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DATE: 4/1/2020

Event: Managed Long-Term Service and Supports Meeting

>> The broadcast is now starting all attendees are listen only mode.

>> Barb: Good morning we will begin the subcommittee meeting in a few minutes we're waiting for a few additional people. Thank you. Randy are you on the line.

>> Randy: Yes, I am.

>> Richard: I had a question while we're waiting. I don't know if it should be a topic for the meeting. Has anyone forecasted any shortage in pharmaceutical prescriptions over the next 4 to 6 months, have you heard anything about that? Would pharmacy know, medical know, I don't know.

>>Kevin: Hi this is Kevin Hancock joining the call and Richard I can answer your question. We have been paying attention to pharmaceutical stock availability largely because pharmacies are, and people in need of prescriptions have been encouraged to fill longer term prescriptions for most classes of drugs outside of the opioid. But at this point we have not heard of shortages due to that suggested policy.

>> Speaker: Hey --

>> Speaker: So, Kevin.

>> Speaker: We have started the broadcast, so everyone is hearing the conversation. So, I don't know if you want to have Linda go ahead and kick it off.

>> Speaker: Sure.

>> Barb: Good morning everybody this is Barb Polzer and we would like to start the meeting. Before we get into the formality, I would like to give a shout out to Pat, Jermayn, and Paula for getting this set up and I'm sure for the support they are going to be providing during the duration of this meeting. Also like to thank DHS, Kevin, Jill, Randy, Kristin, I'm sure Jen and Patty are behind the scenes with policy and all of the staff at the MCO for all of your support. I actually shared a quote with my staff this morning where there is no struggle there is no strength. And I have to say, I am hum belled by the strength that's been shown by each and every one of us as we work through these challenging times. And I know we will get through this. We're going to have a little deviation rather than have committee members identify themselves I'm going to do roll call so when I call your name can you please unmute your phone and acknowledge that you're on the line.

I'm going to turn this over to Meredith she's going to be doing some education on how to use the chat screen during this feature.

>>Meredith: Hey guys since we're completely virtual today I'm just going to go over a few quick tips forgo to webinar. This slide here, displays screen chat what attendees see when they log into the webinar. So, this box right here is the webinar housekeeping. It shows the slides and agenda for the presentation and then over on the right side of the screen you'll see the go to webinar control panel. So, as you can see on the control panel attendees have two choices for audio, mic and speakers which would use the computer voice over internet or choose telephone and dial in. All attendees are in listen only mode to minimize background noise and if you have any issues with sound please type something into the chat box and we can help you address that. Psych the second box here outlined in red is the question pane and type that in and hit send and that will send it. The last slide is handouts materials from today's meeting are available for download in this section. Open the handouts pane and the file will start did you know downloading automatically. As you can see in the illustration the file will probably appear in the bottom of your web browser and there you can click to open it. Thanks.

>>Barb: Thank you Meredith. We'll just have a few brief housekeeping points. Please keep your language professional and as we are all aware this meeting is being conducted as a webinar with remote streaming. All webinar participants except for the committee members and the presenters will be in listen only mode during this webinar. And while committee members and presenters are able to speak during the webinar, we ask that you please use your mute button on your phone when not speaking. This will help minimize the background noise and it improves the sound quality of the webinar.

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

Could somebody please could everybody please make sure you are muted. The meeting minutes as always are posted on the listserv and it's normally posted within a few days of getting the transcript. The captionist is documenting excuse me could everyone please mute your phone. The captionist is documenting the discussion remotely so it's very important for people to state their name or include their name in the chat box and speak slowly and clearly. Otherwise the captionist may not be able to capture the conversation. This meeting is also being video -- I'm sorry also audio recorded. And as always, we're scheduled to end at 1:00 and if your questions or comments weren't heard, please send them to the resource account and that address is located on the agenda. And our 2020 meeting dates are available on the DHS website. We won't need emergency evacuation procedures today. I hope we all know who you to exit. I'm going to turn this over now to Kevin Hancock to the OLTL updates.

