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Date: 05/12/2023

Event: Managed Long-Term Services and Supports Subcommittee Meeting

>> If any member could announce themselves. We will check the audio.
Mike, if you can hear me, can you announce yourself, please?
>> Yeah, I can hear you, David. Can you hear me okay?
>> Perfectly. Thanks, mike. For those listening, we will get started at 10:00 a.m. Thank you.
>> DAVID: Good morning, everyone. This is David Johnson speaking. We will call the meeting to order. We will begin with taking committee attendance.
Michael Grier?
>> I'm here, David. Thank you.
>> Good morning, mike.
Ali Kronley. Good morning, Ali. Present in person.
Anna Warheit.
>> Good morning, I'm here.
>> Good morning, Anna.
Cindy Celi.
>> Good morning.
>> Good morning, Cindy.
Neil Brady.
Gail Weidman is excused. German Parodi.
Heshie Zinman.
>> I'm here, David. Good morning.
>> Good morning.
Jay Harner.
>> Present.
>> Good morning, Jay.
Juanita Gray.
>> Good morning, I'm here today. Good morning, everyone.
>> Hi. Good morning.
>> Thank you.
>> Kyle Glozier.
Laura Lyons.
Lloyd Wertz.
Matt Seeley.
Melissa on behalf of Monica.
>> Present.
>> Good morning.
>> Kiziann Powell on behalf of Patricia Canela-Duckett.
>> Good morning.
>> Good morning.
Sherry Welsh.
Carry Bach on behalf of Tanya Teglo.

Are there any committee members I missed that would like to announce themselves?
All right. Thank you. I will pass it off to mike here.
>> MICHAEL: Thank you, David. The meeting today is going to operate a little bit differently since David is on site and I'm off site. So we're going to go through the regular introductions like a regular process like we were both there. And then I'm going to turn the meeting over to David.
So I'm going to start by reading some housekeeping talking points. The meeting is being recorded. Your participation in this meeting is your consent to being recorded.
Please keep your language professional. The meeting is being conducted in person at the Department of Education's Honor Suite, and as a webinar with remote streaming.
The meeting is scheduled until 1:00. To comply with logistical agreements, we will end promptly at that time. All webinar participants except the committee members and presenters will be in listen only mode during the webinar.
While committee members and presenters will be able to speak during the webinar, to help minimize background noise and improve sound quality of the webinar, we ask that attendees to self-mute using the mute button or mute feature on your phone, computer, or laptop when not speaking.
To minimize background noise in the Honor Suite, we ask that committee members and presenters and audience members in the room please turn off your microphones when not speaking.
The captionist is documenting the discussion remotely. So it is very important for the people to speak clearly and slowly into the microphone. State your name -- remember to state your name when you're speaking. Please wait for others to finish their comments or questions before speaking. This will enable the captionist to capture the conversations and identify speakers.
Please hold all questions and comments until the end of each presentation. Please keep your questions and comments clear, concise, and to the point.
We ask webinar attendees to please submit your questions and comments into the questions box located in the Go To Webinar pop up window on the right hand side of the computer screen. To enter a question or comment, type into the text box under Questions. Include the topic in which you want your -- topic of 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 the presentation and approach one of the microphones located at the two tables opposite of the speaker. The chair or vice chair will then call on you. David will call on you today.
Questions or comments of a personal or individualized nature should be sent to the resource account identified at the bottom of the meeting agenda.
These items will be directed to the appropriate people for follow up with the attendee.
Before using a microphone in the room, please press the button at the base to turn it on. You will see a red light indicating 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 is important to utilize the microphones placed around the room to assist the captionist in transcribing the meeting discussion accurately.
There will be time allotted at the end of the meeting for additional public comments.
Webinar attendees should enter questions and comments in the question box and include the topic to which your question or comment is referencing.
Those attending in person should use the designated microphones -- we already went over that.

We want to remind everyone that this meeting is a place of general information and questions about OLTL's managed care.
Questions or comments of a personal individualized nature will be redirected to the appropriate people to follow up.
Responses will be sent directly to the individual. If you have questions or comments that aren't heard, please send your questions and comments to the resource account identified at the bottom of the meeting agenda.
Transcripts and meeting documents are posted on the list serve at the MLTSS meeting minutes website on the OLTL's website. These documents are normally posted within a few days of receiving the transcripts.
The 2023MLTSS sub Mack meeting dates are available on the Department of Human Services website located on your agenda.
And with that, I will turn it back over to David.
>> DAVID: Before I go through the emergency evacuation procedures, Lloyd Wertz, good morning. Are there any other subcommittee members that have joined that would like to announce themselves.
>> Yes. Sherry Welsh.
>> Good morning, Sherry.
>> Good morning. Thank you.
>> Yes. Laura Lyons.
>> DAVID: Laura, good morning.
In the event of an emergency or an evacuation, we will proceed to the assembly area to the left of the Zion church on the corner of fourth and market. You must go to the safe area outside of the main doors of the suite. OLTL staff will be in the safe area and stay with you until you are told to be back to the honors suite. Everyone must exit the building, take belongings with you. Do not operate cell phones or try to use the elevators. We will use stair one and stair two to exit the building. Stair one, exit on the left side near the elevators. Turn right and go down the hallway by the water fountain. Stair one is on the left. Stair two on the right side of the room or the back doors. Turn left and stair two is directly in front of you. From the back door exits, turn left and left again and stair two adirectly ahead. Keep to the inside of the stairwell and head outside. Turn left and walk down to Chestnut street. Turn left on the corner of fourth left. Turn left and cross fourth street to the train station.
Mike will review the meeting follow ups.
>> MICHAEL: Thank you, David.
We'll go ahead through the follow ups. We have five. And the rest of the follow ups will be on the list serve shortly after the meeting. I'm going to repeat that again.
But just to let you guys know.
The -- this is the follow ups from the April MLTSS sub Mack meeting. Related to a continuation of meetings attendance member Shona requested that nursing home transition meeting and home adaptations meetings are resumed. Randy Nolan to respond.
>> Hi. This is Paula. Randy responded that OLTL is not going to resume the work groups. However, any issues related to these topics can be discussed at the MLTSS subcommittee meetings.
>> Thank you, Paula.
Related to appeal rights. Audience member Shona said there's no real appeal right when someone is not able to move to the community from a nursing home because there's no housing to go to.

Rachel Sink will respond.
>> Rachel Sink from OLTL responded explaining that the lack of availability of housing is not something for which there is or can be an appeal process, as it is not an OLTL decision.
When an individual applies for home and community-based services, they will, if denied, receive an appeal notice and can appeal that decision. If an individual receives an eligibility notice stating that they are eligible for HCBS, but the MCO determines not to assist with the transition, the MCO is to issue a denial notice that can be appealed.
Related to provide responsibilities, audience member Matt asked through the chat during the OLTL updates presentation what are providers supposed to do if and when the consumers have not renewed their medicaid eligibility? In our experience, we are asked to continue providing services without authorizations until they get renewed. This leads to nonpayment of claims. Kim Barge to provide a response on the process for providers.
>> Kim from OLTL replied that OLTL advises providers to work close Ily with the participants coordinator to ensure effective communication about the potential MA eligibility concern and ensure continuity of care. Providers have a responsibility in accordance with 55PA code 52.14 to verify a participant is eligible to receive a service prior to rendering a service to the participant. Should services be billed for services rendered during a period of ineligibility, there is risk that should MA eligibility not be reinsated retroactively, a provider may not be paid.
>> Related to the CHC procurement involvement, audience member Betty wants MLTSS subcommittee to be involved earlier in the CHC procurement. The subcommittee member myself and David will take it back to the subcommittee.
Mike Grier and David Johnson responded the subcommittee to continue to offer their input. There is no additional update at this time regarding either subcommittee involvement or the CHC procurement.
I just read your part, Paula. I'm sorry.
Related to the supplemental nutrition assistance program, the SNAP data, subcommittee vice chair David Johnson asked if all the MCOs provided data on the SNAP. with UPMC slides. PHW said they will provide the data. AmeriHealth didn't respond during the meeting. Please refer to the attached page seven from the UPMC slide presentation.
>> All three MCOs provided SNAP tracker data slide deck. And these will be included in the MLTSS meeting minutes list serve.
Any of the additional follow ups from the April meeting that were not addressed through the reading here will be posted to the MLTSS meeting minutes list serve. And that will take place within a few days after today's meeting.
>> Yeah. There's probably around 8 to 10 questions that are on there. So I encourage everyone to go ahead and take a look at it.
That concludes the follow ups. And moving to the next item on the agenda.
Juliet, are you there?
>> JULIET: Good morning, mike. I am here.
>> MICHAEL: I apologize in advance for not being there face to face. But I'm dealing with some family stuff. And so I will turn it over to you and turn the meeting over to David. Thank you all for your support.
>> DAVID: Take care, Mike.
>> MICHAEL: Yep.
>> DAVID: And if I may, first off, I know there's mixed feelings about this meeting happening on a Friday. I appreciate everyone's participation and attendance both in person in the Honor Suite and on the call as well.

