute rehab, home care, medical management and most recently community outreach for Medicaid. I'm very grateful to re join on the co-joined commission and I look forward to supporting the population and bringing my expertise and knowledge to support the LTSS home support committee. Thank you.

>> SPEAKER: Thank you, Pattie. Rebecca May-Cole.

>> REBECCA MAY-COLE: Good morning. Rebecca May-Cole with the Pennsylvania Association Of Area Agencies on Aging. There are 52 AAAs across the county. I serve on the LTSS prior to coming on to this one and I'm honored and very happy to be here serving on the committee. Thank you.

>> SPEAKER: Thank you, Rebecca. I'm going to hand it over to Kathy for housekeeping and community rules.

>> KATHY CUBIT: Thank you, Carrie. Again, I want to thank everyone. It's really a privilege to serve and be among such a great group of people. I'll start with the emergency evacuation procedures, for those in the room, in the event of emergency or evacuation, proceed to the assembly area to the left of the Zion Church at the corner of Fourth and Market. If you require assistance to evacuate, you must go to the safe area located right outside the main doors of the honor suite. Staff will be in the safe area and stay with you until you're told you may go back into the honor suite or you were evacuated. Everyone must exit the building. Take belongings with you. Do not operate cell phones. Do not try to use the elevators as they will be locked down. Use stair 1 and stair 2 to exit the building. For stair 1, exit honor suite through the main doors on the left side near the elevators, turn right and go down the hallway by the water fountain. Stair 1 is on the left. For stair 2, exit honor suite through the side doors on the right side of the room or the backdoors. For those exiting from the side doors, turn left and stair 2 is directly in front of you. For those exiting from the backdoor exits, turn left and then left again and stair 2 is directly ahead. Stay inside the stairwell and head outside. Turn left (indistinct) turn left to the corner of Fourth Street. Turn left to Blackberry Street and cross Fourth Street to the train station. I'll move now on to more of the housekeeping talking points. As mentioned, this meeting is being recorded. Your participation in this meeting is your consent to being recorded. Please keep your language professional. This meeting is being conducted in person in the Honor Suite of 333 Market Street Tower and is a webinar with remote streaming. The meeting is scheduled till 1:00. To comply with logistical agreements, we'll end promptly at that time. All webinar participants except for the committee members and presenters will be in listen-only mode during the

webinar. We ask attendees to self-mute using the mute button or mute feature on your phone, computer, or laptop when not speaking. To minimize background noise in the honor suite, we ask that everyone in the room to please turn off your microphones when you are not speaking. The captionist is documenting the discussion remotely. So it's very important for people to speak directly into the microphones, state their name, and speak slowly and clearly. Please wait for others to finish their comment or question before speaking. This will enable the captionist to capture conversations and identify speakers. Please hold all questions and comments till the end of each presentation. Please keep your questions and comments concise, clear, and to the point. We ask webinar attendees to please submit your questions and comments into the question box located in the go to webinar popup window on the right side of your screen. To enter a question or comment, under the text box under questions, include the topic to which your question or comment is referencing, and press send. Those attending in person who have a question or comment should wait until the end of a presentation to approach one of the microphones located at the two tables opposite the speaker. The chair or Vice Chair will then call on you. Before using a microphone in the room, please press the button on the base to turn it on. You should see a red light indicating that the microphone is on and ready to use. State your name into the microphone for the captionist and remember to speak slowly and clearly. When you are done speaking, press the button at the base of the microphone to turn it off. The red light will turn off, indicating the microphone is off. It's important to utilize microphones placed around the room to assist the captionist in transcribing the meeting discussions accurately. There will be time allotted at the beginning and end of the meeting for additional public comments. If you have questions or comments that weren't heard, please send your questions, comments to the resource account identified at the bottom of the meeting agenda. Transcripts and meeting documents are posted on the LTSS meeting minutes listserv. These documents are normally posted within a few days after the meeting. The 2024LTSS subMAAC meeting dates are available on the Department of Human Services website and I'll ask if someone could put this website in the chat for all. I do want to specifically comment that as stated on the agenda, our next meeting is Thursday, March 7. If you have an old MLTSS 2024 meeting list, this date is different, so I just wanted to lift that up that the meeting is changed and is accurate on the agenda and currently on the website as March 7. And with that, I'll turn things over to Jermayn Glover for the LTSS meeting logistics.

>> JERMAYN GLOVER: Thanks, Kathy. Hello, everybody. My name is Jermayn Glover, I'm the director of the division of communications management and the bureau of policy here at OLTL. The division of communications management works mostly with communications throughout OLTL and part of our responsibility is to oversee the operation of this meeting. Before I get into the logistics of things that changed between having the MLTSS and LTSS and combining them, I just want to mention that there's a lot that goes on before the meeting, after the meeting, behind the scenes from a lot of people, including my staff, and you'll hear from some of them on the meeting or you might see their names in emails. They did a lot of work to make sure that we have a successful transition from our two meetings into the combined meeting. Gabriel Mc[Name?] Kirsten McKinney, and [name?] So some of the things I'll mention they also helped work on. We have people from also administration, our bureau of information systems, and others in OLTL who also helped, so I just want to acknowledge that. Next slide.

So first I'll talk about listserv changes. Next slide. So what is a listserv? Listserv, sometimes called a list, it's a way to send information by email to subscribers. It's something that OLTL uses not just for this meeting, we have multiple listservs with information about our programs

and activities going on in OLTL to our stakeholders. An important thing to know is this email listserv is a one-way channel. Messages go out from OLTL. It's not something where people can email the listserv. Stakeholders must subscribe to all OLTL listservs to receive information. Next slide.

So after February 1, LTSS meeting, the following subcommittee meeting information will be sent to subscribers through the LTSS meeting minutes listserv. We'll send information every month about how to request an accommodate for the next second meeting, how to register for the next scheduled meeting, the agenda for the next scheduled meeting, copies of presentations from the previous meeting, transcript of the meeting, and any other subcommittee meeting-related items that we need to send out to stakeholders. Next slide.

When we had the MLTSS meeting, we had an MLTSS meeting minute listserv. That was one that we sent information out for that old meeting. We also sent things through the CHC listserv. Because that meeting was focused on CHC and the program. CHC listserv is still active. Anyone who's subscribed to that will receive information related to CHC. But we're no longer using the MLTSS meeting minutes listserv. We do have the meeting minutes listserv still available if anyone wants to look at the archive but no known information will be sent from that meeting minutes listserv. Anyone who was a subscriber to the MLTSS meeting minutes listserv was migrated automatically to the LTSS meeting minutes listserv. We did send information out about that migration. I believe it was last week. So hopefully anyone who was on the MLTSS listserv, check your email. You should have information coming from the LTSS listserv at this point. And we did that automatic migration. So you wouldn't have to go through the process of subscribing. Next slide.

For anyone who is not currently subscribed to the LTSS meeting minutes listserv but would like to receive materials about the meeting, we'll go through the steps to subscribe. If you click the link on this slide, it'll take you to the subscription management page for listserv. Next slide.

On that page, you would just enter your name in the name field and the email address field, enter the email address where you'd like to receive meeting minutes emails. There's also a radio button, it's defaulted to regular. You can choose either regular or digest, or choose the subscription type you'd like. The difference is that regular sends emails when OLTL sends them out. Digest can have them sent at a different interval like weekly or monthly. Next slide.

If you were to click the question mark beside the subscription type, it gives you the information. I would recommend that most people stick with regular. We don't send information very often. It's closer to a few days before the meeting and after the meeting. So there won't be much that would accumulate throughout the month. Next slide.

So once you enter that information and choose a subscription type, if you click the subscribe button, the webpage will refresh to let you know that a confirmation request was sent to the email that you entered. Next slide. You'll also receive that email from the Pennsylvania Department of Human Services listserv server, that will be the sender. You can see that on the slide. The email will let you know that your request to subscribe requires confirmation. It will ask you to confirm that you want to subscribe and click on the link. It could take several minutes before you receive the email so please be patient. And if you have any filters set up in your email, you may need to check your junk mail. The email also lets you know that if you don't confirm your subscription within 48 hours, your request is automatically canceled. If that happens, you'd just repeat the process from the beginning and confirm before 48 hours. Next slide.

After you click the link to confirm a subscription, a webpage will open indicating you've been

added to the LTSS meeting minutes list. Next slide. And you'll also receive confirmation by email that you are subscribed. The email also contains information about unsubscribing and it recommends that you keep the email in case you ever want to unsubscribe. And once you see the email, you are subscribed. At that point you'll receive emails as I said, there aren't many emails in a month. Normally it's closer to the meeting date, sending out things like registration, agenda, after the meeting we'll send out meeting documents. Next slide.

And this page just has the links and also the URL spelled out in case you ever need to type in any of the information related to these listservs. LTSS subcommittee meeting webpage. The LTSS subcommittee webpage, you heard Kathy mentioned it. She said the information about the next meeting is there. Other information that's found on this page, meeting dates for the calendar year, the meeting time, meeting location, registration and call-in information for the upcoming meeting. We'll have treatment and recordings of previous meetings there. We'll have OLTL staff contact information. And information about the members. If any information changes, again, Kathy mentioned that the date change from March 6 to March 7 for our next meeting will be updated at this location. Next slide.