>> Kevin: Good morning everybody. Luba you're the person who has to mute that's the way it looks on my screen. And I am opening the presentation right now. So as this, as my presentation loads I wanted to echo Barb's point about the vastness of this situation and how quickly it's changing and I have to also say that I have never been more impressed by the strength I have seen shown by everybody who is involved in the long-term care system and everybody who is able -- who has been engaged with the department of human services and the Office of Long-Term Living in trying to make the situation as manageable

as possible during this crisis period and that's true of all of the providers, the managed care organizations and our advocate stakeholders across the board. The generosity of time and ideas and the -- and the opportunity to brainstorm through incredibly creative ways to be able to manage the situation has made me really humbled and speechless and I'm honored to be part of this very difficult journey with some of the best people I've had to work with in my career.

With that I'm going to go through the Office of Long-Term Living COVID-19 updates this will be focused on COVID-19 and the difficulties the Department of Human Services and Office of Long-Term Living have been engaged in to create as much flexibility as possible to be able to manage our services and programs in this incredibly complex time. Just in terms of time frames, we have been involved in a lot of communication with our federal partners as well as our provider community in the three plus weeks. At this point it's, I've been engaged with Scott for 25 days straight trying to manage some of the issues associated with this and I know some of the providers in the provider community have been much more directly involved because they are on the front lines and managing through these issues and we will get through this. But by the time we are through this, I guarantee we will all be pretty exhausted, but people are heroes across the board for all the work they are doing. So, we're going to be focusing on talking through the long-term sports and activities guidance that have been put forth through this period which includes provider recommendations, efforts related to Personal Care Homes and Assisted Living Residences. As a reminder the Office of Long-Term Care does oversee now licensing activity for Personal Care Homes and Assisted Living Residences and we wanted to touch on some of the work we're doing in that space.

We'll provide an update on Community Health Choices (CHC) and the work we're doing with the Managed Care Organizations and the work they are doing themselves to be able to provide supports to their provider networks and their members. We'll provide LIFE program updates and enrollment updates as well and we'll go through detailed review of the components of the 1915C Waiver Appendix K application, which was approved, and we've also had some amendments that were approved as well.

We will not be going through as much detail about the 1135 Waiver, but we'll be certainly happy to answer any questions anyone may have. Starting with the LTSS activities and guidance and just to be sure Barb or anybody are you able to see my screen and the presentation?

>>Barb: Yes, Kevin I am.

>> Kevin: Thanks Barb. Okay so starting with LTSS activities and guidance. Need my screen here. Okay. So, has distributed recommendations for LTSS providers we've done this pretty pervasively and we are updating these recommendations throughout the process. Some of the guiding principles we followed are largely adhering closely to the recommendations of the Pennsylvania Department of Health and the Centers for Disease Control. That includes promoting the appropriate hygiene practices which obviously includes using soap and water to wash your hands, social distancing, et cetera, et cetera. We've asked all providers including facility based and home and community-based providers to go through back-up plans and infection control procedures and make sure that those procedures are in alignment with the recommendations from the Pennsylvania Department of Health and the Centers for Disease Control. Report all suspected cases of

COVID-19 to the Department of Health and we've given mechanisms to be able to that and we've also asked for those cases to be reported back to the Office of Long-Term Living. Or to the CHC MCO. In most cases the Department of Health will likely know before any of us of COVID-19 positive cases the reason why that is because the entities involved in testing have a requirement to report back those cases to the Department of Health. That's the reason, that's the way they are able to track it so closely. We want to know but the Department of Health likely knows before any of us where those cases are, and they are tracking those cases almost on an individual basis to see how they are progressing. The Secretary of the Department of Health, Dr. Rachel Levin, did daily press conferences including Saturday and Sunday providing updates on how the infection is spreading and being managed across Pennsylvania.

We ask that providers contact the Office of Long-Term Living before making any operational changes to your business practices and that includes whether you have to work remotely, you might have to have a closure, et cetera et cetera.

If you have to make changes with your staffing, we've allowed for a lot of flexibility when it comes to staffing especially with the direct care work force but we are asking providers provide updates if you are making those changes and also provide updates to your managed care organizations as well.

LTSS resident central providers we're asking them to follow state and federally issued guidance. For example, the Department of Health as issued guidance for nursing facilities and the Office of Long-Term Living has directed Personal Care Homes and Assisted Living Residences to follow that same guidance and also offered additional guidance as well. We've asked that providers document any actions where maintaining evidence where actions were taken and obviously stay informed that kind of speaks for itself.