Pleased to introduce Juliet Marsala for the Office of Long Term living update. We look forward to working with you. We will continue with our agenda here with the office of long term living updates.
>> JULIET: Great. Thank you. I'm very excited to be here and join you and look forward to a long-term collaboration and partnership.
I hope everyone can hear me okay. I will do a brief introduction. If we go to the next slide. The next slide has a summary about my background. It's so great to see so many familiar faces and sort of returning back to Pennsylvania work.
So I'm Juliet Marsala, the new deputy secretary. I want to talk a little bit about my background and why I'm excited to be here with all of you and what an honor it is to be with the OLTL team that I have known and worked with for many, many years.
So for -- just the other day, Jen and I determined that it's been over 20 years that we have been working in the field of community and direct services. For me, of those 20 years, 15 of them have been directly related to working with home and community-based services and long-term services and supports. A greet partnership with Kevin. I'm glad he's here with us today.
So I know many of you from my work on the provider side in service delivery, spending the bulk of those years working with great organizations like liberty resources. Also starting my career in behavioral health services and working with resources for human development. In all of those positions, what has been a key focus in my work and service delivery has been ensuring independent living opportunities for everyone so that they have the opportunity to live and thrive in the communities of their choice. And that's also what I hope to continue to bring in my role here with the office of long-term living.
For those of you on the phone, my apologies. I usually start off my introduction with letting everyone know I use the pronouns she, her, and hers. Folks on the call remotely, I'm an Asian American female with long brown hair and I wear glasses. Today, I happen to be in a gray suit.
So with that, I'm going to give some MLTL updates. We have a lot on the agenda today. I won't take too much time. I know there might be questions.
Some of you may have heard this before. The CHC RFI comment period closed on April 14th. We did receive over 60 responses from provider organizations, associations, advocates. And I love hearing directly from participants. Our team has been working diligently to go through each and every one of those comments. They are summarizing those comments. We will be releasing the summary of those comments and responses to the comments where we can. These comments are then going to feed into the drafting of the RFA. Because it's really important to get the information from our stakeholders to inform how we look at the next iteration of CHC.
Some of the common themes are probably not a surprise because I recall we were talking about the -- back in Pennsylvania prior. A lot of focus on how do we look at service coordination, how do we continually improve the process and the partnership of service coordination and person-centered planning. That is the key and the heart of this program.
Also looking at service authorizations. A lot of great feedback about authorizations in terms of what's working well, where we can update things, where we can reduce administrative burdens for the provide communities, for the managed care organizations, and for the office at large.
Lots of great feedback from the enhancements to the value-based program model. I love that there's a lot of activity and continued interest in the value-based payment model. It was great to see all of that feedback.
And of course, really importantly to all of us is the improvement in the workforce development of the direct care workforce and all of our health care workforce overall. We all know this that

strains have been in place for decades. It's been accelerated by COVID-19. We're needing to work together to see where we can lift up the direct care workforce, the health care workforce that so many of us depend on.
In addition, lots of comments about transportation. And rightfully so. Transportation is a key pathway to independence. If you can't get to where you need to go, that causes a significant problem. So we welcome all of those comments. Taking them all very, very seriously.
But I just want to say with the RFI closure with regards to public comment, we received feedback -- want more time. I want to remind folks that OLTL is not a closed door. You can always send us comments and feedback at any time. It's a continuous improvement process. And I know that I love to hear from folks. My team loves to hear from folks. If we don't hear from you, we don't know what's going on. Don't think this is just a closed door. I know Matt will have a bunch of comments and questions for me, and I welcome that. I wanted to take the opportunity to say that.
I wanted to talk about the medicaid continuous coverage unwinding. This is critical and important to everyone in all of the OLTL programs and all of the Department of Human Services programs overall. We need everyone's help to make sure that the folks we serve have every opportunity to renew their medicaid status and eligibility. And folks are going to need a lot of help. We haven't done this in many years. So it's kind of dusting off the process and all the supports that were in place and getting folks out there.
The Department of Human Services and governor Shapiro have been putting out campaigns, public service announcements. You have seen a lot on social media. Everyone has a part and everyone can help. I wanted to bring that up. We encourage as many partnerships as possible so people have the information, know what to do, know the different channels where they can do it by themselves, online and in person. We are tracking this weekly. We have meetings about the unwinding weekly as a whole organization. And part of that is looking at the data. How are we doing making sure there's not a backlog, figuring out what we as a department need to have resources in place to ensure that folks can renew their medicaid eligibility.
Part of that is the transparency of ensuring the information is on our dashboard with the Department of Human Services. So that has been released. That's included on the slide. That will show you kind of how we're doing across the Commonwealth.
And then we're also looking at how can we drill down on the data, specifically for OLTL. There should be more to come on that.
Not on our update, but also important is a reminder that the appendix K, and this yesterday. I wanted to talk about that. There has been requested to come in for exceptions for different things. And it's been in place for a while. And we have welcomed the exceptions that we have been allowed to have for the waiver program.
But with the appendix K ending, that ends our authority to grant those exceptions. So this is not a choice OLTL is making. This is a requirement that OLTL has to follow. We just wanted to remind everyone about the ending of the appendix K.
And with that, I'm going to hand over the presentation to Dan. I know everyone wants to hear from Dan about the proposed budget and where we stand. Thank you.
>> DAN: Thanks, Juliet. Good morning, everyone. My name is Dan, I'm the finance director for the office of long term living. I know some of you may have seen or heard some of this presentation for the 23-24 state fiscal year budget. But I understand many have not. So we'll go through the budget requests. As I like to remind folks, the information on the following slides does pertain to the OLTL fiscal year 23-24 proposed budget. Of course, it remains to be seen what ends up in the enacted budget at the end of June or early July. But this will give you an

idea of what we have included in the proposed budget.
So the highlights. Our proposed budget includes consideration for continued operations, statewide operation of the community health choices program. That of course includes actuarial sound capation rates for CHC. And it includes continued support for nursing facility staffing requirements. This largely pertains to the regulatory changes around nursing facility staffing ratios that the Department of Health has promulgated. There was additional funding for nursing facilities in the current year budget, enacted budget. And our proposed budget continues that support on the staffing initiative.
This proposed budget includes or assumes continued expansion in the LIFE program. And also includes a proposed initiative to provide 20 additional positions to improve our licensing activities in the bureau of human services licensing. This is largely for initiatives that would enhance both the quality of service in the licensing area and would help to reduce processing time for licenses.
The next slide is familiar to many who have seen budget presentations. OLTL's budget presentations in the past. This is our pie chart for our three main appropriations. Community health choices is of course the largest. In total funding, the program is projected to be around 14.4 billion in the 23-24 fiscal year.
I will point out this includes both state, federal, state and federal funding, lottery funds, tobacco funds, and revenue through various sources that we received through both the nursing facility assessment and in our governmental transfer programs.
The long-term care managed care appropriation is our LIFE program. And we're projecting or we have requested just under 400 million for the LIFE program. And the long-term living appropriations, we have requested 232.2 million for the 23-24 fiscal year.
The long-term living appropriation includes the OBRA and act 150 program, as well as a small portion of funding for nursing facilities for participants that have not fully enrolled with CHC MCO. It's a small percentage of nursing facility services that are still reimbursed through fee for service.
On the next few slides provide more detail on each of the three appropriations. The first tier is the community health choices appropriation. As I said, the CHC appropriation includes the actuarial sound capation rate, is what I'm trying to say.
Also includes the funding for OLTL's operating grants and contracts.
So you can see as I have pointed out in previous presentations, you will notice right away the changes from the current fiscal year funding to the 23-24 budget request. Largely reflect the shift in funding as a result of the phase out of enhanced federal funding that was linked to the public health emergency.
So as we go through calendar year '23, we'll -- the enhanced match we're receiving related to the public health emergency will phase down. Currently, it's an additional 5 percentage points. That goes to 2.5 percentage points July 1st. And 1.5 October 1st. January 1st of 2024, we're then back to our regular federal matching rate or FMAP rate, which is expected to be 54.12% effective January 1.
So the proposed budget, of course, covers the second half of the current calendar year, but also the first half of calendar year '24. So when you see that shift in additional state funding and a reduction in federal funding, it largely reflects the need to supplement or replace that reduction in federal funds with general fund dollars.
The long-term living appropriation, as I said, includes a small portion of MA fee for service nursing facility claims for reimbursement. As well as the OBRA and Act 150 programs.
Again here, you will see the -- what appears to be a large reduction in federal funding. Some of

this is, again, due to the reduction in the FMAP rate or the phase out of the enhancement. A large portion of this in the long-term living appropriation is the one-time nature of Rescue Plan Act funding that OLTL received and what was appropriated in the long-term living appropriation. So in 2021, there was $250 million in ARPA funding included in the long-term living appropriation. Of course, that was one time. So now that we no longer have that in the 23-24 year, that makes up a significant part of that $300 million or $301.9 million reduction of the federal line.
And last but not least, the long-term care managed care appropriation, which is the LIFE program. Again, largely reflects our expectation of continued expansion of the LIFE program for increased enrollment.
You don't see the same reduction in federal funding here in the LIFE appropriation. But we do have, overall, the appropriation increases by about 23 million in the proposed budget compared to current year funding.
And I believe that was the last slide. I'm happy to take any questions. Any committee members?
>> Go ahead.
>> Thank you very much. And really, really glad you're here. Other people welcomed you, but I want to be one that does welcome you to the subcommittee. Home that you're a frequent attender.
A couple of meetings ago, I posed a question to the deputy secretary about what the OLTL or the Commonwealth might expect to save per enrollee basis for people who enroll in the LIFE program versus those who remain in the CHC. There was no answer forth coming at that time. Are you aware of what the savings are in those programs?
>> DAN: I don't have the number for you off hand. But we can certainly take it back and provide follow up for you.
>> Thank you very much. That would be appreciated.
The other question I have is we all know that the behavioral health managed care organizations handle behavioral health needs of individuals enrolled in the CHC program. Are you aware of what portion of funds actually go to those BMHCOs that otherwise would have remained with the community choices health program had they been responsible for meeting behavioral health needs?
>> DAN: Well, I can -- I think I speak on behalf of Juliet and everyone at OLTL in saying that the behavioral health is certainly a critical component of the program. When we prepare the budget and when we negotiate Capitation rates, we're negotiating and preparing the budget for the program as a whole. From the budgeting perspective, we look at or develop work with the actuary to develop actuarial sound capitation rates for all reasonable and expected services. So for budgeting purposes, we don't necessarily break out the cost at the individual service level. We may have data that we could explore from utilization perspective. But I wouldn't have a number for you from a budgeting point of view.
Because we do prepare the budget and negotiate the capitation rate for the program as a whole. And all the services that are encompassed within the program.
>> Okay. You probably gathered the behavioral health advocates, that's all they do. And I'm interested in the funding for services with numbers on the doors, folks in nursing homes and places like that. They're of great concern to me regarding the behavioral health piece. Any information for a future meeting would be greatly appreciated. Thank you.
>> JULIET: This is Juliet. I want to step in. I would also welcome having additional information and conversation. As Dan has mentioned -- the key aspect of whole person health. And my start was also in behavioral health. We are interested in seeing improvements throughout the system