This is just a screenshot to show you what the webpage looks like at the very top. It tells you what the subcommittee is for, registration, call-in information, access code. Next slide. The MLTSS subcommittee webpage which is used for MLTSS subcommittee prior to this meeting is still there. But it only has archived information on it. Similar to what we did for the listserv. Next slide. And again these are links if you need to type in any URLs. You have a paper copy of this. Next slide. The subcommittee meeting resource account. So resource account. This is also an email once again, how it differs from the listserv email, you might hear it called RA account. It's a single email account that multiple people can monitor and send emails from. So this is one that my division will monitor. OLTL resource accounts have names to show their purpose. There are multiple accounts just like there are multiple listserv accounts. It allows email communication. This is where if you have information related to the LTSS subcommittee, you can send emails for staff to respond. There's no subscription needed for this resource account. Next slide.

So this slide has the link, and if you were to type that same email address in, an email will get to the LTSS subcommittee meeting resource account. This is the place to send emails about the LTSS subcommittee meetings. It's not a catchall for questions about LTSS programs. And I mentioned that because there are multiple ways to contact staff and OLTL. There are help lines. If you're reaching out to an MCO or provider, they may have ways you can reach out to them. I don't want to suggest this is a way to send information about anything you have questions about, it may slow things down if you send emails to this account that aren't related to the subcommittee meeting. If we happen to receive anything that should go somewhere else, staff will monitor the account will make sure it gets to the best location to answer any questions you have.

Then finally, the LTSS subcommittee meeting captioning link. Everyone in the room may be able to see that we have a projector here bringing up captioning. We have a captioning service that we use each month. It's also linked on the agenda, anyone who could use captioning for this meeting can use the link. It is different from the link that we used for MLTSS. The URL is here on the screen and the nice thing about it is that this will be used every month, the same URL. So if captioning link is something you use, you can save it as a favorite, and access it every time we have a meeting. If anyone has any questions related to the logistics related to the new LTSS subcommittee meeting, I'll gladly answer them.



>> KATHY CUBIT: This is Kathy. I want to thank you, Jermayn. I think this may be a resource that OLTL might want to consider posting in a more prominent place on the LTSS website in addition to on the materials for this meeting. Because I think it could be a useful resource in the future. We're a little behind schedule. Are there any questions for Jermayn before we move on to the MLTSS follow-ups?

>> LATOYA MADDOX: This is Latoya. Going along with your comment, Kathy, if it's uploaded to the LTSS website, it needs to also be in accessible format for people who are Deaf, blind, hard of hearing. So ASL with a narrator talking with ASL interpreter in the box so people can see and understand what all this is about. That's all. Thank you.

>> KATHY CUBIT: Thank you, Latoya. Any other questions or comments? Okay. Thank you. I'm going to turn things over now to Carrie Bach to start with the meeting follow-ups.

>> CARRIE BACH: Thank you, Kathy. And who is going to be my teammate? All right. Looks like Jermayn is going to be my teammate on the reviewing the January 3 MLTSS meeting follow-ups. So I will read the question, and then Jermayn will follow up with the response. Related to personal assistance services reductions, audience member Kwanesha Clarke asked the Community Health Choices managed care organizations in chat, what would occur if the service coordinator is not doing their job properly regarding assessing the participant? CHC and MCOs to follow up.

>> JERMAYN GLOVER: This is Jermayn, a little lengthy response from each MCO. Amre other health Caritas Keystone First responded that if it is identified that a service coordinator is not assessing correctly, the service coordinator will receive reeducation and one to one training. If the reeducation and training is not effective, then the progressive disciplinary process may apply. If the validity of an assessment is in question, the participant will be given the choice to have a new assessment completed and the opportunity to select a new SC. Pennsylvania Health and Wellness responded that, if it is determined the SC is not performing their job effectively, the team member would be shadowed, and their work would be reviewed for potential concerns. Further, PHW performs a quality check on all documentation submitted from SCs. Should an assessment not align with the documentation, the assessment is sent back to the SC with the identified errors. The error rate is tracked by SC and reported to agencies if a quality concern exists. UPMC responded that they do not have the medical team visit the home. Assessments and information gathered in the home are used to make a determination along with any information shared by the participant regarding the types of activities and life they want to live. Each assessment that results in an adverse determination is reviewed by a supervisor and a nurse prior to it being submitted to the medical director to ensure the assessment is accurate based on the information documented. The participant can have others involved in an assessment if they feel that additional support would be helpful. Additionally, they are free to request a different SC if they are not satisfied with the one they've been assigned.

>> SPEAKER: Thank you. Number 2. Related to PSA reductions, audience member Kwanesha Clarke asked CHC-MCOs in chat how a change in environment, such as a move, affects PAS hours? CHC-MCOs to follow up.

>> JERMAYN GLOVER: Change in environment, such as moving as a reason to offer a trigger event assessment. A triggering event assessment is offered to the participant and is to be completed within 14 days, so long as the participant consents to the assessment. Pennsylvania Health and Wellness responded this depends on the change in the environment. The SC is required to assess the new environment. This could result in a recommended change to PAS pursuant to the 1915c waiver guidelines regarding PAS employees living in the same residence.

And UPMC responded that a new assessment could be completed if the move changed the participant's ability to interact in the environment. Environmental modifications may at times impact the provision of other services. This is determined on a case-by-case basis. In some cases, medical equipment and modifications can have a significant impact on the independence of the participant, and that is the objective of this program.

>> CARRIE BACH: Related to PAS reductions, audience member Felix Weinbrand asked in chat if there is an expectation for any of the CHC-MCOs to reduce the number of existing contracts with current PAS providers. CHC-MCOs to follow up.

>> JERMAYN GLOVER: Ameri Health Keystone First responded that currently they have no intention of reducing the number of existing PAS providers. Pennsylvania Health and Wellness responded that it monitors provider electronic visit verification compliance. Non-compliance with EVV requirements may result in termination from the PHW network. UPMC responded that they are not currently reducing the number of contracts outside of any concerns over performance and compliance with existing regulation. UPMC CHC looks to develop a high quality service delivery system to improve the overall outcomes of the support provided and look to work with other MCOs to support providers of PAS obtaining accreditation to improve the quality of supports provided. (Indistinct)

>> SPEAKER: Please state your name before you go. Thank you.

>> SPEAKER: (Indistinct) when this program first came up, every program (indistinct) this is saying the same thing now. Everything you're saying is what they addressed but they never give us the answer. This is one of the things when we contract through agencies to provide the service, we have to make sure that the agency can provide every service (indistinct)

>> SPEAKER: Thanks, Carl. If we have anyone to respond to that.

>> JULIET MARSALA: This is Juliet. The points are well taken. In community health choices, the managed care organizations are required to pursue their provider networks at the implementation of community health choices during the implementation period, all of the community health choices MCOs were required to accept every provider that was enrolled at that time for PAS. So at this point each of the MCOs can evaluate their networks and do the determinations because that requirement to accept everyone is no longer in place. So I think what you see here is each of the MCOs are analyzing --

>> SPEAKER: Can you please turn your microphone on, Carl.

>> KATHY CUBIT: Excuse me, this is Kathy. Hate to interrupt but we're getting way behind schedule. If we can -- I appreciate your comments, Carl, and your response, Juliet, but if we can get through the rest of the questions, I want to make sure there is the time allotted as scheduled for both public comments, and we're getting too far behind. So please continue with the questions. Thank you.

>> CARRIE BACH: Thanks, Kathy. This is Carrie. Related to PAS reductions, audience member Latoya Maddox asked in chat, why a reduction letter states in black and white "after physician review it's determined..." if medical review is not cited as basis for reduction, has this been the case or changed after August 2023? CHC-MCOs to follow up.

>> JERMAYN GLOVER: This is Jermayn again. ACH/KF responded that the language in the denial letter states, after physician review it is determined as part of the mandatory template language that is used for denial decisions. The reason for medical review is not cited as the reason for denial or reduction. Each letter is tailored to state the reason for the decision. Pennsylvania Health and Wellness responded that in such cases where there is a recommendation to reduce services following an assessment, it is required that one of their

medical directors review their inter RAI, diagnosis, current treatments, and medical conditions to determine medical necessity of a requested service or benefit. The physician review is not a basis for a reduction. The assessment drives identification of need. The physician review is for the purpose of confirming that, based on medical necessity, there's agreement or disagreement with the service recommendation. UPMC responded that the CHC agreement requires that requests for prior authorization, for example, PAS, will not be denied for lack of medical necessity unless a physician reviews the request for a medical necessity determination. Such a request for prior authorization must be approved when, in the professional judgment of the physician reviewer, the services are medically necessary to meet the medical needs of the participant. The language in the letter confirms that the request was reviewed by a physician as required.

>> CARRIE BACH: And our final question, related to PAS reduction, subcommittee member Matt Seeley questioned if the sample notice language on slide 10 of the UPMC presentation would be understood by participants. Randy Nolen said he would look at the language.

>> JERMAYN GLOVER: The language of the sample notice is being reviewed. An update will be provided at the March 7, 2024 LTSS subcommittee meeting.

>> CARRIE BACH: Thank you, Jermayn. And as Kathy mentioned, we're going to hopefully remember your question if you have one. We do have a public comment period coming up. But with that, I want to make sure we move on to catch up on that time and turn that over to OLTL updates with the (indistinct).