All right. Went too far actually. So, the Office of Long-Term Living we've been collaborating with the Department of Health actually we've been deferring to the Department of Health and will continue to do so to make sure the providers are doing all they can to evaluate their infection control procedures. Providers have been asked we had mentioned this to review their infection control protocols and that includes the use of Personal Protective Equipment and educate staff on the proper use of Personal Protective Equipment including gloves, gowns, respirators, et cetera et cetera. I have to say in this space I have been personally learning a lot about not only how Personal Protective Equipment has to be used but also has it has to be taken off because it's very important to understand how to use protective equipment and to discard it simply because that could be as much of a risk for infection as otherwise.

Also evaluating staff adherence to provider infection control protocols and hand hygiene et cetera, et cetera. And also evaluate capacity to implement emergency back-up plans where staffing might be impacted and that has been a real focus for us not just because of the direct cause of potential infection, but also the situation where since most schools are closed, there might be child care issues or other type of family care issues that might affect the work force involved in long-term care. So, back-up plans have been a very important focus in this process just to make sure that the appropriate levels of staffing are needed to be able to manage the needs of our participants in our program.

With regard to Personal Care Homes and Assisted Living Facility we have offered guidance related to regulatory waivers for Personal Care Homes and Assisted Living Residences. This is included we have suspended with conditions specific licensing regulations. We've also imposed restrictions on visitation, and we've encouraged Personal Care Homes to do the same. This is largely been in line with the recommendations of the Department of Health for facilities and we've provided additional detail on the temporary suspension of specific licensing requirements through, for both Personal Care Homes and Assisted Living Residences. That information is available on our website if you want to see what those areas of flexibility are, and we will be happy to share those areas of flexibility as well. That guidance has been largely distributed to all of the Personal Care Homes and also has been made as public as possible for many of our other partners.

With regard to our managed care organizations, CHC has established the CHC MCOs have established emergency response protocols that includes that would involve their engagement with their provider networks but their own continuity of operations and services including member services, the participant hot lines, and even some of the administrative services such as processing to make sure providers continue to receive payment and other types of outreach activities. They've included ongoing provider guidance and updates offered by the managed care organization and also offering participant resources including the distribution of COVID-19 fact sheets, safety information and also behavioral health resources. The last point is incredibly important because in this isolated environment we want to make sure that if any of the participants have any need for any type of behavioral health services we want to make sure they know and have the tools they need to be able to access those services so behavioral health has been very important during this time.

Apologize once again for going too far. In addition, some of the priority activities related to LTSS services they've been asked to address any care in adult day closures. As part of the emergency order associated with the prevention of spread of the infection Adult Day Centers were asked to be closed. This has continued for almost now a three-week time period and since adult day services provide pretty comprehensive services for their participants, we wanted to make sure with the managed care organizations any potential gaps in services were being addressed. This includes meals, it includes follow-up for any type of clinical needs and may also include the need to implement Personal Assistance Services to be able to cover some of the services Adult Day Centers provided. In addition, making sure that all participants have a workable back-up plan and it's a requirement that participants in the long-term care system regardless whether they are in the community or even in a facility have a workable back-up plan to make sure if there's ever a gap in services or if there's ever a missed shift et cetera participants will be able to receive the services they need in an emergent situations. This has never been more important than this type of situation where there will be staffing constraints and there will be disruptions of services and this also offers an opportunity to be able to evaluate whether the back-up plans are actually executable and if any other types of services may be needed to be able to cover like for example with respite, with facility placement, et cetera et cetera.

The CHC MCOs and their Service Coordinators have been responsible to work with individuals that they have a back-up plan that works and if it doesn’t, they would be prioritized for other services that would fill those gaps. And also, to make sure that a plan is in place that if an individual has to have a facility placement that they would be able to

transition back into the community upon the termination of the emergency period or whenever it would be reasonably appropriate for that return back to community.