in terms of behavioral health access. I know there's a lot of great opportunity and excitement right now with folks understanding and becoming more aware of behavioral health needs, particularly in LTSS. You reminded me that I was remiss in also speaking about how we're in mental health awareness month. So you will see that the secretary is flying the mental health flag -- and wearing green. So very much would welcome further conversations.
Also going to be listening and learning in all of the different five regions and trying to get out and about and having listening sessions from folks. I would love if there's any assistance in ensuring that when those happen, we're going to reach out and make sure we try and get behavioral health systems and participants aware of when the listening sessions are happening. I absolutely want to hear more about how we can improve things in that area.
>> DAVID: This is David. Appreciate the presentation on the budget proposal. You mentioned there was a proposed initiative to provide 20 positions to improve licensing activities, including enhanced quality of service and reduced processing time. Is there any additional information about these positions? Will these be in service of community health choices?
>> JULIET: So what the -- the office of long term living is responsible for listening assisted living facilities and personal care homes. Many of those listening positions are to help that process. Personal care homes and assisted living facilities have been hit hard in the COVID-19 pandemic, as everyone else. And we recognize that they want to increase the responsiveness to their needs as well.
And this is a reminder, we have put out 20 positions in the proposed budget. You may not get all of them. So there may need to be some reassignment and reorganization there. But I am also very excited to announce that we will have a new VHSL director, who is starting on Monday. And
I'm not sharing who to give her one final weekend before folks knock on her door.
>> Great, thank you.
>> Dan, is there a rate increase for OBRA and Act 150?
>> DAN: The budget for continuation at the current levels for OBRA and Act 150 programs, I believe we have projected a slight increase in enrollment in the OBRA program. But the 23-24 budget reflects cost to carry at the current rate.
And we have budgeted to reflect the cost to carry for those programs.
>> Are there any other questions from the office of long term living from the subcommittee? Do we have any questions from the audience?
>> None.
>> Okay.
>> This is Jeff from Pennsylvania SILC. In terms of folks that you find need care, again, to adopt protective services, how many do you budget for as far as OLTL? I think I have heard 100 in the ODP side. I'm not sure about OMSAS. I was curious about that. Thanks.
>> JULIET: Can you repeat the first part of your question?
>> So there are folks that you probably -- will wind up finding during adult protective services reporting, maybe they need services and weren't getting services to begin with. They wind up needing services from OLTL. ODP usually has a number, like 100. I was curious to how many people you budget for or plan for? Or is that added in at the end of the year when you're doing budget negotiations?
>> For adult protective services?
>> It's for people that you may find that they have protections, maybe in the community they weren't getting services, and all of a sudden they're reported and they need services. I'm just wondering how many people you plan for a year or anything like that in OLTL.

>> JULIET: Let me see if I can understand. This is Juliet. Are you asking in terms of budget how many do we budget per person to anticipate their needs or emergency service needs so that we can react and respond to what those needs might be? Is that what you're asking?
>> Not necessarily per person, but just like an aggregate number. 5 million, 10 million, whatever it is. If you want to mention per person, that's fine.
>> JULIET: Just an aggregate amount of what's put in the emergency services budget to respond to APS needs. Okay. I will look at Dan. But it's complicated. Because the service needs could be already covered services. It could be a wide variety of things. I will hand it over to Dan.
>> DAN: Yeah. And I would probably ask to take this one back just to confirm that I'm providing an accurate number. I know what we budget for APS from a contracting perspective. But I don't want to quote a number in total that may be higher because it is a total rather than maybe the more specific questions or group that you're asking about. But I can certainly take it back and provide follow up.
>> Great. And my last question is a little more budget related. You mentioned there's no increase for home and attendants. Is there a percentage for nursing facilities in a proposed budget at this point? Or is it --
[Indiscernible]
>> DAN: There's an additional line in the long-term living and community health choices appropriations to continue support for staffing in nursing facilities. So if you were to look at the blue book or the budget book that DHS publishes under the CHC and long-term living appropriations, you will see a line for -- I'm not recalling the specific title. It mentions nursing facility services or staffing.
So that is the additional funding that's built in to those appropriations for nursing facilities. Again, in continued support for the staffing requirements that will go into effect for facilities on July 1st of this year. And then the increase staffing ratios or the number of hours that facility has to provide direct care to residents, that ratio will increase again July 1st, 2024.
>> All right. Thank you.
>> Do we have any other questions from the audience? Great.
Thank you very much for your presentation.
Moving on with our agenda. Presentation on Pennsylvania's master plan for aging and disabilities from special advisor to the Pennsylvania secretary of aging, Kevin Hancock. Kevin, welcome back.
>> KEVIN: Thank you, David.
Do you mind if I ask who is going to be moving the slides? Is that you? And thank you very much to the MLTSS subcommittee and the office of long-term living for allowing me the opportunity to present on the initial thinking and plan for Pennsylvania's master plan for aging and disability.
The master plan for aging and disability services, the next slide, and please slow me down if I'm talking too quickly.
The master plan for aging and disabilities, and I did come back to state Government to oversee this process because it's a very exciting opportunity across the state to build out a ten-year strategic plan that takes into consideration all aspects of infrastructure and service delivery for older adults in Pennsylvania and older adults with disabilities as well.
Five states today completed a master plan. California is the gold standard. California published their plan in 2021. They began the planning process actually in 2013. And they set a template for how other states are following this endeavor. Other states that have published plans include Colorado, Massachusetts, Minnesota, Texas, and California. Anyway, these five states have

published a plan. And 11 states have currently kicked off a planning process, including our neighbor New York. New York recently published an executive order to begin their process. Pennsylvania will likely be the 12th state. We're expecting that the governor will be signing an executive order kicking off our process sometime in May with a formal kick off tentatively scheduled for May 25th.

Why are we doing this? If you go to the next slide. Our demographics kind of speak to this. Pennsylvania is currently the fifth largest state in terms of portion for individuals over the age of 60. We also have the third largest population of individuals who are 85 years of age or olderment and that population is growing very rapidly. In fact, that population is growing 20 times faster than the general population of Pennsylvania. So we have heard what I think is probably an appropriate characterization of changes in aging demographics as a silver tsunami. The reality is we are in the middle of a wave of growth for older adults in Pennsylvania. And I think it could be easily argued, especially for the people in this room, that our service system and our infrastructure for this population is not meeting the need.

The opportunity with the master plan for aging and disabilities is to consider all aspects of the service system and to identify where there are opportunities for improvement or addressing gaps. This is not just for the medicaid long term service and supports population. Although I would love to have the committee provide some directed feedback for the populations that the community health choices and act 150 programs are supporting, as well as Pennsylvania LIFE program.

In addition to a growing population of older adults in Pennsylvania, we have a very large population of individuals with expressed disabilities. If you go to the next slide. Pennsylvania, 11% of Pennsylvania's population identifies as having an expressed disability. Especially more than 11. There's a lot of intersectionality between the disabilities. A lot of individuals who also have cognition disabilities. What's unusual about the number in addition to the size, the 11%, is the percentage of individuals who have an expressed cognitive disability in Pennsylvania. Most states are around 6 or 7%. So Pennsylvania's cognitive disability percentage is much higher than the average state across the country. Cognitive disabilities do include dementia and Alzheimer's disease. And they may include intellectual disabilities as well. The percentage is very large. That's the reason Pennsylvania is putting so much thought and energy into thinking about disabilities, especially for older adults, are a direct consideration for the development of the master plan.

If anybody is familiar with the other plans across the country, disabilities weren't mentioned normally in the -- plan and this is -- it may not end up in the title. Aging or adult may not be in the title either. But we want disabilities front and center as part of the planning process.

So it doesn't, first of all, so the consideration for specific infrastructure requirements and service delivery requirements are addressing the need and preferences in the disabilities. And also to recognize the reality that there are a lot of gaps in these services. Especially for individuals with disabilities who are not otherwise eligible for the medicaid program.

If you go to the next slide.