>> SPEAKER: Thank you, Carrie. I will endeavor to get us back on track. I'm very excited for this to be our first LTSS meeting looking at the entire OLTL and LTSS service system in one place at one time. Really great and knowledgeable and experienced committee members that we have on this community forum committee. I'm very excited for the work we're going to be accomplishing together. So for the OLTL updates today, we go to the next slide. I have a few updates and some additions to go along with it. We can probably skip ahead right there. Perfect. So procurement updates. There are no updates on Agency With Choice shared at this time. Any updates will be placed on the e marketplace. However, I have a change. The community health choices request for application was posted to the e-marketplace on January 30, 2024. All questions regarding the RFA and its contents should be directed to procurement via the following resource account. RA-pwrfaquestions@PA.gov. I'll repeat that. All questions regarding the rFA and its contents should be directed to procurement via the resource account. Doesn't matter if you're a health plan, stakeholder, et cetera, all questions by email. Huh?

>> SPEAKER: All emails to you.

>> SPEAKER: Let the record show Matt is refusing to send questions. Yeah. Okay. Other updates, the independent enrollment broker contract has been signed by Maximus. It is effective January 1, 2024. It's in the signatory process but I believe that may have concluded. OLTL will be meeting and working with Maximus to implement the provision of that contract. Those are all of our updates. I want to get into priorities for OLTL. I know when I first started folks were really wondering about my vision and we went on a listen and learn tour. We had a lot of great stakeholder engagement. I had the opportunity to evaluate all the RFI responses. I want to talk a little bit about our priorities for 2024. And I have two tag lines here that's going to help kind of drive the foundation of how we're looking at things for this next year. And the first one is from Governor Shapiro and his GSD attitude of getting stuff done. And the second one is from our secretary, Dr. [Name?] Artush, you'll have the opportunity to hear her speak from her position as a physician and all her great experience. She talks a lot about getting upstream. So

not only focusing on the program and the needs as it's happening today, but also assuring there's (indistinct) to getting to the root issues and trying to address those as well. We have the action now and the prevention for the future. So building on those two, we also at OLTL recognize we're coming out of the public health emergency in 2023, recognizing there's a huge body of work ahead of us in the future. My focus, really a predominant focus of that is really getting back to the basics and getting them elevated to excellence in all areas. We've taken a look at data such as the cas survey and there's lots of areas for us to improve the basics. On my listen and learn tour, I heard a lot about supports coordination needs, direct care worker needs, missed opportunities, areas of coordinating services that I heard about 10, 15 years ago. And so the focus for this year is really getting back to those basics and getting them to a state of excellence. And to do that, we're also going to be focusing on core things such as person-centered values and approaches, making sure participants understand they're at the center and they're the drivers, and it should be their goals that are sort of amplified. So if someone wants to do something like see the majesty at Niagara Falls, the question should be yes, let's do that, and figure out how to get there. We want to increase the participant voices at all levels. That's another reason for this combined LTSS committee to work toward majority representation for participants, individuals with lived experiences, their family members and advocates. We're turning to a trauma-informed approach, increase participant education and independence so they understand each of our programs in depth, and that they truly understand their rights and responsibilities. We want to address the health equities and disparities we all know that are in our system and healthcare system. Focus on the continual improvement of quality and outcomes in all of those areas. Increase reliance on evidence-based and evidence emerging practices. Make sure we're lifting those up. And really looking at a whole person approach. Driven by the participant, including their circle of support, their chosen family and ensuring all we can to ensure they're welcomed and involved to the extent the participant wants them to be and the participant knows that they can be. And then again, improving the service delivery, integration, and participant experience along the way. So while there is always room for innovation for this year in 2024, our focus is really going to be on shoring up those basic priorities with our programs. For some specific things that are happening in OLTL, many of these are continuing over from 2023, some are new for this year. But we wanted to be transparent. So this committee in particular understands the wide breadth of what all the bureaus and the Office of Long-term Living is focused on. We had our Community Health Choices waiver renewal and the continual improvement and innovation within Community Health Choices. The renewal for the waiver is set for January 1, 2025. Jen Hale, bureau director of policy, sitting to my left the last time I checked, her team will be leading this effort, significant effort and partnering with stakeholders along the way. Set your calendars because late spring, early summer there will be public comment, stakeholder engagement and additional opportunities for that. Increasing access to quality services is looking across the board at all of our systems. Adult protected services, personal care homes, assisted living residents, nursing facilities, and over CHC waiver and actually looking at how we can increase that access and increase quality services. So Carl, to your point about providers, we want to be looking at quality providers as well. We have recognized a need particularly for personal care homes and assisted living residents who serve Social Security income residents, that they need additional support to ensure those residents have access to all of those benefits and those personal care homes and assisted living residences were supported in the best way possible to serve the particularly vulnerable populations. We're doing a regulatory review of personal care homes and

assisted living residences. We are looking at regulations and updates to our adult protective services. We are continually looking for opportunities to expand the living independence for the elderly program. And improving their quality and data analysis and review and services as well. Our bureau of quality and analytics has done incredible work on supplemental data integration and pulling data from a lot of different sources, Medicare and counters, Medicaid encounters, health measures all into one data warehouse. That integration work is going well. They hit the milestone of bringing in Medicare, they are going to be after they shore up a few odds and ends that we're waiting for, going to be shifting their focus to integrating our Medicaid encounters. Very heavy work they're focused on but it will add a lot of value in our ability to analyze and see what's happening in our programs with better access to data. We're continuing to focus on strengthening participant self-directed programs and models. This is very important. Participant self-direction gives the most flexibility to the participants directed services through traditional models or through services my way, a budget authority model that doesn't have as much uptake as I would've thought. Under that we have a great participant directed workgroup that has been working really, really hard and they serve as a model as we tackle other complex and difficult areas of need. They recently sent out a survey to all participant directed participants, to supporters coordinators and direct care workers. As of yesterday, they've received a thousand responses back to those surveys. So very excited about the response and the work that they're going to do. Their next meeting they're going to be utilizing human centered design and really building out a strategic roadmap for recommendations and an action plan so we can get stuff done. With the new contract with the Pennsylvania independent enrollment broker, we're going to be looking to improving the enrollment, both for new participants and those who are ongoing. Going through the redetermination process and partnering not only with the PA (indistinct) but good friends at Aging Well to really look at how we do that well for the participants' experience. And also as you know, we do have a focus at looking at CHC's first potential in lieu of services and helping to support and lift that up. We have some important dates that we want to share on the next slide for the nursing facility industry in particular. The important dates chart for fiscal year 2022-2023 has been made available on the Nursing Facility Assessment page on the Department of Human Services' website and also the instructions and bulletins page of the nursing facility submission system website. Your resident days report submissions, the deadline for submissions of your RDRs for the fourth assessment quarter for fiscal year 2022 and 2023, which is for the assessment quarter 4, January 1, 2023 through March 31 of 2023 is May 5, 2023. The nursing facility payment plan requests for fiscal year 2022 and 2023 facilities may request a payment plan if needed for the third and fourth assessment quarters through May 19, 2023. Then lastly, the CMS evidence-based review report for community health choices, we are required to submit a final report to CMS to report out on our assurances of running the program in six categories, which is the administrative authority, our level of care discrimination, qualified providers, service plan, health and welfare, and financial accountability. This doesn't say that we're perfect with everything but it certainly says that we have processes in place to help us administer that oversight and find out where we need to improve.

>> SPEAKER: (Indistinct)

>> SPEAKER: No. The reporting is from last year. The May 5, 2024. Sorry, May 5, 2024. If there needs to be a correction to that, we'll add it to the listserv. Thank you, Matt Seeley. So what is pretty impressive for the first time in community health choices, the response we received from CMS after they've evaluated the final report which was put together with incredible effort from the OLTL team in partnership with many of our stakeholders and CHC-

MCOs. CMS found that Pennsylvanians' report was in compliance with all of our categories and this is a massive achievement. This is something that's not typically found as all of us who have a history of having audits done, auditors and evaluators seek to give you feedback and areas to improve. And they did not find the need to give the OLTL team feedback for areas to improve on evidence-based support. So this is to me an incredible mark of achievement for the CHC program and what everyone has done to lift it up. And it's also a high bar of how we need to continue with regards to quality for CHC, the CHC waivers program, and all of our programs in OLTL moving forward. I apologize, I think I went 5 minutes over. I tried.

>> KATHY CUBIT: Thank you, Secretary. This is Kathy. Quick question about the EBR report. Is that posted for public review?

>> SPEAKER: (Indistinct) Yes, it is posted to the CMS website. CMS posts them all publicly for review.

>> KATHY CUBIT: Okay. Thank you. Are there any questions from members?

>> SPEAKER: Yes, I have a question.

>> KATHY CUBIT: Go ahead, Carl.

>> CARL BAILEY: Why did they approve (indistinct)

>> SPEAKER: I'm not sure I understand the question.

>> SPEAKER: In other words, you said they did audit the finance and they approved (indistinct)

>> SPEAKER: To clarify, Carl, I said that they reviewed our report, and they found no findings or recommendations. So essentially we had met every criteria on that report. So there's no corrective action, no questions. So it's a very clean response. They've accepted our response and we have nothing that we need to do further. And for our first-time submission, that's exceptional.

>> SPEAKER: Thanks.

>> SPEAKER: Two quick questions. Was any portion of that report --

>> KATHY CUBIT: State your name for the record, please.

>> LLOYD WERTZ: Sorry, Lloyd Wertz. Does that suggest any delay in getting services for those needing mental health services and (indistinct)

>> SPEAKER: The report is really looking at how the operations are designed, not necessarily from what I understand, kind of the performance of whether or not we did well or not, but that we have the capabilities and tools to be able to identify that so we can monitor and take action.