Just want to reiterate on this call that the CHC is a community based focus program facility based services are going to be an important component of the long-term care system in Pennsylvania but we are always going to reflect the participants to be able to receive their long-term surfaces and supports in the community and that will be emphasized through this period and also when the emergency period is over.

And one day it will be over. Also to assess home items and medical equipment where this is important is to make sure they have enough food and household equipment so they are able to maintain safe residence in home in situations where there has to be self-isolation and also to make sure that the medical equipment they need for activity of daily living is workable and available for them so that they can live in their home safely.

Sorry for the slow transition folks but trying to make sure that I'm moving from the slide and not advancing too quickly. Quick update on the LIFE program. So, on March 17 the LIFE providers were instructed to close all 58 of the LIFE centers in line with the Adult Day Center closures. These providers were able to continue to utilize the clinics in those centers and able to continue to use the clinics in the centers for therapy spaces if needed and also to provide the necessary medical and therapy services. They are also responsible for making sure that there's service continuity and individuals will continue to receive services even if they are not able to go to the centers to be able to receive services in their homes. And OLTL has reviewed all of the LIFE provider emergency preparedness and made sure that they have adequately addressed all of what's needed for the participants to be able to remain safely in their homes and also maintain the social distancing and self-isolation that's been recommended by CDC and the Department of Health. We've also included communication to all providers that no service plan reductions are to take place during this time period and that is in line with the requirement we have in the CHC MCO to have no service plan reductions as well.

And then regarding the Independent Enrollment Broker (IEB). They continue to operate and they continue to enroll individuals in March for example they continued to, we have had a pretty drastic increase in enrollment in Home and Community-Based Services over the last several months and that actually has continued in March there's been a little bit of a dip from the February time period but there are a lot of people being enrolled into Home and Community-Based Services right now. The IEB has implemented initial in-home visits which is at the front of the process mostly telephonically. There might be circumstances where that's not practical based on cultural or language requirements or different requirements for communication but in most cases the in-home visits can be completed telephonically. Most Chicago a report of a positive case so they had to be quarantined. When people are calling into the independent broker their required to leave a voicemail and that voicemail is pulled down by remote workers who are able to respond within 24 hours. With some issues, technical issues associated with the voicemail systems that created some interruptions this has been working and they've been able to respond to a lot of the calls that have been received. We're very much interested in hearing feedback from the provider and the participant community on opportunities for improvement. I have to argue that in these circumstances in which the Chicago center is quarantined, the independent enrollment broker is doing a good job of managing the workloads in constrained settings. So, like with all of us, they are doing, I can really say with certainty,

maximus is doing their best and they deserve a lot of credit for being able to maintain operations even in a situation where they can't operate their call center.

They have an integrated voice response system or IVR that provides information and they have websites that continue to maintain operation for enrollment and also advanced plan selection for the community health choices program and they also have outreach teams with aging well that continue daily calls for physician certification so they are maintaining operations.

So, I do have a couple updates on the 1915 waiver application as well as 1915 for Appendix K. I don't know Barb if you think it makes sense for us to stop and answer any questions now for the previous updates or just go through the entire presentation, I'll defer to you.

>> Barb: Kevin if you're comfortable entertaining questions now that would be great.

>> Kevin: I want to make sure that will work with Meredith with Paula or with anybody else. It just might make sense before we get into appendix cases.

>> Speaker: Sure. Although what I may suggest the questions that I'm going to hold one question until you get through the Appendix K because I think it may be answered there but there is a question from Janice Meinert, and I apologize if I butcher any names. She has clients who are trying to get a copy of their FED. Is Maximus still able to send them in light of the quarantine?

>> Kevin: That's a very good question actually I'm not sure if Randy is in a position to be able to answer that question I would think they would be able to mail the FED or the FED would be able to be mailed regardless of the situation but if Randy is available to confirm that, that would be great.

>> Randy: This is Randy, Kevin that won't be any problem we should be able to mail the FED out if people need a copy. If you're running into a situation where they won't do that let me know and I'll make sure it gets done and I'll bring it up to aging well that they are allowed to go ahead and mail those out.

>> Kevin: Thanks Randy.