This will be a stakeholder-led process. Which means that the goals, objectives, and initiatives coming out of the master planning process will be identified by Pennsylvania stakeholders. Most, especially older adults and adults with disabilities in the state. But we will base our process and our execution of the plan through these five Corr tenants. The first is transparency and conclusion. Anybody who comes to the table with an idea that could be supported with the planning process will be heard. And their recommendations will be considered in this process. We will be transparent. Transparency means that every aspect of the process will likely be

published and reported and made available to stakeholders across the state.
Inclusion means it doesn't matter who you are. If you're a Pennsylvanian with an idea of improving the delivery and infrastructure for older Pennsylvanians and Pennsylvanians with disabilities or for ourselves, you will be a part of this process, and you will be heard.
So encouraging the people you represent, encouraging you yourselves, even if you're under the age of 60, even if you're under the age of 30 to think about the planning process that is for you as well as for people in your life and who you care about where you would like to see improvement for the services.
We will embed diversity, equity, and inclusion throughout the process. This will include demographics and protected classes as listed here. Age, of course. Disability, of course. Gender, gender expression, gender identity, sexual orientation, race, color, religion, national origin, et cetera. And a great deal of attention to economics. There is a lot of dispair in economic distribution. And we want to make sure that's something considered for the process.
And we will consider geographic disparity. Pennsylvania is you can't anemic because we have a large rural population. That rural population often is not able to access services. It's largely attributed to transportation, which is something highlighted earlier by Juliet. Transportation is the gateway to independence. I couldn't agree with Juliet's words more. And looking for ways to address that in this planning process will be considered for all older adults and individuals with disabilities in the state.
Principles of person-centered planning present an opportunity. We had talked about person-centered planning quite a bit. It is a principle we want the planning process to focus on. And we want to make sure that we have a clear understanding of what that means. What that means in this process is that the needs and preferences of individuals, regardless of where they live, regardless of any demographic characteristic associated with the individuals, and regardless of expressed needs and preferences, they are taken into consideration.
So person-centered means about the individuals. And we want to make sure that's embedded in the plan.
Creating a living document that will evolve through the ten-year span of the plan speaks for itself. We have the advantage compared to California of building out a plan after the public health emergency. And we know that in ten years' time, we can see additional emergent events that will likely change the direction of the plan. And we want to make sure that's accommodated. And we want to make sure that any measurement of the plan also directed how the plan should be changed or modified to meet the needs and preferences of the people who are affected by the goals and objectives.
And last, but certainly not least, we want to reframe how we're talking about and thinking about older adults and adults with disabilities.
We talk about adults with disabilities and often talk about vulnerable populations. There are many older adults and adults with disabilities who are -- older adults and individuals with disabilities are vibrant and central parts of all of our communities and our economy. Statistic that I like to quote is that in Pennsylvania, on a yearly basis, older adults and individuals with disabilities contribute $350 billion a year. They are likely the largest segment of economic contributors in the state.
83% of home ownership in Pennsylvania is older adults over the -- represented by older adults over the age of 50 in Pennsylvania. Which means the vast majority of individuals who are homeowners in Pennsylvania are 50 years of age or over. And the vast majority of property taxes are 50 years of age or over. They are contributors to the economy in Pennsylvania. That should be celebrated. Most volunteers are ages 50 and over in Pennsylvania. Most individuals

who contribute to the arts through boards or through volunteership or directly to the arts themselves are older adults in Pennsylvania. Those contributions should be celebrated. We're hoping that the plan will recognize that the goal is to improve the quality of life for older adults and individuals with disabilities. And promoting a life of joy for older adults and individuals with disabilities. And perhaps most importantly, we're hoping that people recognize through the process that the process is about them. It's about us. If we are lucky, we will be an older adult in Pennsylvania. If we're lucky. And we need to be thinking about this as something we're creating for ourselves. If we want to stay in the state, and hopefully we do, we want this state to be as age friendly and disability friendly as possible.

Going on to the next slide. The plan will be framed by the eight domains, which is difficult to see in the slide. I can't see them without my glasses. I can see if I can talk about them through memory.

So these eight domains, and I won't go through each one of them, reflect components of older adults and disability quality of life that we think should be recognized. AARP developed the domains as part of the age friendly state and community status. And we think they're comprehensive. They include transportation. They include housing. They include health services and community supports, which are relevant to the community health choices program. And they take into consideration respect and social inclusion. They take into consideration communication and information. And they take into consideration social participation. I'm hoping that we do a lot of talking about social isolation through this process.

Social isolation was a crisis prior to the public health emergency. And now it's an unspeakable crisis. And I have to say, I get to say these things now because I'm not sitting where Juliet is sitting. The movement toward rebalancing home and community-based services has not made that better. There is a lot of research that supports the social isolation is associated with home and community-based services. And the medicaid program increased the social isolation. We want a rebalanced state. We want people to age in place and in their communities. We don't want a behavioral health crisis to be caused due to the fact that the services create a home-based prison, to be perfectly honest.

Addressing social isolation when we talk about social participation in the process is an opportunity. And it's a way we can make home and community-based services work better for individuals. That's one example.

I'm hoping that the comes -- but the stakeholders don't want to talk about that, we won't. Moving on to the next slide.

Juliet is looking at me. Kevin, shut up about that kind of stuff.

Approach and gathering input. This will be a stakeholder driven process. We're planning a kick off on May 25th with the executive order authorizing the plan. And we will publishing a white paper that will correspond with the kick off activities. The white paper will outline what we're trying to accomplish with the planning process. We're hoping that groups, including the groups represented in this room, will look at and submit commented related to the white paper. The white paper will be for anyone and open for public comment all year. It's kind of like an RFI. But it is meant to be the first way that we're going to be gathering information. And just it will also help set the tone for the rest of the data gathering process.

In addition to the publication of the white paper, we will be holding in person and virtual listening sessions. The in person listening sessions will be facilitated by the area agencies on aging across the state. There's a goal that one will be occurring in every county. And we're hoping that the centers for independent living will also be hosting listening sessions across the state as well. And the goal is to have every part of the state and every possible population represented by

these sessions. Including populations in areas where English is not their first language. Including some other hard to reach populations, depending on where they live because of potential community barriers.
We would welcome any suggestions from anyone in the room and anyone on virtually for ideas on how to reach those populations as well.
After the listening sessions are completed, we will publish a needs assessment. We will be doing a statewide needs assessment with an academic partner. The assessment will ask the older adults and individuals with disabilities what they think that the goals and preferences and gaps in systems exist that should be addressed by the planning process.
All of that data will be brought forth to the long-term care council, which will be serving as the steering committee. We will also be using focus groups and work groups to focus in on specific areas that have been brought out from the data collection to hone in on what the final goals and objectives should look like.
The steering committee will pull together a draft plan. We're hoping we have enough time to put a draft plan out for additional public comment. And at the end of the process, we're hoping that we'll have a final plan published on or before February 1, 2024, which will be in time for the governor's second budget address. We're expecting it will identify the goals and objectives of the plan, as well as funding initiatives that will directly relevant to what stakeholders wanted to see.
Moving on to the next slide.
I will go through this quickly. The stakeholder and public engagement process, we will be reaching out of all of these groups listed here. And we have already begun the process pretty heavily. None of these groups will be in any way a surprise. Health care, behavioral health care, and long-term services will be part of the engagement process. Not that there would be any surprise or doubt about that.
In addition, I want to highlight a couple of these other groups. Navigators are important in the process and could be with community-based organizations. And navigators really do understand where the fragmentation exists in the system and what could be addressed to support a smoother entry and exit by older adults and individuals with disabilities in systems such as health care and long-term services and supports.
Also highlighting a livable community. We will be working with livable community experts across the state, including those involved in local zoning that will potentially address opportunities for individuals with disabilities to be able to live in communities with as much access as possible to all of these amenities in the community.
I want to highlight civil rights and racial justice groups. These groups present an opportunity for education for us to learn how those issues that they're trying to address with their advocacy are addressed. And I want represents an opportunity for us to educate them. Many of the groups in Pennsylvania often don't focus on older adults and disability related causes. We hope to have a two-way education process through the outreach.
The rest speak for themselves. Health and health care providers, service providers, long-term service providers, as well as managed care organizations will be very much sought after for their feedback and comments based on what they see.
Moving on to the next slide.
Okay. Slowing down a little bit for the captions. I have been told that before.
The development process will also include every level of government, including county and local government representatives. County government is critical to the process because they're often the delivery system for a lot of different types of services. Local government is also critical to the

process because we have 3,000 municipalities in Pennsylvania, many with their own zoning boards. And zones is going to be a central consideration for livable communities. We have done outreach to members of the general assembly staff and their staff. And they have been incredibly supportive. We have already had two hearings on the master plan with a lot of great engagement and suggestions.
The federal partners in the process include the centers for Medicare and medicaid can have service and the administration on community loving. We will be also talking to HUD, to transportation and anybody who has ideas for us. We have been in touch with the committee on aging. And they are full partners and supports. And we're looking forward to continued engagement and ideas.
The members of the executive branch and agencies are on the next slide.
This is pretty much every agency that's under the governor's jurisdiction and state adjacent agencies. They will be partners with the department of aging in this process, as well as most other agencies listed here. Housing finance and housing education financing will be state adjacent partners, as well as the public utility commission. Housing education and workforce developments are all connected to these agencies. Higher education financing, great programming for workforce development. And they often is not known. People just know student loans and state grants. They do a lot of great programming as well, especially funding programming for workforce development. That will be an important consideration.
This is pretty much every state agency. Public utility commission was the most recent addition because older adults and individuals with disabilities often face challenging navigating the public utility process.
We're hoping that all of these agencies, including the department of human services, look at themselves as being a partner in the development of the plan and the execution of the plan as well.
Next slide.
As mentioned, we're planning to publish the plan on February 1st. We're hoping the plan includes quick wins, aspirational goals, accountability, and measurement and resources for implementation. The quick withins will be identified in the governor's budget address. The goals will be long term. But we will have measurements associateded with them as well.
We're hoping that we will be able to develop a web-based platform that will have the plan and iterations of the plan when it's changed. As well as a resource for data and data analytics that demonstrate the plan initiatives performing against the original goals and objectives.
So next slide.
This is our time line. We have already kicked it off, 3/13 was my first day back in state government. They started the plan the day I came back. It will continue through February 1st and ongoing after that for plan monitoring and modifications. The stakeholder process be begin on May 25th. We will be looking for a listening session in your area.
This just to emphasize, this is important. I have no interest or intention of coming back to state government service. Not because I love my time in state government service, it was an honor for the time I served. But this was an opportunity I just could not say no to. And I'm very grateful to be able to conduct in. And I have to emphasize in the hyperintense world of medicaid and medicaid long-term services and support, keep in mind that the vast majority of older adults and individuals with disabilities in Pennsylvania are not in that program. The vast majority. We have more than 3 million people in Pennsylvania who are considered to be older adults over 60 years of age and older.
People in this state shouldn't be necessarily spending down all their resources into medicaid if