>> LLOYD WERTZ: Then briefly, come back to the priorities, is there any intention on the part of OLTL to study the racial equity of service delivery, both to the individuals as members, as enrollees, but also to the racial equity and distribution of staff at the service coordinator level, at the personal assistance provider level, up to the prescriber level to kind of meet the racial makeup of the communities that you serve.

>> SPEAKER: Yeah, we're going to be beginning this work and continuing to work, that's a lot of the really good questions we'll ask for. I also, to that point, I mean people want to be served by people who represent them and have similar experiences. In addition, a lot of health and disparities is centered around race, but it's also centered around rural health and urban health, socioeconomic status and other elements as well. So we'll be starting that work and looking at all of those things.

>> KATHY CUBIT: Are there any other questions in the room or are there any questions in the chat?

>> SPEAKER: Hi, good morning, this is Shanrica Pine. There are questions in chat.

>> KATHY CUBIT: Okay, go ahead.

>> SPEAKER: This question comes from Angela Bisecker in regards to service coordinators, when a profoundly medical fragile person is not monitored by the service coordinator or healthcare provider and passes away, why is the caregiver charged or arrested for abuse or death?

>> SPEAKER: Angela, thank you for your comment on that. With regards to service coordination and participants who may pass away, each individual situation is a case-by-case situation so there isn't a sort of global response I can provide for you. In each of those critical incidences, they're investigated.

>> SPEAKER: Thanks, Juliet. The next question comes from guesya [name?]. As a small business Spanish interpreter registered in the state of PA, where can we get contracts for the Office of Long-term Living?

>> JULIET MARSALA: So for a small business provider who's interested in contracting with the Office of Long-term Living, there's a couple things. One, if you're looking to become a Medicaid enrolled provider for the Office of Long-term Living you can go to our website under our enrollment supports. And/or contact the provider. If you're a general small business provider who's looking to enter the business in the commonwealth of Pennsylvania more generally speaking I would connect with the business development department at the commonwealth who would be very interested in providing you supports toward that end. If you're looking for a specific contract as a vendor directly with OLTL, not necessarily related to Medicaid, all of our procurements and contracts are listed on the e-marketplace.

>> SPEAKER: Thanks again, Juliet. Next question comes from Michelle Colon. How will OLTL ensure services needed are delivered? When a person goes into end of life need, currently families are being denied nursing care for their loved ones and their family is being accountable for the lack of services instead, they're being criminalized for neglect in Chester County. Specifically there is a criminal trial for a family whose mother died while waiting to hear from the provider on steps to take to get nursing care instead of personal assistance services. How will DHS step in when families are being held accountable for physical medical health?

>> JULIET MARSALA: So OLTL can't comment on individual situations. It sounds like these comments are related to the individual situation. We can certainly take that back and follow up directly with that commenter.

>> KATHY CUBIT: This is Kathy. Before we continue on with questions that are in the chat, which I can't see, a few -- this seems to be moving more into the public comments section. If you could tease out any questions that were specific to Secretary Marsala's presentation, and then we can get formally into the public comment. I did have one question. Is the new Maximus contract including the scope of work available online?

>> JULIET MARSALA: Kathy, I'm not sure if it's been posted yet, but generally speaking contracts are posted soon after the award and soon after the review. I think it's still in the signatory process. So I'd expect it to be posted soon after.

>> KATHY CUBIT: Thank you. Are there any questions related to Secretary Marsala from either members or in the chat?

>> SPEAKER: We do have an individual in the room. Will you please state your name? Yes, I'm looking at you. It's Tommy. Oh, you're waiting for public comment. Okay. Thank you.

>> KATHY CUBIT: Okay. Why don't we let that person start then, the official -- we'll move into public comments then. Thank you.

>> SPEAKER: Thanks, Kathy. Go ahead.

>> SPEAKER: Hello. My name is Tommy Grieto. Board president of the CIL in central PA. I've

been disabled for -- it will be 21 years this coming May. I'm pretty much T6 spinal cord injury complete so there's no way I'm going to probably walk again or get better. But over the past couple months, I've been working with giving my waiver programs. I finally decided to do the medical assistance, all that, re-up on everything, even SNAP, I got into that. Because for the past 20 years, I never really needed it. Or I didn't know it was there for me. These programs. So I got with the CIL, and I figured I could get these programs or these -- basically these programs I was able to get. Then I finally got my home care attendant and I never had one -- well, I used to get some after COVID, but only had a few of them, but they never worked out. So I finally had one that I just got a couple weeks ago. She was perfect. We got along, everything. She did what she needed to do. She drove me places, this and that. But then the company she works for, PRN, long-term -- or house home services, called me Tuesday and said that Wednesday that Office of Long-term Living basically canceled all my waiver programs, terminated. That's the term she used. So I no longer have anything. No waiver programs. They're gone. I called my CCAC, Clinton County assistants office, Stover, to ask her what was going on because she said it was my medical assistance, I re-upped this last fall what I had to I guess. She had no idea. And I asked her who I could get ahold of from Office of Long-term to find out who the person was that made the assessment without any evaluation on my part that I was to be terminated. I had no letter sent to me. No call. No email. Nothing. I'm at pretty much a loss because everything is gone now. I mean basically I've not changed at all. I'm just wondering how I could reach out to this person that made that evaluation or assessment without even talking to me or you would think they'd have to come to my house and talk to me before making this decision of completely uprooting my life. I'm afraid if I get sick I won't be able to pay for the hospital bills. Like right now I've been getting calls from I would say hospital's been calling me. Also now I'm starting to get I'll say (indistinct) health where I get my medical supplies from. They called me the other day saying they have billing information. I talked to my support coordinator. She told me in the past five years that she's been there that she had nobody that got terminated from waiver programs. I've just been canceled out for no reason. I can't even get a name of the person or persons that made this evaluation.

>> SPEAKER: So if I may respond, one, I'm very troubled and I'm glad that you're sharing your story today. These are examples of things that we absolutely must address. I want to draw your -- Randy's hiding behind the pillar now, I can't see him, but you can. He's trying to hide from me. Tommy, if you could connect with Randy, I believe we were made aware of this situation yesterday. And he will absolutely follow up. With regard to some of the details of who did what when, I don't have those answers. But Randy will be getting all the details and fall following up and ensuring.

>> SPEAKER: I know if I would've got a letter to I guess to appeal, but every person I talk to, they're like, well, you should be able to appeal. I was like, if I didn't receive a letter, how was I supposed to appeal?

>> SPEAKER: No, I completely understand that. But again, I appreciate you sharing your story. Randy is going to follow up with you. Thank you.

>> SPEAKER: Thank you.

>> SPEAKER: And it's hard to share stories like this so I really appreciate you coming and sharing it.

>> CARRIE BACH: This is Carrie. Do we have any other questions? Anything in the chat?

>> LATOYA MADDIX: Hello. This is Latoya. I just want to reiterate, because I heard Tommy speaking, and this is happening across Pennsylvania for a lot of us. I think when I was speaking



to someone at PA health law project, subrocketed it to 98% of people are getting cut off of their waiver services and medical assistance for various reasons without notice or we're getting a letter in the mail co -- coinciding with the phone call saying your stuff is getting cut off, your home care, I don't like to call them home care, the PAS agencies are calling saying authorizations are not going through. So this disrupts our lives honestly. And we have to stop everything we're doing to get on top of this because we don't want it to go so long where it will take longer for things to get back up and to where they need to be. So just wanted to make that clear. This is happening, and it's happening to more -- a lot of us, and something needs to be done internally, like conversation with county assistance, the managed care organizations and thus far. Because some of us, we have people that we go to for the assistance, who do we go to next? But some of us don't. And some of us have advocates or family members that can assist us with this. So we're just left out here with nothing when these services are there for us if we need them but when that year passes and renewals need to be done, and if something is not right or stuff gets cut off, it disrupts everything for us. I just wanted to say that.

>> SPEAKER: Yeah, Latoya, this is Juliet. Thank you for adding those comments to help folks understand the importance of that impact. And these are the reasons predominantly why OLTL is getting back to basics so we are focusing on these, taking action, having the internal cross-office and cross-department discussions and meeting with stakeholders to address these. I don't think we can get on to shiny and new things if these things are happening in our system today.

>> KATHY CUBIT: This is Kathy. I know this is an ongoing issue of concern and I didn't know if any of the MCOs wanted to take the opportunity to comment in terms of how they're trying to help people that may be in these situations of losing benefits, either for procedural reasons or because of the re-determination of the clinical eligibility re-determination.

>> JULIET MARSALA: That's a great idea, Kathy. Let's continue the tradition. How about we start with PA Health and Wellness?

>> SPEAKER: In addition, this is Pattie, Patricia Canela-Duckett. That's a helpful suggestion. I think it would be helpful to offer some advice on those who have the services, don't know maybe they have a redetermination coming up or there's maybe something -- what can they do now, today or this week, to avoid this problem? Or what can they maybe suggest for their direct care workers (indistinct).

>> SPEAKER: Hi, everyone, my name is Joe Elliot with PA Health and Wellness. I'm going to do my best to summarize the efforts we take to help participants who are coming up on their redetermination timeframe. When we receive information on our files that we receive from OLTL, we begin within 90 days of that redetermination date outreaching the participant and sharing information with the service coordinators. The outreach we take are in the form of mail, text messaging, and phone calls to help participants know they have their redetermination timeline coming up. Service coordinator would be assisting the participant with anything, be it paper forms, calling in to help start that redetermination process. In addition, we work with a number of our home care or PAS providers and share that information with them as well so they can also assist with their specific participants in that redetermination, especially since their staff are already in the home. I'm sure there are other efforts we take, but I know -- so we are actively engaged in helping to work with the participants to make sure they're aware of the timeframes. Obviously if we can't get in touch with the participant for whatever reason, if they don't answer phone calls, they don't answer the door, that's problematic for us as well. We do have processes for those participants who are unable to contact, but we really rely on the outreach

efforts, and those are done at I believe it's 90, 60, and 30 days from the participants' redetermination timeframe.