>> Randy: Kevin another update on the IEB. They are at the end of their 14-day quarantine in Chicago they are going to have some staff going back into the call center next week. They are also putting into place a system that will allow workers to work from home and actually have live calls going to their home. They will set up the electronics to do that. So, they should be starting to field live calls again next week, so they don't have to do so much voice message and returning the calls.

>> Kevin: Thanks Randy that's good news. Obviously, we would prefer that live calls be answered when calls come in as opposed to voicemails and if they are able to do that, for whatever technology they are able to use that really is good news.

Any more questions?

>> Speaker: I have --

>> Speaker: Go ahead.

>> Speaker: No, go ahead Rich.

>> Rich: I just a quick comment. We work, I'm an end user so we work with two providers PACC in Pittsburgh, to provide vocational support. They have closed down which is okay because our son is not going to work but he is telecommuting. I'm also on the HR committee with Achieveva, which is an OLTL approved provider, and we had an hour call yesterday and just as a case in point, they are doing a lot of things Kevin talked about. They've had to close their day centers, but they are readjusting staff so that they can make house calls to people who went to the day center. They are following all emergency protocol procedures, although in some cases it's difficult to get the right equipment. And there's a big intersection here I'm sure we won't discuss it at length at this meeting between HR policies and providers and they are doing a number of things to try to be flexible to balance retaining staff and at the same time ensure their safety.

So pretty positive phone call and I know they've had several conversations with the state. For example, one of Andy's providers is now doing an hour a day virtually supporting him that way versus in home visits. So, it's not great but so far so good. It's been an okay transition given the challenges. So that's just one perspective.

>> Kevin: Thanks Rich so we're hearing about rapid adjustments throughout our provider community and I'm very happy to hear the personal account that you've just relayed. But we're hearing from across the system how providers are adjusting their service models and they are letting us know they are doing it too and we appreciate that. They are adjusting their service models to be able to meet the requirements of a very rapidly changing long-term care landscape in this situation. And heartfelt appreciation to the providers across the system to be able to meet the needs of their participants.

Any more questions?

>> Speaker: Yes just to remind folks please try to, so Kevin to this point he hasn't gone into the Appendix K so some of the flexibility for some of the questions that are coming in are related to what could be done related to closures for Adult Day Centers and I think when he goes through the next section he will cover that. There is one more that's related to assessments and enrollment which I think is what he's talked about so far. This is from Jim Fetzner. Can Kevin clarify what the expectations are for assessments and nursing home transition for consumers that are in nursing homes and desire to transition out of nursing homes. Given the lockdown of nursing homes what is the expectation of the department as to how the MCO's are managing nursing home transition.

>> Kevin: So, the MCO's might be better equipped to answer that question in this type of situation. But it is very true that nursing facilities are largely operating on a, on containment. So, they are limiting the number of individuals who can go into the nursing facility including family visitors simply to minimize the risk of infection. And that would also -- I've asked people to mute their phones if they are not speaking.

So, you lost my screen hopefully it's back up.

>> Speaker: It's back.

>> Kevin: Thank you. The MCO's may be able to better answer that question. But the reality is that with nursing home transition in this type of situation we really have to focus on the health and safety of the participants and nursing home transition will be slow during this process simply because of the containment efforts on the part of nursing facilities to be able to limit visitors. Nursing home transition often requires a lot of visitation and that really has been constrained due to the risk of infection.

I don't know if we want to have the MCO's answer this question now about nursing home transition or during their own question and answer session provide an update how they are approaching transition. I think maybe the latter.

>> Speaker: Yeah, that would probably be better.

>> German: I have a question about your presentation this is German.

>> Speaker: Sure. German good to hear your voice.

>> Speaker: Likewise. Thank you for your full response. Last week on our questions. Turning more to today's presentation. About some points [indiscernible] We're going to speak more about the transition later I'll wait for that piece but I'm a little bit concerned about what you just said about the Nursing Home Transition. I do home some governors are looking to transition to release people on parole and such because how this confinement we have situations in New Jersey and New York that if people are in the transition phase it can be expedited if they are in a position. We will learn more from the MCO but about your presentation minutes ago, you put out about Personal Protective Equipment and that the MCO's are going to be providing this. At least on what timeline will we learn more about when those trainings are going to happen, what do they look like and when is the equipment going to be provided to agencies and you know direct professional workers and home care workers of consumer employed and agency, thank you.