there are ways to prevent that from happening. This plan could present opportunity not only to address and build out wrap around services that support individuals in the medicaid long term service support system. But it also provides an opportunity for older adults to age with joy and grace, regardless of where they live, regardless of their resources, regardless of their economic wherewithal. And this is an opportunity to make Pennsylvania the best state in the country to age in place.
And we can do that, and we can make that happen. And my ask for the committee is to submit a recommendation report to see what you would like to see included in the report. And to make recommendations for what you think for our older adults in Pennsylvania and for us.
Thank you for the opportunity. And I'm happy to answer any questions.
>> Kevin, thank you for the presentation. And yes, the subcommittee will certainly look forward to participating and offering feedback.
Lloyd, question?
>> Really good to see you sporting a beard. That's going to be helpful in working with older Pennsylvanians. I bet it gets you served in a bar quicker too.
>> I haven't had to show my ID.
>> My question goes back to the select disabilities and the noting of -- which is significant, the noting of the cognitive impairment. Are behavioral health disabilities included in that?Behavioral health is usually a specific diagnosis. It's not something that they captured when they -- that's a great question.
>> Any other questions from subcommittee members?
>> Hey, Kevin. So you mentioned about openness to other ideas. One issue that our network is working on is guardianship reform, which includes promoting alternatives such as substitute decision making. Is that a possible topic or something that could be included in these types of discussions?
>> KEVIN: So guardianship is a hot topic right now. I guarantee that it will be something discussed by stakeholders.
So guardianship is a specific topic. There's no will likely will elevated because it has become a hot topic not just in Pennsylvania, but nationally. And it's a significant focus. And we're not going to go into this with preconceived notions.
>> Okay. And I did see employment mentioned in there. But it's kind of shared with something else. I don't know if there's any way --
>> KEVIN: Civic engagement. The AARP connects employment, civic engagement. They mean anything related to employment. It could be in work farce development or older adult employment as well.
One point that is made consistently is the need for older adults to Corr coming back to work, especially in certain fields, including health care. And the point of discussion for an age friendly community is to address barriers that negate an individual's ability to go back to work as an older adult if they want to.
>> I'm not sure what others think about this. I would agree that employment can be part of civic engagement. But not all sieven edge gaugement is employment. So putting those together doesn't get as much focus as the read on that. And the last clarification, this is separate from the federally required plan the department of aging submits, I think every four years, correct?
>> KEVIN: So the administration on community living requires state aging as well as area agencies on aging to submit a four-year state plan that describes how they're planning to advance services that may be connected to older American services. Yes.
This plan will be the over arching strategic plan and a subset of master plan for aging and

disabilities. Thank you for that question.
>> Are there any other questions?
We are very much sticking to the agenda. Kevin, thank you very much for the presentation.
>> KEVIN: Thank you for the opportunity.
>> Moving on. We have a presentation on the home and community-based services consumer assessment health care providers and system survey or the HCBS Caps survey. The office of long term living.
>> Good morning, everyone. Nice to see you all. Just going to cue this up for our managed care representative.
So if you recall back in March, we had reviewed the result from the 2022CAP survey. And our managed care organizations were tasked with creating some improvement plans based on some of the results that were a little lower than we wanted.
So today, we're going to hear from each one of the managed care organizations to present information on the measures that they created an improvement plan for. How they are going to improve and how they are going to measure.
So I'm going to kick it off to Jamie Kennedy from UPMC to start us off.
>> JAMIE: Hello? Can you guys hear me okay?
>> Yes, we can, thank you.
>> JAMIE: Thank you. All right. I'm Jamie Kennedy with UPMC. We're going to review our 2023 action plan by focusing --
>> Jamie, I'm sorry to interrupt you. Your audio is cutting in and out. Trying to troubleshoot here. Can you try speaking again, please?
>> I'm sitting closer and repositioned my computer. How about now?
>> That sounds better. I will interrupt you if we can't hear you. Thank you.
>> JAMIE: Okay. I will explain how we're addressing the topic areas in the home and community-based survey action plan that we submit to the office of long term living. And I'm sure that there will be the repetition that you guys are used to with each of us from the MCOs talking about specific topics.
But I want to focus on how we're addressing these action areas through internal process and improvements, customizing our education with stakeholders, strengthening partnerships and outreach, because we can't do this alone. And how we're involving participants, providers on both sides that LTSS side and the physical health side as we want to make these improvements and conducting the community outreach.
So let's dive in and go to the next slide.
First, I want to focus on the internal process improvements that address the action plan areas of community engagement, planning time and activities, employment, and housing. We are always evaluating and improving and developing enhanced processes within the case management system we utilize to communicate and track needs and requests from other teams and streamline the communication and requests that are needed for participants.
These systems improvements, process improvements, take a while. So they are thought out and they take planning over a series of months. And then there's always training and implementation that takes a while.
Some of these have been started in 2022, and they're continuing to be enhanced this year in 2023.
The reason why I want to highlight this is because it allows for employment and housing teams that we have to react more timely and efficiently for participants with those identified needs to get the support they need as quickly as possible.

We are planning more system enhancements in the future to increase access for service coordinators to document those and access the resources needed for housing and automating resource information on demand with SCU so that when they're out in the field, they can access information more quickly when they are meeting in person with participants.
We are also very proud of the specialists that we have hired and utilized regarding community engagement, employment, and housing areas. Because they help us with improving those processes and goals. And they are also a real support to the service coordinators relating to social determinants of health and supporting getting those goals met on the person-centered service plans when there's needs identified in those areas.
And with the help of those specialists, we have new job aids and resource guides that are available to service coordinators to provide to the participants when those needs arise.
Specifically, the two areas of focus in the action plan that I want to highlight now, assisting participants with being active in the community. And planning their time and activities. This is a common topic each year in the action plan. And a couple of years ago, we developed an internal resource tool called the Community Resource Guide. And it is an internal application that the service coordinators can use when they're out in the field meeting with participants to explore resources closer to their community. And it's easily updated and can be shared. It's not available to the public because it's not an external application like that. But service coordinators use it all the time, and they also get to update it when they know of new resources and events that are occurring in their local region.
And we have a community engagement team, the same team that helps run our participant advisory councils that can receive referrals from service coordinators to support participants who may need extra assistance to meet community goals that require extra planning and linkage to resources and supports.
We started also a program in 2022 providing Wi-Fi connected tablets to the southwest and northwest zone. CHC participants who had an identified need. Entering 2023, the team is continuing to focus on providing these tablets also to candidates in the nursing home transition program. And expanding into additional zones. We're excited about that.
For the choices services that matter to participants area of focus, we have reinforced during service coordination training the importance of reviewing the full menuover services available to their assessed need so they're not just focused on one or two services available.
And we're reminding them to ask the questions before signing that participant's or that person-centered service plan to make sure it includes all things important to and important for them, which is a question in the survey itself.
And next, to increase the participant's awareness of employment assistance, we have our first participant employment testimonial in a CHC newsletter. We have a CHC employment video that can be viewed by participants during planning meetings to better understand employment options and supports available, hopefully inspire those who have an interest in becoming employed to utilize the services and supports available from UPMC.
We have completed refreshers on employment with the service coordinators so that there's a reminder of the multitude of resources available when participants want to
Next slide.
Can you confirm which slide you're presenting on?
>> JAMIE: Yes. This one is the one we are on now.
>> Thank you very much.
>> JAMIE: Sure. We are continuing to customize our education that we provide to participants, providers, service coordinators, and other health plans so that we can apply a holistic approach

to improving the wrap around services and supports available through the CHC benefits.
And we utilize the results of this survey to inform and educate various stakeholders because it does underscore the importance of specific topics.
So for example, the customized education for participants, we also utilize for when we educate providers and service coordinators. But when we are talking to service coordinators, we really enforce on a regular basis how important it is to educate participants on recognizing and reporting abuse, neglect, exploitation during the assessment process or as needed during contact calls or following up during critical incidents.
They have resources available to them. And OLTL did approve a one pager for recognizing and reporting abuse and exploitation to leave there. As well as tech tags and information that is in the participant handbook so that there's a myriad of locations where the hot line is that they can call if there's a concern.
We include information in our newsletter, in our SNAP benefits, both on this topic and SNAP benefits and employment and other topics. And we try to, with repetition, make sure that people have that information available. But changing up the message as needed so that it helps with that redundancy in learning.
During person-centered planning meetings, we have targeted information on housing and transportation or accessing legal support in some cases for housing issues to improve those topic areas in the survey as well.
If the person does have an identified need that there's expanded amount of education that service coordinators can provide or resources and referrals to the housing team or transportation or employment teams.
If they don't have an identified need in that area, then they don't continue to provide that education. So we do have to limit based on what the participants have identified as an area of interest. Or need.
And then as you look through the rest of the topics on this slide for a focus of the staff questions, we approach this in a few ways for the staff who listen and communicate clearly and the safety questions. We have educated service coordinators on how to provide advocacy supports, to provide to the participants to better handle their expectations with their direct care workers, how to set boundaries, how to report issues that are going on. And then also helping the SC to understand that they may need to provide a mediation role with a provider to improve communication with the personal assistant staff and ask questions during monitoring calls to inquire if the direct care works are communicating and listening to participants.
Similar to the provider area, we are educating that after we share the results of the survey, which they did improve in a lot of areas. The LTSS related provide questions. But sharing those results of the survey so that they know what questions are being asked about them when participants respond in this survey.
And then giving them some pointers on how they can improve their service delivery and on boarding of new staff and on boarding of new participants in the target areas identified in the survey. Such as curtesy of respect by participants from their direct care workers. Successful communication, how does that look? Addressing issues or needs with accents, dialects, language barriers between either party. How to address and make sure there's processes in place for Puncality, contacting the participant if somebody is not going to show up to utilize the back up plan. Ensuring that education and understanding of personal dignity and space while providing personal or hygienic care. And using a person-centered approach to how services are delivered so that the participant can exercise choice and preferences among how the services are delivered to them.