>> KATHY CUBIT: This is Kathy. I think -- I appreciate those efforts and the other MCOs as you respond to save time, highlight if there's anything different from your processes. But I think the question is, what actions do you take to support a participant that is either found ineligible for procedural reasons or loses their eligibility because of the clinical determination. Can you comment on that?

>> SPEAKER: I can. We work with the participant's PCP or physician to obtain documentation from them to help with any type of appeal that the participant may need and if it's more procedural in nature, the SC would also help the participant navigate that appeal as well.

>> KATHY CUBIT: Thank you.

>> SPEAKER: You're welcome.

>> SPEAKER: I have a question for you.

>> SPEAKER: For the captionist, this is Carl. Go ahead, Carl.

>> CARL BAILEY: You said 90 days (indistinct).

>> SPEAKER: I apologize, I can clarify that. We start -- we begin outreaching to the participant to let them know they have a redetermination that's due, but we start 90 days prior to the due date, so we're working with them three months ahead to help try to get them -- help them get their redetermination information. Thank you.

>> SPEAKER: Hello. David [name?] From UPMC community health choices. Similar to Pennsylvania health and Wellness, we begin outreach for eligibilities several months in advance. We have dashboards that notify our service coordinators when somebody is coming up for renewal. We'll start to include letter campaigns as well as phone calls, starting at least 60 days in advance and getting closer to the renewal date. We also have dedicated eligibility specialist team that can help assist participants through the financial paperwork of maintaining eligibility within the program, that we make hundreds of referrals to every month to continue eligibility for folks. To the question that Kathy had asked, when we learn that somebody has lost eligibility, we work with them in contacting their primary care physician, if it's a clinical eligibility issue. We also connect them with the county assistance office if there's financial eligibility concerns to support them through a potential appeal process. If they are determined to not be eligible for following an appeal, we also work with them to connect them to other community resources such as the options 50 or (indistinct) should they be eligible as well as non-state funded services as well depending on what their needs may be.

>> SPEAKER: Thank you. (Indistinct)

>> SPEAKER: Good morning, this is Misty Weekland with Ameri Health Keystone First. In a very similar fashion to both Pennsylvania Health and Wellness and UPMC, we start outreaching the participants within 90 days of notification of the upcoming MA renewal. That includes mail campaigns, texting campaigns, and also outreach by the assigned service coordinator. There are alerts in our system so anybody that is talking with the participant is seeing that their MA renewal is coming due and can provide a reminder real-time. For the question that was posed regarding assistance for individuals who may have lost their eligibility, we are assisting those individuals with obtaining necessary paperwork from the physician's office when it is a loss of eligibility due to level of care. We are also helping participants to appeal if they request that assistance or in some cases help to re-apply if that situation applies to the individual. For those that need help with the financial redetermination, we can assist with the gathering of paperwork, assist with navigating compass or the mail system in order to get the required paperwork to the

county assistant's office.

>> SPEAKER: I'm sorry. I have a question. Hello?

>> SPEAKER: Go ahead, Juanita.

>> JUANITA GRAY: Thank you. I just listened to the explanation and for the recert and everything, it's just the difficulty of it all. To me, there should be some -- instead of the yearly recertifications, it's a lot on disabled people. I think it's just a bit too much. I think they need to automatically renew persons who you already know is disabled. And just think the system needs to be changed. It's too much difficulty.

>> CARRIE BACH: This is Carrie. Thank you for this comment. Let's take one more question in this period and then we'll move on to the next presentation, then we'll have a public comment period hopefully at the end. We do have one in the room. Go ahead, please state your name.

>> SPEAKER: (Indistinct) I think I have good news. My name is CJ. I'm from (indistinct) also president on the board of Pennsylvania home care organization. We have a grant called the Pennsylvania for home care and expanded the grant to include people who have lost eligibility and are waiting for reinstatement. So it used to be it was people waiting for eligibility to get on to some sort of services but since we did the expansion, I do encourage anybody who might need some assistance to get through the process but we do have those funds available. I can send out -- I don't know if you guys want to share the application but I can send it to Jermain if you guys would be interested.

>> JUANITA GRAY: That would be great. Thank you so much.

>> SPEAKER: We actually have it on our website. If you go to the PHA website there's a section for the Pennsylvania foundation for home care and hospice. I believe each agency can submit up to three referrals that get approved a month. Anybody from the agency can submit and certainly they can stay with their own agency they have currently or one they select. So hopefully that's helpful a little bit to bridge the gap.

>> SPEAKER: And if you are searching for this online, that is pha, Pennsylvania Home Care Association. Thank you, CJ.

>> SPEAKER: Oh, sure. Hopefully that was good news. I appreciate it.

>> SPEAKER: No. Thank you for sharing. With that, let's move on to our next presentation regarding enrollment and the enrollment process. And again, please remember we will have another public comment period. So if you still have questions, please save them for the end. And we will hopefully get to responses at that time. Thank you. Is Amy High here?

>> AMY HIGH: Good morning, everyone. Can you hear me okay?

>> SPEAKER: We sure can.

>> AMY HIGH: Okay. Good morning, everyone. My name is Amy High. I'm the section chief for the enrollment unit in Office of Long-term Living and I will be presenting enrollment data for individuals applying for home and community-based services through the independent enrollment broker. So this slide shows the average days an application is in a specific status in the application process, also included in the slide is a description of what that status represents. Over the last several months. The average days for status has been consistent in each step. For easier viewing, we have expanded the statuses in multiple slides so I'll give you a minute to look at this slide and then we can move on to the next one for the remaining statuses of the process. I think we can move to the next update. Okay.

>> SPEAKER: Amy, are you still there?

>> AMY HIGH: Yes, I am. You're okay to move forward? Or are there any --

>> SPEAKER: I think you can go ahead and move forward.

>> AMY HIGH: Okay. Thank you. Next slide, please. Next slide for the overall. And I believe we're one more. These are the statuses again. So this slide represents the overall application processing timeline requirements. The IEB, the standard is they are required to complete a home and community-based services application within 90 days from the start of the application and the end of the application is when the applicant receives a notice of eligibility. So the data on this slide is for most updated information is from quarter 4 of 2023 with a grand total of 36,343 applications in process over the three month period. Within that three-month period, there were 24,781 applications completed. And then 24,212 were completed within the 90-day requirement. Next slide, please. So if you look overall, also there were 528 applications that were completed over the 90 days, however, they are applications that are approved to go beyond the 90-day period. An example of this application would be individuals that are receiving services in a nursing facility and looking to transition to home and community-based services in the community. Those applications are able to remain open for a longer period of time to allow for better coordination and ensure the individual is ready and has what they need upon discharge. So overall looking at the total applications completed, the IEB is at 99% of their compliance requirement for completing applications within 90 days and overall the applications average days from start to finish is overall 33 days. Next slide, please. The next two slides just break that data down between our applicants that are over the age of 60 and under the age of 60. So this slide shows the number of applications for individuals that applied that are over the age of 60 years of age. I think we can jump to the next slide, please. And for those over 60 days, as you can see, the compliance remains 99%. And the average days for individuals over 60 is 32 days. The next slide would show our applicants under the age of 60. And the next slide will show again that with our applicants under the age of 60, they are also within the 99% and the average days from start to finish is 33 days. I think we can jump to the next slide. So this slide digs a little bit deeper into the reasons an application is closed. So all of the applications that were closed over the three-month period, this breaks it down into the reason that application was closed. So we have of course individuals that were completed and enrolled in home and community -based services. We have the top application closure reason. And again, if an individual does not provide the information necessary for the county assistance office to complete financial eligibility, that is our second highest reason for application closure and that notice that comes from the county assistance office will then -- closes that application. Another reason is unable to reach. If the involvement broker receives a referral again to begin an application, they confirm with the applicant that it is their intent to apply for these services. If they are unable to reach that individual then they are required to reach out to them three times and then a fourth time manually and if they do not reach the individual, they will close the application. However, again, with all the cases that are closed other than enrolled, if the IED receives additional information and the individual contacts them to move the application forward, they will pick up a new application where they left off with the previous one to move that individual forward to get them enrolled. So again, other reasons would be if incomplete. This often occurs if the IEB does not receive the physician certification to determine functional eligibility for the program. We also have individuals that are clinically ineligible if their assessment and physician certification outcome is NFI. If an individual is not interested in services. If they voluntarily withdrawal. Or if they're financially ineligible so these are the various reasons, again, with the description of why applications close. And then we also have the average days that that type of -- that closure reason was open prior to closure so you can see where that average day of application is generated from. I think we can move on to the next

slide then. And again, just additional reasons. The number that we're closed within the three month period and the average days that they were open all together. Next slide, please. The next group of information, again, this is the IEB facilitates the appeals process for individuals that are denied -- receive a denial for being functionally ineligible for our home and community-based services. So these would be individuals that had an outcome of NFI following their FED and physician certification receipt. So the next slide shows the appeals that were received over a month period and the status or outcome of that appeal request. And I know there were questions from the last time this information was presented and the IEB did update the status of each appeal so there has been some changes from the previous data that was presented.