>> Kevin: That's a great question. Just to restate your question. How will Personal Protective Equipment I'm just going to call it PPE using Personal Protective Equipment (PPE). How will it be made available via the MCO or through providers and how will training be offered on how PPE's should be used. So, I have asked the MCO's to be more engaged with the identification of vendors who could provide PPE in the long-term care space. As well as the actual acquisition of PPE. Providers themselves have also been very engaged and includes some care providers in nursing facilities that have been engaged in looking for opportunities for identification of vendors providing PPE or for the acquisition of PPE. The challenge to be perfectly honest is and everybody knows this on the call at this point at least I hope you do there just isn't enough of it to be had. So, it is a system wide challenge, it's a challenge for all types of providers and that includes the acute care providers and hospitals and all clinical settings and in the long-term care system.

Just to speak to this, one of the, we do have to emphasize access to PPE for the long-term care system because what we have found very quickly and this is something that's been shared across the country, long-term care providers regardless whether they are in the community or in facilities, not only do they have to provide PPE for protection of their residents but also allows for an opportunity where if they do have an infection, it's quite

possible that people can recover in their homes and residences without having to go to an inpatient hospital stay. But that's very hard to do, in fact impossible to do if there isn't people involved in providing care in long-term settings or without PPE.

If the staff themselves are at risk of infection or they themselves might be presenting a presenting a risk of infection what that ends up doing without PPE in the long-term care system, that it puts more pressure on the acute care system and the hospitals and those hospitals are already under a lot of pressure to begin with. So, it's a system wide issue. And there has to be a real conclusion for PPE availability in the long-term care system in the same way there has to be for the acute care system simply because of the fact that without it, it will put more pressure on the acute care system to be able to provide services related to the infection.

So, with that being said, this is an all hands-on deck challenge. Providers, MCOs, and anybody else who has any ideas where to get PPE, they are all, everybody is being asked to be engaged this that pursuit. With regard to training, so there are a lot of -- the Department of Health has resources they have offered with regard to training it's available on their website and also have individual contacts that are regionally based that can offer access to that training. In addition, and hospitals in some cases are engaged directly in offering training to long-term care providers and use of PPE and that's most specifically related to the N95 mask fitting. Somebody had told me a month ago I would be using these types of terms almost sound like I know what I'm talking about I would be shocked but I'm learning a lot very quickly as we all are. Department of Health is taking a lead on providing that training. In addition, there's been some training that's going to be offered in partnership with training vendor and Public Partnership Limited (PPL) during the direct care work force. There have been modules that have been developed to be able to offer training to the direct care work force if they are not working for an agency for those individuals who are participant employers for their own services.

So those trainings I think some trainings are already available and some are still in development. So, the trainings across the board are going to be made available so people know what they need to do. Those trainings are not limited to PPE, just to be clear, they are limited to all different types of infection control associated with COVID-19. And I hope that answers your question. That's a long, long answer to your question German and happy for any follow-ups very important question.

>> German: Very timely. If you could share the link or the directly to these trainings and we all just more information MCO I guess really you know a plea from those that are susceptible to this. I have a lot of information but most of very uncertain and the sooner some of these trainings are really disseminated throughout the community and long-term living facilities, it's very crucial as you well put it is extremely important as I already at the beginning of last month already started having my 75-year-old grandma not to the hospital unless needed. Avoiding needing to place ourselves in that environment is crucial thank you Kevin and looking forward to learning more as we go on.

>> Kevin: I couldn't agree more we'll make sure that with this, when this information for the MLTSS is published those links will be part of the links to that information you referenced will be part of that publication.

>> Jessie: Kevin this is Jessie from SCU can you hear me okay.

>> Kevin: Sure.

>> Jessie: One follow-up and I appreciate the answer on that. One of the challenges first of all I believe I'm not sure if you mentioned this but I believe the state has a portal that lists PPE vendors that providers can go to and our experience it's a bit of a hunt to try to find those folks but that the state is compiling a portal that we may want to share out with everybody that you can look go there and try to find vendors who may not have run or may have ways to get more gear or experiences that it's loosening up a little bit there's still a major shortage of it and we really need the federal government to act here and produce more of it. And to release the national stockpiles and we've been advocating the federal government release those stockpiles and they require companies to make the gear that we need.