And finally, we do a lot of discussions with other health plans who are partners with us in providing the wrap around care to individuals so the quarter meetings ensure good communication is shared on participants. And we can use that as a form to request calls for complex support issues as well.
Next slide.
On the right, you can see examples of our new tech tag for phone and electronic device that has important numbers listed. We have a new leave behind that we can do for a home visit if a participant is not home when we arrive so they know we came by and have information on how to contact us.
And this country show a couple of the other leave behinds we have available. But these ones are new.
We know that CHC staff cannot meet all the needs ourselves. So we strengthen and leverage our partnerships and outreaches with various stakeholders to improve quality and assist participants with their health, social, and resource needs. And a great example of a newer partnership at our health plan involves our multifacets approach for medicaid redetermination assistance. We have a team of eligibility specialists for prioritizing participants who are unlikely or unable to renew on their own. And we get referrals from member services or the pub line so that they can do outreach calls and provide assistance, even face to face if needed at the neighborhood center that we have so that we can help them with submitting that renewal that's needed.
We have a lot of other points of contact with that redetermination service that's been really critical to making sure that people completed that and are not found ineligible for the program. And this work will continue for the rest of this year, of course, to make sure that we can help where ever needed there.
We have a member experience committee that has additional plans this year to improve our communication on explaining flex benefits for duals in the UPMC Medicare plans, encouraging more use of the UPMC anywhere care to reduce the emergency room visits. Assisting participants in using technology such as the specific health care apps to receive support or telehealth. And working with vendors to provide the latest ideas and solutions for increasing participant satisfaction with our services and improving rates for preventative care, cancer screenings, et cetera.
Next slide.
To wrap up, this is some additional ways that we are strengthening our partnerships with providers and with the community. We have a plan partnership with action housing in the southwest zone, specifically at east liberty community center that includes a medical legal partnership training and clinics for the staff and public. We have a dental group that's active that started in 2021. They have been meeting bimonthly to understand the dental services benefits, complaints, concerns to address areas to improve there.
And we have had physical health provider care coordination, education on best practices and tips. And we are focusing on women's health in 2023 related to imMUizations, and reducing remissions. Increasing the knowledge on both sides of the health. If they understand the benefits side, they can be the link to our participants getting to appointments and getting the preventative services in place. If the physical health providers can better understand the LTSS side of things, then they can make sure to link up with those providers as needed for the after admission care after discharge care and things like that. So we have a lot of areas of focus to try to continue to improve quality.
Lastly, I want to touch on a few things with the behavioral health, mental health treatment that's

a new question in this survey. And we have provided ample training on behavioral health referrals and how that works internally to various teams, especially service coordinators. But there's also the participant facing education that we want to make sure that service coordinators can understand how to explain it to participants, especially when they need some referrals and supports in this area that they can help the participant understand how they're DSNIP coverage or Medicare coverage and the coverage through CHC would work for referrals through behavioral health.
So we also have a few of these other things on the community outreach side we're excited about. The UPMC neighborhood center that we opened in Pittsburgh that is a resource to the whole community, not just UMPC members. We are providing a lot of clinics and stop by resource walk in services there to help people with access to transportation or SNAP benefits or other possible needs that they have. There's access to a food bank and other resources there as well.
So I am done for now. And I want to yield my time to the other MCOs. I'm happy to take any other questions at this time.subcommittee members have questions for Jamie or UPMC?
All right? Jamie, thank you. We'll continue on with our presentations here. Up next is a presentation from Pennsylvania health and wellness by Rachel.
>> Hi, good morning. This is Rachel. Can you hear me okay?
>> Yes, we can.
>> RACEL: There we go. I am a program manager 3 with PA health and wellness. I'm excited to talk to you about a few of the strategies and initiatives we're putting in place to enhance our participant's care journey and improve the survey results. Next slide.
First thing I want to touch on here is the implementation of a satisfaction questionnaire so we understand that it's important to collect continuous feedback on the recommendation and satisfaction with service coordinators. So through this, we implemented a satisfaction survey where we can ask periodically how our participants are receiving care from their service coordinator, and are they truly satisfied with the care they're receiving. Like I mentioned, this is a periodic questionnaire we're asking throughout the year. This allows us to collect realtime data on that satisfaction and then course correct in realtime as well.
As you can see here, this is just some of the data we collected earlier this year on satisfaction. So we're able to see and drill down to the participant level how satisfied they are with their service coordinator. And if they do report they're dissatisfied or very dissatisfied, we have the opportunity to follow up and then provide additional training on motivational interviewing and services available.
Next slide.
An additional question in the satisfaction questionnaire includes questions about satisfaction with personal assistance staff. And again, we understand it's important to collect the opinions of our participants. And we really want to make sure they have a voice to shape the way we're providing services to them.
So when we collect this information, like I mentioned before, we can drill it down to the individual participant and service coordinator. And then provide that realtime course correction. And we're also working with our internal provider relations team to develop a plan to address provider deficiencies.
Next slide.
One other item in the improvement plan is around the person-centered service plan. We're looking to improve our methods of making sure that participants are able to choose the services that matter to them and that their PCSP is including all of the things that matter to them. And

then also assisting with planning those time and activities. The area to improve for us is increasing the awareness of available services. We added plans of care specific to each participant that defines more details around their care needs, activities, preferences, and participant specific information that's pertinent to providers and important to the participant.
One other thing I want to mention here that we're excited about is we will be disseminating an 18-month calendar to participants in July. So this calendar includes sections where participants can document their service coordinator, primary care giver information. It has goals in there. Information about how they want to spend their day. And then for each month, we incorporated health reminders and helpful resources built in throughout the calendar to include how to access SNAP benefits, housing, transportation, and additional resources throughout.
Next slide.
We also created a supplemental handbook last year. The intent of creating the supplemental handbook is really to improve the area of service coordinators helpful and increasing the awareness of available services. The handbook includes readily available resources for participants to reference. And it has a section specifically available to capture service coordinator name and contact information.
Next slide.
So next thing I wanted to touch on here is dental services. So we understand that your oral health and the health of your teeth and gums really has an impact on your overall health. It's really critical that we're assisting participants with receiving care from a dental office. And then providing education along with that. We created an internal dental kit. So the dental kit includes a tooth brush, tooth paste, and floss that can be disseminated to participants. And we created questions in our internal documentation to ensure that coordinators are reviewing dental care and appointments and assisting with locating local dental providers.
Next slide.
Next, I wanted to touch on transportation. So here we want to improve the ease of scheduling transportation and assist participants with their transportation needs and hopefully reduce complaints related to transportation issues.
So we established an internal transportation concierge team in PA health and wellness to assist participants with scheduling transportation to appointments. And we're also hosting biweekly meetings with MTM to make sure we're discussing actions that occurred for missed trips or late trips.
Next slide.
Next, I wanted to touch on housing. Through this, we are looking to increase the service coordination team's awarens of housing related information, including the use of PA health and wellness's standard assessment tool to identify housing needs of participants.
And really reinforce to participants that their service coordinator is a housing resource to them. What we did last year was we disseminated housing memos with identified resources for service coordinators to provide to participants. And we're also creating a housing quick reference guide and re-educating the service coordination team on the use of PA health and wellness's standardized housing assessment tool.
Next slide.
Next, I want to touch on employment. So through this, we're looking to improve participant awareness of employment services under the community health choices program. So our PA health and wellness employment specialist is engaging in monthly communication and training with our service coordinators regarding employment services. And we're also going to be looking to disseminating employment postcards to participants.

Next slide.
Next, I want to touch on the supplemental nutrition assistance program to increase the participant's awareness of SNAP. We identified a process to identify the participants who do not have SNAP benefits and may be eligible. We're conducting outreach and ensuring coordinators are reviewing the benefits to connect them with the resources.
Next slide.
So next, we want to touch on reporting suspected abuse, neglect, and exploitation. Really the goal here is to improve awareness of common signs of abuse and ensure participants and care givers know how to report abuse, neglect, or exploitation. We're providing service coordinators the service coordinators are educating participants on adult protective services and older adult protective services at initial and annual visits.
And we also incorporated this contact information in the supplemental handbook.
Next slide.
Last thing I want to touch on here is mental health. So this includes the ability to get an appointment for counseling or mental health treatment as soon as needed. And really the goal here is to assist participants with locating behavioral health providers for mental health treatment. What we are going to do around mental health is provide additional education to service coordinators regarding the behavioral health services available with behavioral health managed care organizations. And then having service coordinators review those behavioral health appointment needs with participants during their assessments.
And if you go to the next slide, that concludes my presentation. Are there any questions for PA health and wellness?
>> Rachel, this is David. Thank you for your presentation. I have two questions.
The first was regarding the service coordinator satisfaction data on slide two. If I'm interpreting this correctly. The identified area to improve, improving participant satisfaction with service coordinator. And for each of the survey points in 2023, no one surveyed expressed dissatisfaction with their service coordinator?
>> Can you repeat the last part of your question?
>> Absolutely. Looking at the chart here that shows figures for January, February, March, and April, 2023, is it correct to interpret this that no one was dissatisfied with their service coordinator?
>> That's correct. So based on the results we received, we did not receive any dissatisfaction or participants that reported they were very dissatisfied from January to April. So looking at this, we're really happy with those results. Obviously, for those participants that just wrote satisfied, we want to get them to the very satisfied point. So that allows an opportunity to have that discussion and find out what can we do to get you to that very satisfied point.
>> DAVID: Understood. Was there data available I guess in 2022 that showed dissatisfaction at this level?
>> Rachel: I would have to go back and pull the data to see from January to April 2022 did we see any of that and compare to see improvement. But we can certainly get that for you if you would like to see that.
>> DAVID: That would be great, thank you. And we can follow up.
Particularly for the service coordinator satisfaction, how is this question or survey administered?
>> Rachel: This question is administered in person during routine contact assessments.
>> DAVID: So the request is asked by the service coordinator.
>> Yes, that's correct.
>> DAVID: Is there an opportunity to have the question asked not by the service coordinator to