>> PAM WALZ: This is Pam Walz. Can you walk us through a little bit what the changes are in the data, if you know?

>> AMY HIGH: I think they just -- they updated the statuses. There were I believe back in January, there were still showing appeals that were initiated and hadn't moved forward. Now you see there is an outcome of the 38 that were withdrawn and the 5 that were settled, and we're looking at the four that the hearing is scheduled and where those currently lie. So I think it just updated the statuses to move them forward and show more current record of where things are with those specific appeals.

>> PAM WALZ: This is Pam Walz again. It would be really helpful to know what the outcomes are for the people who withdraw their appeals, whether they are basically just having a pre-hearing conference and being convinced that they should withdraw because they can't succeed, or whether they're being withdrawn because there's a -- I guess they're not stipulated agreements, they're stipulated settlements because those are low but whether there's somehow a new assessment that's taking place. It kind of looks like not because there are very few stipulated settlements as compared to the number of appeals being withdrawn. I just wonder what is going on with all those people withdrawing their appeals and not going forward to hearings. Because that's a really disproportionate number. It's not something I think we usually see with other kinds of appeals.

>> AMY HIGH: Yes, we have noted that is a system change and reporting change that we are working on anecdotally, many of the applicants that withdraw often agree to a new assessment and new application but we are working on getting more detail to those outcomes.

>> PAM WALZ: Thank you. That's really great.

>> LLOYD WERTZ: Lloyd Wertz, I have a question about the previous section. You didn't ask for questions at the end of that so I didn't pose it. But taking them now so I'm going to pose this one. You noted there's a section where -- denials, where the denial was affected because of the lack of submission data to the county assistance office. And I wonder if there is -- or are you aware of which of those cases were relevant to ex parte processes that had to be reviewed based on direction from CMS or are those numbers after the ex parte process has been complete?

>> AMY HIGH: Those -- that would be information that I would have to get from LIM because any hearings related to that would be related to financial eligibility.

>> KATHY CUBIT: This is Kathy. I don't know if Phil or Abby are on. They may be able to comment. But it's my understanding that folks in the CHC waiver are not eligible for -- it's not a current ex parte process. But I don't know if Phil Stock or Abby Coleman can answer that question.

>> SPEAKER: So if you would do that, kind of let us know what you find out in your interactions,

that would be appreciated. Thanks.

>> AMY HIGH: Sure. Thank you. I think we can move on, again, this got spread out into two slides to make it a little easier to read. So this gives the additional statuses for appeals that have occurred. I think we're good to move on to the next slide. And the next dataset of information provides reasons individuals transfer from one MCO or request a transfer out of an MCO by transfer reason. And this is also spread out over two slides and is sorted by the most frequent reason. I think we can move to the next slide with the remaining reasons. And if there's no questions with the plan transfer reasons, I believe we can move forward to the next slide.

>> KATHY CUBIT: Thank you, Amy. This is very helpful. I appreciate too the additional clarity to the MCO plan changes that you and your team have added to these reports. So I'll open it up to questions from members. Any questions for Amy?

>> PAM WALZ: Hi, this is Pam Walz again. I actually did have a couple of questions about the enrollment data. First of all, thank you for the breakdown -- now I've forgotten what it was. The further breakdown that you gave us of outcomes and numbers of days to each outcome, that's really, really helpful so I appreciate you're creating that. I had a couple questions. One I just want to say, I'm a little surprised that the average number of days to the outcome of enrolled in HCBS was only 24.5. That seems quicker than I feel like I see it. So I don't know if there's anything to say about that but I just wanted to note that. I had a couple of questions. On the first slide where it shows number of applications per quarter and then down below, number closed, within various timeframes, there is consistently about a third less outcomes or closed cases than there are initial applications. And I know a case opened in one quarter won't necessarily be closed till the next quarter but if you look across the whole row, there consistently are about a third of the cases that kind of disappear between the top line and the bottom line. And I'm assuming that some of those are ones that -- I would've assumed they're cases that aren't pursued for one reason or another but seems like our outcomes do include a lot of those cases that aren't pursued because they can't be reached or they decide they really weren't interested. And I'm wondering if you know why that discrepancy exists.

>> AMY HIGH: If we go back to that slide, I think if I understand what you're asking, again, this is the number -- any application that was open during the three-month period. And then those that were closed. So there's going to be applications that do not close throughout that three-month period and new ones that opened.

>> JERMAYN GLOVER: This is Jermayn. Sorry to interrupt. Can you pull it up?

>> PAM WALZ: Would be great if we can go back to that slide I think.

>> JERMAYN GLOVER: What slide number it was --

>> PAM WALZ: An early slide. It would be like one or two or something. Forward from there. Nope. Forward a couple. Forward another one. Forward another one I think. That's it. That's it. Thank you. That was it. Before. Last one. So I do get that there's not -- that there's a sort of rolling applications through the quarters issue that goes on. But if you look across the whole row for both of them, it's just consistently there's about a third of the cases that are just -- it's always about a third less in the complete and like say if a case came in, quarter 3 of 2021, and it was disposed of the next quarter, it would show up there. But the numbers should be about the same when you add them up in total even if the same cases don't show up in the same column per quarter. But if you look, you can see on average there are somewhere around 30,000 cases as a grand total and the number complete are averaging around, I don't know, 19 or 20.

>> AMY HIGH: Let me take that back to the IEB to see if we can get it presented in a different way. And I'll need to look at that a little bit closer.

>> PAM WALZ: Okay. This has been kind of a question I've had for a while and I've been assuming part of what's going on is these were cases that were closing because people couldn't reach them or what have you, but now that we have those more detailed other slides, assuming that the other ones are all cases that were closed and are in the complete column, it's, yeah, I'm just -- it seems like they should all add up to the grand total number. There's probably something going on here that I don't know. So thank you for that.

>> SPEAKER: I have a question. I think because (indistinct)

>> AMY HIGH: I'm sorry. If there was another question, I didn't quite hear that.

>> KATHY CUBIT: Carl, could you make sure the mic is on?

>> CARL BAILEY: My comment to that, they've got to make a decision on what they want it to be when they report and (indistinct) the process, the way that they come up with the numbers they serve and the numbers of the ones they don't serve.

>> SPEAKER: Amy, it was a comment to the process. It's not a question for you.

>> AMY HIGH: Okay. Thank you, Juliet.

>> KATHY CUBIT: Okay, thanks, Carl and Amy. I think we can take one more question before we move on to the next agenda item. Do members have any other questions? Is there anything in the chat on this topic?

>> SPEAKER: Yes. The first question comes from Pam Aur, do any of these IEB stats include F-150 (indistinct)?

>> AMY HIGH: I'm sorry. I missed the last part of that question. Can you repeat that?

>> SPEAKER: Sure. No problem. Do any of these IEB stats include act 150?

>> AMY HIGH: The Act 150 would be included as part of the applications, yes. So if an individual is enrolled in Act 150, that is one of the outcomes.

>> SPEAKER: Thanks, Amy. The next question comes from Monica Emmon. What if the case was open from home and community-based services and gets closed for leave for more than 90 days? Then the process should be quicker than 90 days, correct?

>> AMY HIGH: Yes, and I think that's what you see with the average days to close for the certain reason, so for example, if an individual's application is closed because the IEB did not receive a physician certification, and that application is closed, and then they receive the physician certification, when they open that application, they begin where they left off. They don't have to go back to the very beginning and get a new fed for example because they would have one on file already. So overall, the answer to that question would be yes.

>> SPEAKER: Thanks again, Amy. The next one is a comment from Maria Guyet. In addition to the average for time and status, it's important for us to know the median and the range.

>> SPEAKER: Excuse me, one second. This is Carrie. I was wondering if we could potentially hold the remainder of the questions and move forward to the CHC (indistinct) status update for the sake of time and then return to questions following this piece of the meeting. Is anybody opposed to that on the committee?

>> PAM WALZ: This is Pam Walz. I'll just endorse what the last person just said about it being important to have the median and the range. Thanks.

>> SPEAKER: Okay, let's go ahead --

>> KATHY CUBIT: How many more questions were in the chat before we lose Amy, if we can close this up? Are there -- how many more questions on this topic are in the chat?

>> SPEAKER: That was the last question for Amy.

>> KATHY CUBIT: Okay. Great. Let's move on then as Carrie suggested.

>> SPEAKER: Carrie, we also have the LIFE enrollment with this part of the --

>> KATHY CUBIT: Okay, thanks, Erin. I'm sorry. Go ahead.

>> SPEAKER: Is it possible that we can move forward and digest that information, we all have the slides, and digest it and potentially bring back questions at the next meeting? Is anybody opposed to doing that? Okay. Thank you. CHC unwinding.

>> SPEAKER: We're skipping.

>> PHIL STOCK: Hi, good afternoon, this is Phil Stock. Can you hear me?

>> SPEAKER: We can, thank you.