might feel pressure or undue influence?
>> Rachel: That's a good point. We're looking to change the question to the call center staff just so that it's an outside individual asking the question and not necessarily the service coordinator itself. So hopefully, we can get a little bit better data collected that way. So we are looking to do that.
>> DAVID: I think that's a great idea.
Second question I had regarding the newly implemented internal transportation concierge team. Could you provide an exactly of how the team is activated? Is this routine practice if anyone expresses difficulty in scheduling appointments, would challenging cases be escalated to this team? How does it work in practice?
>> Rachel: So the customer service team has the internal concierge team that can really work with the participant themselves to coordinate that transportation. And they are also addressing any issues with that transportation as well. So our director of customer service is on -- or one of our managers of customer service attends our PAC meetings. When we discuss transportation, one example is we had a participant before who brought up a transportation issue and they take that back as a team and work together to kind of address those issues with the participant. But really the goal here is just to provide an internal team that the participant can work with to schedule their transportation needs.
>> DAVID: Great. Thank you.
Are there any other questions? Lloyd?
>> Hi. Lloyd here. Regarding your mental health response, you note that there will be additional education to service coordinators regarding the services. I wonder if there's consideration of the use of peers, people who have lived experience with mental imnesses to be part of the educational process for the service coordinators to get a better identification for what it feels like to have mental illness and how an individual can improve and move forward through recovery rather than just here's where you go for treatment to get your meds. Is there a way to get that involved in your training?
>> Rachel: Yes. I believe peer support is a service provided by most behavioral health MCOs. So that's definitely something that could be incorporated into that training.
>> Good. Thank you.
>> DAVID: Are there any other questions from the subcommittee?
Hearing none.
We will continue with our final presentation from AmeriHealth and Caritas and Keystone.
>> Good morning. This is Lori fire extinguisher Linxwiler. Can you guys hear me?
>> We can.
>> Great. I'm one of the corporate directors of quality here at AmeriHealth Caritas. Good morning. And we will move forward with our slides.
So first, we structured our slides to identify the composite measures and the statement of actions and the plan of actions. So next slide.
So for the first measure, the choices of services that matter to the participants. Some of the action items that we put in place were to integrate the survey questions into the plan of care tool. The participant experience survey is the section where we did this to incorporate the questions along with the communication with the participant instead or adding an additional survey.
We also used the participant experience data to establish a baseline for participant satisfaction and targeted training.
We incorporate the benefits video that defines the HCBS and reference services into the service

coordinator's checklist to make sure participants are educated and encouraged to utilize the services.
We implemented an all about me dry erase refrigerator magnet tool to encourage the participants to focus on what really matters to them.
We also enhanced service coordination motivational interviewing training to focus on the participant's centered goals and services.
Next slide.
For assisting participants with the activity in their community -- hang on a second. My slides -- I can't see. Okay.
So enhance the participant advisory committee to include a zone specific calendar of events, including the upcoming health fairs, community events, and wellness and opportunity center programs.
We enhanced the participant focused plan of care to include the social determinants of health, education, housing needs, food insecurities, and community engagement awareness based on participants' interest.
And we incorporated the resources into the participant quarterly newsletter. And we visited less populated and under served communities via the mobile wellness unit.
Next slide.
The measure focusing on transportation to medical appointments. We developed a transportation grid to document various transportation resources available to participants along with instructions. Access instructions.
Next.
The next is to increase participant's knowledge of how to report suspected abuse, neglect, and exploitation. We did this by educating service coordinators on reporting the suspected abuse, neglect, and exploitation. We include adult protective services and older adult protective services phone numbers on a leave behind magnet for the participants.
We include information and into graphics in the participant newsletter regarding the reporting of suspected abuse, neglect, and exploitation. And we provide a direct link to the report suspected abuse, neglect, and exploitation to the community resources section of the health plan website.
Next slide.
Okay. Assisting the participants with planning their time and activities. We enhance the PAC meeting and the participant quarter newsletter to include current community events. We include current events on the participant visual all about me on the dry erase magnet. And the coordinators and service workers can share the information with the participant or the participant's authorized representative when the participant is not able to look into the resources on their own.
Next slide.
Participants dental care services. We implemented a participant outreach project, the oral health impact project. And also yearly texting campaigns related to the adult annual dental visit.
We began the digital interablive text campaign that includes a link in the message that directs participants to the dental education materials and registration for dental kit to be mailed to them.
Participant dental services utilization data review. We used this information so the participants with no annual dental visits and/or utilization to identify the participants with no dental visits or utilization of emergency room visits that are related to the dental issues.
The dental director provided an article that was included in the spring '22 issue of the connections provider newsletter. And will focus on education and the participant newsletter and subsequent provider newsletters throughout 2023.

The dental team along with community outreach and others have the meeting biweekly to discuss the possibility of hosting a mobile dental event.
Okay. The focus on increasing the participant's awareness of employment assistance, the actions focus on develop a mechanism for requesting and receiving the information from the office of vocational rehabilitation. Have the employee coordinator participate in case rounds to act as subject matter expert and support the service coordinators on specific participant employment related issues.
The employment coordinator receives notification of job fairs, training opportunities, and internship opportunities from contacts at OVR and other sources and sends these out to the service coordinators for distribution to the participants.
We will present employment and housing educational materials at the PAC meetings. And find mechanisms to identify participants who are either participating in or interested in participating in the educational activities.
Next slide.
For increasing participants' awareness of the SNAP services, the SNAP outreach materials were added to the internal resources and will be deployed upon new and reassessments of participants.
Utilization of benefits data trust and the SNAP video posted on the website.
Next slide.
To uncrease the participant's wareness of housing services, we continue to have the housing staff participate in case rounds to act as subject matter experts and support the service coordinators on specific participant housing related issues.
Ongoing annual training with the service coordination team on the use of findhelp.org, additional resources, as well as new innovations within housing to help connect the participants.
Next slide.
Related to the mental health treatment. We focused on educates participants that have had the -- I'm sorry. That have the option to have virtual intake appointments scheduled faster than in-person appointments. Continue to share and support the participant in obtaining the appropriate and timely mental health treatment they need. And to continue to assist participants in founding locating a new behavioral health provider to assist in transition of care and avoiding gaps in treatment.
Next slide.
Staff are reliable and helpful. Staff listen and communicate well.
So the focus for that is the health line will collect, track, and trend data from sources. The remediation efforts will be determined by the issues identified. The plan of care participant experience survey, complaints against PAS providers, and OPS-8 data on missed visits.
Next slide.
That's the end of our action plan. Any questions?
>> DAVID: Thank you for the presentation. Are there any questions from the subcommittee? Are there any questions from the audience for any of the plan representatives?
>> This is a general question. This is Sherry. This is a general question from an audience member. The question comes from Carla Abdullah. For nonmedical or medical agencies, what guidance can you give to new agencies to be more effective in the programs that are offered?
>> It sounds like we may have to follow up on that one to find out how to best answer. Thank you.
If there are no specific comments for the CHC plans regarding the HCPS PZ CSHPS survey and areas of improvement, we can proceed to additional public comment.

Is your question about the plans or the public comment?
>> This is Jeff from Pennsylvania SILC. I noticed that transportation was in there. About a year ago, Randy Nolan worked with the Pennsylvania transportation alliance, which we appreciate, and had the three CHC MCOs, plus the two transportation brokers present and give us good information on what was going on in the different counties and what was contracted.
One thing that came out of that, though, is we'll say a lack of equity statewide, depending on where you live. I'm not sure if there's been any discussion in terms of just I'm not sure if it's enhanced rates or other ways to look at this to promote better equity within the regions for CHC transportation.
So that's my question, if there's been efforts in the last year or so to kind of improve that. Thank you.
>> DAVID: Any response for Jeff?
>> Sure, Jeff. Sounds like a topic for the next MLTSS meeting. If it's not on the list. There's been a lot of work done on transportation. And ensuring that there's network adequacy. So perhaps that would be where we could do more in depth and share the answer to the question and any the committee would have regarding the transportation effort. Is that sufficient for you? Or do you have -- we could look at regions and network adequacy that way.
>> That could also be something for the renewal once we have those bigger discussions next year too. Thank you.
>> Thanks, Jeff.
>> DAVID: This is David. Speaking to topics within top of mind. We are zeroing in on which presentations may be most effective in this venue. Can't offer much detail at this point. But it is scheduled to be a topic in the upcoming months with clarity and effective discussion.
>> Thank you.
>> DAVID: If there are no questions for the managed care plans, we will proceed to additional public comment.
Lloyd?
>> Lloyd: Okay. Thanks. Yesterday there was a presentation at the managed care subcommittee talking about the proposed rule making by CMS. And regard access to services for managed care programs, with regard to financing. Things that I would assume are going to be integral to the operations of the CHC as well. Is there a plan from your perspective, deputy secretary, to engage in that process?
>> Yes, I can say the entire department is in the process. There are two that are very deep and has a lot of details and a lot of things we're excited about. But we are reviewing it very carefully to kind of go through to see what's feasible, what's feasible with the time line. There's significant information about how to improve access to care, which I'm always happy about. There's information in there with regards to strengthening advisory committees.
So what I would say is right now with the issuance, CMS is requesting comments back from state . And as I mentioned earlier, I welcome feedback. So if you review it and have thoughts, I welcome feedback from everyone.
So yes, we are reviewing it deeply.
>> That's good to hear. The first feedback I will offer you is the potential of gauging the adequacy of a provider panel based upon time between calling for an appointment and getting an appointment. Might be a little better than based on well, we have 14 in this area, to I guess we're good. Really, that's the key for folks in the community getting the service. If that's used as a measure, I think that would be a very, very positive step across the board, including for CHC. Thank you.