>> PHIL STOCK: Awesome. I was having trouble getting off mute earlier so I apologize. So I am the section chief in our bureau of quality, overseeing the metrics and analytics group. And today we wanted to share some data which is related to the unwinding. Next slide, please. So before I go over some of the stats, I want to point out a few bullet points. These numbers represent point in time stats that were pulled based on the run date and data may have changed after the run date. We heard earlier from some of the CHC managed care organizations about the processes that they have in place for these renewals and it's likely a lot of the numbers have changed since our run. Also, the statistics are based on the financial eligibility of CHC participants, and the final bullet point, it's important to talk about, is while at the top it states that July 2023 is the renewal time period, the analysis focuses on determining a final status after 90-day period ends following their renewal date and you can see some of the reasons why that is done. So back to the chart at the top. We collaborate with the Office of Income Maintenance who provides us with a full list of MA re-determinations that are due in a given month, and then our data section looks for CHC memberships that match to that over the same time period. And what you're seeing is actually the results of those matches. You'll also notice for some that are aware of the PHE data that's out on the public website, we group the categories into similar categories that are out on the website. The number and percent who remained MA eligible in CHC program after that 90 days was 74.9% as of the run and specific to July 2023 again. There's also a number of people that remained MA eligible but no longer were in the CHC population. And then the two groups that are probably of most interest to this group, the number and percent that were determined ineligible and the number who closed due to procedural reasons. These are state-wide numbers. The next slide, if we can go there, details the same information but breaks it down by the CHC MCO plans. The same groupings or the same buckets, you can see, but now specific to each one of the CHC plans for Amerihealth, it is broken down for keystone and the southeast portion of the state. And then we wanted to also display the data by the CHC population group which is on my next slide. Starting with the CHC NFI group. That's where we saw in this analysis the highest number of people that did not remain MA eligible in the CHC population and then you can see for the CHC HCBS folks, 93.3% did remain eligible in CHC and then below that you can see for the long-term care cohort of individuals, 83.42% remained eligible. So the full report that our analysts in our group produced is also attached. So you can see some of the descriptions for some of the terms that you might not be familiar with but I just wanted to go over at a high level some of the charts and looking forward to collaborating with other people on the project, and I'll take some questions if anybody has any.

>> KATHY CUBIT: Thank you, Phil. This is Kathy. Appreciate sharing this information. I'm struck by the high number of people living in nursing facilities whose cases are closed for procedural reasons, particularly given they're supposed to have supports coordinators and nursing facility staff that should be helping with this process. Can you comment on why those numbers are so high?

>> PHIL STOCK: At this time, well, first, let me say we've noticed this, those numbers as well,



and we started to look into it. Also willing to collaborate with others to share and see what could be happening there. But I can take that question back, but unfortunately I don't have an answer today on that.

>> KATHY CUBIT: Thank you. Any of the MCOs able to comment on how they're supporting people living in nursing homes with this process? Because again, those numbers are extremely high.

>> SPEAKER: For Amerihealth Caritas.

>> SPEAKER: Hi, it's Misty Weekland with Amerihealth Caritas as keystone. Thank you for the question. All are assigned to a service coordinator. We also work closely with the social workers in the nursing facilities as well as any discharge planners. The social workers and the discharge planners within the nursing homes often have a good handle on the eligibility requirements for each of their participants. And we do work closely with the nursing facility staff as well as participant and their family member to assist with any enrollment issues that they may have.

>> KATHY CUBIT: That's not really answering the question because procedural reasons means they didn't get certain paperwork in. So I think that's more of the comment. Why isn't the proper support being provided for people living in nursing homes to get their paperwork in?

>> SPEAKER: Thank you for providing that clarification. I do apologize that my first answer didn't hit the mark. We do assist participants and family members with the financial application when we are requested to. The assistance is offered but that is up to the individual if they want to accept that help. I will say that Pennsylvania has been working with penny on the redetermination process and making that process as seamless as possible. They do have a lot of the information already pre-populated on the website, if you elect to use Compass --

>> KATHY CUBIT: -- because the time, this population is not really with penny. I think we're getting -- I'm going to open it up to other questions because we are getting short on time and we need the public comment. But that would be an important follow-up question. We'd like to revisit at the next meeting. Are there other questions for Phil?

>> SPEAKER: (Indistinct) in the chat?

>> SPEAKER: This comes from Amy Longstein. I want to know that the numbers reflect how many people were still terminated 90 days after their renewal is due, so they do not capture someone who, for example, is procedurally terminated, loses eligibility for a month, or, two, that is able to reenroll through the reconsideration process. Does OLTL or MCOs have figures on how many people were procedurally terminated as an initial outcome of their renewal?

>> PHIL STOCK: So this data is based on 90 days after the initial renewal month was due. I don't know if that answered the question or not.

>> JERMAYN GLOVER: Phil, this is Jermain. I think that's something we'll have to follow up on, if I'm understanding correctly, asking that the data showing 90 days after, but what was the initial determination, whether someone was procedurally terminated. What's the data behind those numbers at that point.

>> PHIL STOCK: Thank you. I agree. We can get back to the group. I apologize. I don't have that handy today.

>> KATHY CUBIT: Other questions before we move to open forum?

>> SPEAKER: Kathy, I don't see any questions in the room so I think we can open the floor.

>> KATHY CUBIT: Great. Thank you, Carrie. And thank you again, Phil. We appreciate and hope we can continue to get updates on these parts as the unwinding goes on. Thank you again.

>> PHIL STOCK: Thank you for the opportunity.

>> KATHY CUBIT: Great. So now we'll open it up to additional public comments. So let's start with members. Are there any members in the room or remote that have public comments?

>> JULIET MARSALA: This is Juliet Marsala, sorry, Kathy, I meant to slip it into the last slide but on the CHC long-term care number, 6.26%, this is another reason why it's important to have all of us here together. We also have members in representation from trade associations of the long-term care community. So I hope they in addition to the MCOs would take that information back to their membership and come back and help us understand as well the nursing facility's perspective. What are the barriers you are facing as a nursing facility whereby this assistance can be provided to residents. Thank you.

>> KATHY CUBIT: Thanks, Juliet. I don't know if Gail or Anna want to comment anything at this point, otherwise we'll see if we can get that for next meeting.

>> PAM WALZ: Hi. This is Pam Walz. I am wondering whether we can start getting data on the outcomes of the functional renewals that are taking place. Numbers of people found NFI, NFCE, and the outcomes of those appeals and new assessments that are often being done as a stipulated settlement of the appeals.

>> JULIET MARSALA: We can certainly take that back and evaluate the process of how that data could be possible.

>> PAM WALZ: Thanks.

>> KATHY CUBIT: Any other member comments or questions? Is there anyone in the room, any audience member in the room that has an additional question or comment?

>> CARRIE BACH: This is Carrie. We do. Please state your name, first.

>> SPEAKER: Hi, my name is Barbara Robinson. I'm (indistinct) PAS agency. And a new months back I had that issue of eligibility and Jermayn helped me out a great deal and also Missy also helped connect me with our account rep and she sent me a list of all of our participants. And I find that that can be helpful with providers connecting with our account rep. By also sharing that list of eligibility, because someone mentioned earlier that we have our employees in the home and we have -- basically we're in contact with our participants every day. So by sharing that also sharing that with us, we too do our own outreach to the participants and try to get them and assist them with everything that we can do. So our numbers just from September to today has drastically improved with eligibility and loss of eligibility. I think it's called e-notice. Yeah, that has really been helpful as well. So I think just with the MCOs being here connecting with the home care providers for eligibility as I know have mentioned text messages, phone calls, outreach. Just call the home care agency. We have contact with our participants every day all day. So that would be a really good part of outreach is just connecting with the providers.

>> SPEAKER: Thank you. Anybody else? This is a really quiet group today.

>> SPEAKER: The first meeting.

>> KATHY CUBIT: If there's nothing else in the room, what about the chat? Are there other outstanding questions or comments in the chat?

>> SPEAKER: Hi, yes, we do have a hand raised. Brenda Duray.

>> KATHY CUBIT: Okay. Go ahead.

>> SPEAKER: Brenda, you can unmute yourself.

>> SPEAKER: Hello. I'm sorry that took me just a second. I'm not functioning quite the way I'm used to. My name is Brenda Duray and I am a new member of the team at Pennsylvania State-wide Independent Living Council. Just a couple of comments I have about today's meeting. It's good to be back with all of you and to hear some new voices as well. The first thing I'd like to

say is in regards to the procedural termination of residents inside nursing facilities. I want to go on record in saying that one of the things that is at play there is the number of nursing facility residents who simply don't have required documents. And one of them is state-issued identification. Every resident enters into a facility with some sort of accepted identification. But all too frequently, and I've worked in nursing home transition across decades now, all too frequently their identification or their driver's license is misplaced by the facility or by family members who are assisting that person. And there's no vehicle by which that person can have their ID replaced easily. The cost of replacing an ID is more than the personal allowance for a person in a nursing home, not only that, but the transportation involved in getting to the DMV to have your card replaced is oftentimes not available to participants. So that's a huge thing I want to go on record of saying we need to correct. But a couple of other comments. During Secretary Marsala's presentation she mentioned a survey done by the participant directed service groups. I was curious about how that survey was distributed because as a person who uses participant directed services, I did not receive it, nor have any of my many friends who use participant directed services mentioned getting that survey. So I think there's some important voices missing. If there's still an opportunity to participate, I'd like information on how to do so. And my third comment has to do with the housekeeping of this meeting. Exhaustive effort has gone into making sure that people understand procedures to participate, and I think that's a wonderful thing. I was joking with a friend earlier that I could probably recite the evacuation procedures for the honor suite as a founding member of the old MLTSS committee. We've heard those lots and lots of times. But one thing I think needs to be added is that people who cannot type into the chat box have the ability to raise their hand and be called on. And I would -- I'd also like to ask that starting with the person in the room be rotated with starting with people who might have difficulty participating in chat traditionally so that more folks can participate in public comment. And I thank you all for listening.