>> Thank you. I thought I understood earlier from OLTL's presentation in reference to the submitted budget proposal that OLTL intends to hire 20 new staff members. The use of the assisted loving and personal care boarding homes. If so, I would like to put on record that on behalf of pickle and its member CILS, we oppose that proposition and encourage the department to acknowledge that assisted living is not community living. It's a congregate setting. We would rather that those resources go toward actual community living.
>> Happy to clarify. We're responsible for listening and monitoring the personal care homes and assisted living responsibilities and that listening and monitoring faster and better, which helps to improve the quality overall of those services. I just want to clarify the understanding there.
>> Thank you, Juliet, for the clarification. That helped.
>> DAVID: Other questions or comments?
Yes, a comment from Juliet.
>> JULIET: I wanted to just recognize that today is the last day of the nurse's appreciation week. And I know we have several nurses in our midst here and on the phone. And many, many hard-working and dedicated nurses across our Commonwealth. I just wanted to recognize you and say thank you. And I'm very grateful for your dedication to our field, to serving Pennsylvanians. And for all the work and efforts that you do every day and have done. Particularly over the last three years. So I have an opportunity to submit formally, publicly. So thank you very, very much.
>> DAVID: Yes, thank you so much for that acknowledgment, Juliet.
Any other questions or comments?
Do we have any in the chat?
>> We do. This is Shanrika. This question is from Elizabeth. Who can participants go to besides the CAL for assistance with renewals?
>> DAVID: That's a great question with some good answers.
I know that community health choices plans to speak to what the plan is able to offer. I'm curious if there's a representative from OLTL that can speak some broader supports as well.
>> Mike Smith from UPMC. Just wanted to mention that we -- okay.
Just wanted to mention that obviously your service coordinator is a great resource, as demonstrated in the previous presentation by Jamie Kennedy. We also have eligibility resources that are available when there's particularly difficult eligibility renewal applications so that we have folks that actually augment the service coordinators in that process.
There's also, and I will let OLTL speak to it, but there's community resources that have been identified and are available online that folks can learn about. Our service coordinators are also aware of those resources and can provide that information to people who are interested. But typically, we try and really address it at the point of the issue and help them through the process rather than turning it over to somebody else, particularly for those folks that are nursing -- have a home and community-based service for sure.
Thanks. We have got a lot of resources. But I think those are the main ones.
>> For PA health and wellness, this is Anna. In addition to what Mike shared for his plan, PHW has a dedicated team that can help individuals telephonically. And if they need more hands on assistance, we have community health workers that can go out in the field, visit someone at their home and assist them with paperwork and getting in the right direction as well. There's lots of resources in addition to some other folks that we have added to the mix to ensure that folks get the eligibility.
>> Thank you, Anna.
>> This is germane. I'm not sure if --

[Indiscernible]
>> Yes, we can hear you.
>> Okay. Great. Thank you. We had a little trouble with the mute there. I apologize. Yes, thank you. We also have our service coordinators trained to assist individuals who may need assistance with renewing their medical assistance benefits. That can be done over the phone or in person.
I would also like to recognize the work that the office of long-term living did when working with the compass website and also with penny to make this re-application process more user friendly. So those great enhancements have helped significantly with expeditiously submitting information to support the renewal, as well as the accessibility to complete it, especially online.
>> And this is German again. On the DHS website, there is information on the main page about the multiple ways to renew benefits and ways to request help for renewing benefits. There are FAQs, recordings of previous webinars that provide information. So all that is there on the DHS website.
>> And this is Juliet. I just want to add for folks that are with us today in terms of renewals, as German said, multiple options. Alternative options to going to the local county assistance office includes completing it by the compass website or completing your renewal by phone and getting support via phone. The telephone number is 1-866-550-4355. Again, that's 1-866-550-4355. And I hope that provides some additional supports to the questioner.
>> DAVID: Thank you, everyone. Are there additional questions in the chat?
>> This question comes from Samuel. Are MCOs working with nursing home residents to see if they have behavioral health needs and helping them to connect to providers or resources?
>> It's a representative from each plan could respond. Thank you.
>> Yeah. This is Mike Smith from UPMC. And we do a lot of advocacy with our nursing facility service coordinators in support of connecting individuals with behavioral health needs, in conjunction with the facilities themselves. So it's a partnership in terms of making sure that if somebody has an identified need, we're working with the facility to get the resource from MCO to support them or the medical -- the available services that facility, like the medical director and things of that nature. Thank you.
>> Thank you, Mike.
>> We have a similar process. We have a behavioral health liaison to connect with if they run into a snag connecting somewhere in the state.
[Indiscernible]
Who this committee met several times in presentations. In addition to the FC, we have that resource in house as well.
>> Thank you, Anna.
>> And hi, it's Missy from AmeriHealth. Our service coordinator that service the nursing facilities have access to our behavioral health experts that we have in house. They act as a liaison, as Anna mentioned similarly, with the behavioral health MCOs. We can help connect participants with their BAIFRL health MCO and also help to coordinate services between the nursing facility, AmeriHealth Keystone plan of care, and the MCO to holistically service the participant in the nursing facility and making sure they're behavioral health needs are met.
>> DAVID: Thank you.
>> And David, this is Mike Smith again from UPMC. I wanted to add that we also have behavioral health coordinators in that capacity. And all of us participate on regular calls with the providers, the nursing facilities themselves, in discussions so that we are connected through a behavioral health consortium with the other VHMCOs. We're active in trying to make sure that

facilities are aware at a provider level of the BHMCOs. And as well as the MCOs for CHC. Thanks.
>> Thank you, Mike.
>> This is Shanrika. This question is from Renee. To what extent from the CHC MCO assist a nurse Ling facility resident with their Medicare renewal as it relates to verifying income and resources.
>> Mike, we'll start with you.
>> Sure. We are providing through our service coordination at nursing facilities service coordination identifying folks that may have been impacted by the unwinding, I should say, I have to make sure I say the right words here, the unwinding activities associated with a loss of eligibility.
So that includes identifying those folks that may be impacted and working with the business offices, our network team, as well as the social workers in the facility and nursing facility coordinators to provide the outreach necessary.
So it again is a team effort in a lot of ways. But the service coordination team is there to assist in that need.
>> Thank you, Mike.
Anna?
>> Yeah, thank you, David. In addition to what Mike said, service coordinators, which all of them -- and all the MCOs are trained on benefits coordination to ensure we're looking at medicaid, Medicare options, community-based organization options, if for some reason the individual is appropriate for an HCSB service, they fall into the determination, like an NFI individual, we would look toward continuing to assist them, similar to any other group, whether it's someone in the nursing home or the community getting HCBS services to ensure this person is safe in their home. And if they need additional resources, whether HCBS is appropriate or not.
>> Thank you, Anna.
>> This is Missy Weekland again. In regards to assisting the nursing facility participants who might need help with a medicaid renewal, the service coordinator would be able to assist the participant, just as in a home or community based setting. We have been working closely with the nursing facility partners as they have staff that are able to help the residents within the facilities as well. So looking to support the participants on multiple levels, not only through our own staff, but through the partnership with the nursing facilities.
>> DAVID: Thank you, Missy.
>> Thanks. Juliet. Back to my earlier question, you mentioned that the 20 staff would be needed for listening and monitoring of the assisted living and group homes. My question is and especially because in the CHC concept paper, it expands that definition of assisted living and adds a community living option.
So am I still understanding that the expectation of the 20 staff are to expand more assisted living and group home options for people under CHC?
>> The 20 positions listed in the proposed budget are listening and monitoring staff under the behavioral health services listening department. Not the general OLTL staff. OOUM not sure if that helps to clarify. Those folks are going up to homes, licensing, inspecting, and monitoring for the assisted living and personal care homes.
>> Is there currently a wait list or backlog of getting the placements?
>> Right now, we're not operating at 100% timeliness, and that's where we want to be. We have an obligation to inspect and monitor all homes and assisted living facilities on time and then help with the oversight and monitoring of any corrective action plans and positional licensing to

ensure the health and welfare of the folks living in personal care homes. Right now, that's not at 100% and it needs to be. So these additional staff members will be helping us to get to 100% timeliness in all of the monitoring requirements that they have.
>> Are there a backlog as well in the provider side for community --
>> With secretary was first appointmented, there was a backlog on licensing overall. I think there was a very significant lack BOG across all of the DHS agencies. There's no longer a backlog of provider licensing. She works very, very hard with the teams across all of DHS to address that backlog as one of her priorities. And right now, there are zero provider licenses that are past the 30 days.
>> Thank you. Any more questions in the chat?
Any more questions or comments from the audience?
Any subcommittee members on the phone?
Do I have a motion to adjourn?
Thank you, Lloyd.
Thank you, everyone. Our next meeting is relatively short period of time on June 1st in the honor's suite. Again, thank you, everyone, for your participation. Take good care.