>> KATHY CUBIT: Thank you. This is Kathy. I really appreciate that feedback, (indistinct) the meeting be meaningful for whether you're there in person or remote. And I think getting continuous feedback on how we can work together to make that happen is important. So I know OLTL is as well committed to hopefully making some changes as we go along. Is there anything else in the chat?

>> SPEAKER: Yes. This question comes from Susan Saxinger, while the serving Social Security income residents include an increase of the personal care home boarding supplement portion of SSI?

>> JULIET MARSALA: This is Juliet. The Office of Long-term Living does not set the Social Security income supplement. We'll certainly bring it back to the bigger DHS and certainly as an area, we've been having internal discussions on how to improve that supplemental process. That reminds me, I'm so sorry, I forgot to update on my update to that question that this Friday, tomorrow at 10:00, that February 9 at 10:00, Friday, February 9 at 10:00, I will get this right, it is on all of our listservs, I don't have it written in front of me but Secretary [name?] And leaders will be holding a briefing on DHS' budget February 9, 10:00 a.m. It will be virtual. The details on how to log in and sign in virtually, I don't believe they've been sent out yet with the link, they should early Monday or Tuesday. But save the date and time, Friday, February 9, 10:00 a.m., virtual presentation on DHS' budget.

>> SPEAKER: Want to do an update on (indistinct)

>> JULIET MARSALA: And on February 7, there is a transportation summit part 2 dedicated to a listening session from the public, an expansion of part 1. So if you need additional information

for that in terms of the registration and log-in, who would you like that to go to? Randy Nolan, rnolan@PA.gov.

>> SPEAKER: Sorry. Thank you.

>> SPEAKER: Thanks, Juliet. Next question comes from George Gilmer. Why do people have to elevate their issues to the reluctant OLTL central to see some light of day for those deadly situations? On just one issue, my next steps is the ALJ level. Why do we have to elevate these issues?

>> SPEAKER: Can you repeat that question again, please?

>> SPEAKER: No problem. This is from George Gilmer. Why do people have to elevate their issues to the reluctant OLTL century to see some light of day for these deadly situations? On just one issue my next step is to the ALJ level. Why? Sincerely, George Gilmer.

>> SPEAKER: We appreciate your comment. And question. For the purposes of the public I believe you mean ALJ to be the administrative law judge, depending on the program and your individual situation, the program is governed by both state and federal regulations that require that process for hearing appeals. So that's part of the answer that I hope answers your question, however, we also appreciate your initial comment as well.

>> SPEAKER: Thanks, Juliet. This comment is from Elizabeth Radigan. This is for you, Juliet. We received an email that the February 7 date was canceled.

>> JULIET MARSALA: So for the transportation summit for individuals to be aware, there were two invitations to the summit. The first one was sent out using one platform, WebEx. We received a lot of feedback that that platform was not the preferred or most accessible platform to utilize. Building upon that feedback and hearing that feedback, I wanted to be responsive in ensuring our meeting is accessible to the people who are there to provide public comment can participate to their fullest extent with ease. We changed the virtual platform that the transportation summit would be held on so instead of using WebEx, we are using the Teams platform. You should have hopefully received another invitation. If not, Rnolan@PA.gov. That's rnolan@PA.gov. He's going to be up late tonight.

>> KATHY CUBIT: Hi, this is Kathy. Juliet, is it possible the invitation, the correct platform can be resent? Because I think there's a number of people that didn't get the second one and they may not be listening to this meeting.

>> JULIET MARSALA: Absolutely. We can send them out again, the invitation, we can have Courtney, not Randy, do that. Then we can also provide it out again on the listserv today. Or tomorrow to make sure folks have that updated information on the listserv. And also rnolan@PA.gov.

>> KATHY CUBIT: Maybe give Randy a break until at least the invitation goes out. But thank you. Next question.

>> CARRIE BACH: Hold on, can you repeat the date and time for everybody again?

>> JULIET MARSALA: February 7 at 1:00 p.m. to 3:00 p.m.

>> CARRIE BACH: Thank you. Go ahead with the next question, please.

>> SPEAKER: The next question comes from Amy longstein. On the unwinding slides, what does number and percent remain MA eligible mean for someone who is in a nursing facility or home and community-based services? If they are in another category, doesn't that mean they are also terminated from waiver coverage? Does it mean they went to a nursing home category? Or they moved to a regular MA waiver, MA without waiver?

>> PHIL STOCK: So this is Phil again. Thank you for the question. So it's important to note that the way that we presented the data in the chart was based on our CHC eligibility at the time the

renewal was due. What we're finding with that cohort that remained MA eligible but lost CHC eligibility is they moved to a Medicaid category of assistance that no longer qualified them for the CHC program.

>> SPEAKER: Thanks, Phil. At this time we do not have any other questions in chat.

>> KATHY CUBIT: Okay. Thank you. Are there any other -- just to circle back to members, either remotely present or anyone else in the room that would like to add a public comment or question?

>> SPEAKER: Hi, this is Jay Harner. I would like to.

>> SPEAKER: Go ahead.

>> JAY HARNER: My apologies. I did leave the meeting about 20 minutes early or so. I hope this wasn't covered. But I wanted to thank Amerihealth, they had a packed meeting on December 23rd to discuss the community choice waiver program and I thought they did a really good job. And Nicole ran it. They answered a lot of questions. Back in December this meeting was taken over by a group that wanted to discuss services and reduction of hours and I thought Amerihealth did a good job discussing the process, making sure the communication with the service coordinator and the whole process of the waiver program. I was a little disappointed that in that program, in that webinar, I think it was about 48 to 52 people showed up from the entire state. So when you have a lot of people saying hours canceled and having questions, it seemed like a very low turn-out to me. But I believe Amerihealth is doing a very good job to be in communication with their clients and providing the correct information for them to receive the services to stay independent at their homes. Thank you.

>> KATHY CUBIT: Thank you, Jay. Are there other questions or comments?

>> CARRIE BACH: This is Carrie. If we don't have any other questions, we do still have a few minutes, if Erin is still available to go back to the Life enrollment piece.

>> ERIN SLABONIK: I'm still here. Can you hear me okay?

>> CARRIE BACH: Sure can.

>> ERIN SLABONIK: All right. This will be really quick. My name is Erin Slabonik with the Office of Long-term Living. I'm the division director of integrated care programs. And we oversee the LIFE program and also our dual eligible special needs plans. So you can go to the next slide. This is just giving a quick update on LIFE enrollments and the current Census and just to give some context, the reason we go back to July of '19 is to show the impact of the implementation of CHC on the LIFE Census. You'll see there still has been steady growth from the beginning of the implementation throughout. And if you go to the next slide, we as of this month, we're currently at 7,701 participants. Then to also give a little bit of context in terms of where we are from before, before we implemented LIFE enrollments with the independent enrollment broker and to where we are currently, so in May of 2020, we had implemented -- or I'm sorry, May of 2021 we implemented state-wide enrollments through the enrollment broker. So the overall LIFE program census had increased by 140 individuals from May of that year through April of the following year. So for that first full year. And then another 300 from May of 2022 through April of 2023. During the 12 months prior to this, May of 2020 through April of '21, the program had only grown by 86 individuals. So it just gives a picture of where we were prior to implementation with the IEB and where we are currently. We can also say that we can attribute 7% of an increase in LIFE enrollments to referrals from the independent enrollment broker. And what that means is not that it has made the program census grow by 7%, but that the increase in enrollments from month to month have been averaging 7% across the program. So if there's any questions, I'd be happy to take them.

>> KATHY CUBIT: Thank you, Erin.

>> ERIN SLABONIK: You're welcome.

>> KATHY CUBIT: Any questions for Erin? Is there anything in the chat?

>> SPEAKER: No, we don't have anything in chat at the moment.

>> KATHY CUBIT: Okay. Thank you.

>> JULIET MARSALA: Kathy, if I may make a correction for the record.

>> KATHY CUBIT: Sure.

>> JULIET MARSALA: Earlier I had talked about important dates for the fiscal year 2023-24 for nursing facilities. It was a test for Matt Seeley, he passed in pointing that I was sharing the date that was already in the past. So the deadline for the submission for your RDR, residence day report submissions for the first and second assessment quarters for fiscal year 2023-2024 for the assessment quarter April 1, 2023 to June 30, 2023, and quarter 2, July 1, 2023 through September 30, 2023 is due on February 2, 2024, which I also believe is tomorrow. So it has been posted on the listserv. So if you haven't submitted your RDR, you have probably a little less than 24 hours. So there's the correction. Apologies for the error in dates. It certainly is better than six months ago. Thank you.

>> KATHY CUBIT: Thank you. And thanks, Matt. Okay. Are there other public comments, questions? Any thoughts that folks want to share? And you said the chat is still clear?

>> SPEAKER: Yes, the chat is still clear.

>> KATHY CUBIT: Okay. Well, I think unless there's a last-minute comment, we'll adjourn. And I just want to mention that again the next meeting is Thursday, March 7, and again we'll take your feedback and a lot of the issues raised today and try to build that into next month's agenda. I'm looking forward to working with everyone. And I'll take a motion to adjourn.

>> PAM WALZ: Kathy, it's Pam Walz. I'll move that we adjourn.

>> KATHY CUBIT: Thank you, Pam. A second?

>> SPEAKER: I second.

>> KATHY CUBIT: Okay. Unless there's any objections, we'll see everyone on March 7. And thank you again. Appreciate your time.