But I just wanted to flag that there is a portal. The second thing and this is something I want to lift up that we've been trying to figure out how to get, one of the challenges is getting the gear ask the other challenge is getting the gear PPE out to the healthcare work force and home community-based space in particular. It's particularly challenging because people are all out there and if we can set up drop-off points and other kinds of things but then people have to get on public transportation and expose themselves more publicly to other environments, so that's a real challenge and in addition to getting it is to getting it out to people and it would be good to work in collaboration with the managed care organizations to strategize on that and if we have to mail, drop-off spots, volunteers or people dropping gear off at people's houses. That's something that would be good to dig in more on and try to figure out what kind of support we can get in help and trying to get the stuff out to folks.

And the trainings obviously universal precautions and using dawning of PPE, the big question is we can produce all those videos and I think that's useful for people if they can watch in their homes and videos produce a number of things for folks but also getting it proactively getting it into people's hands through alerts, text messages, mail is too slow but text messages, email, whatever tools we have that's going to take some focus and resources. So, the more we can get support from the managed care organizations or others to try to have the resources to get this stuff into people's inboxes and/or in their hands, that's going to be a critical piece of this.

>> Kevin: Thanks Jessie I think that's a really good point. The connecting point for this would be the managed care organizations and Service Coordinators to help identify ways to do outreach with distribution of the PPE. We will definitely include the portal link as part of the information that will be publishing for this session. But that will also look to the MCO's not necessarily to answer their approach to efforts for distribution of PPE but maybe to brainstorm a little bit on how communication could be managed so that they would be part of the solution for the distribution of needed PPE I think it's a really good point. And in addition to the Nursing Home Transition questions, maybe we could ask the MCO's to report back on PPE in general and the distribution of PPE.

We had a great discussion about this last evening. The MCO's universally have been open to like all of us we're open to any ideas to provide some relief in this type of situation and looking forward to their opportunity to be able to discuss their efforts in that space. So, thank you.

>> Speaker: Kevin there's several related questions and statements that I think when we get to the MCO portion would fit nicely especially after you cover the Appendix K. I think that's all the of the specifically around what you've covered so far.

>> Kevin: Great I'll jump into then going through the Appendix K component. Okay. So just as a matter of background and if Jen Hale is listening, she my cringe if I get this wrong but I'll state it anyway. In certain types of circumstances like with the COVID-19 crisis situation, our federal partners offer us broad flexibility when it comes to the operation of programs like community health choices and most specifically the 1915 (c) authority for community health choices which is the portion of community health choices that allows us to operate long-term care or Home and Community-Based Services via the managed care organizations.

Just as a reminder, community health choices operates under a 1915 (b) and (c) waiver, the (b) waiver is the managed care portion which relates to managed care organizations being able to have their own provider networks waiving any provider requirements and the (c) portion requires services that are not part of the Medicaid state plan so that's a wonky background description for what the B C waivers are. Appendix K expands our authority and the 1915 (c) by allowing for more flexibility in the components and also helps us to provide different kinds of guidance and different types of instructions to our managed care organizations and their providers in the way services are offered.

As noted here the flexibilities are outlined in K and we have published what that guidance is. We published that to the managed care organizations and we released what this guidance looks like on our LTL list serves to utilize in what's included in Appendix K. Getting into the components, for all waiver services, we required that no services may be reduced on the person centered service plan during the emergency period and that's except when requested by participants or their representatives. But it's also recognizing the reality that not all services may be able to be delivered during the emergency period and that's largely due to staffing constraints. I mentioned two examples of where staffing constraints may occur if unfortunately, that staff member has an infection, COVID-19 infection or childcare issues that could occur and transportation may also be an issue in certain areas, et cetera et cetera. But that being said we did have a requirement in person centered service plans to maintain some level of stability for participants unless the participant or the representative requested it.

We also have providers, we've made sure providers have flexibility to ensure delivery of crucial life sustaining services and also to delay less crucial services such as laundry and changing linens, et cetera. So, there's been a focus on service prioritization during this time period. And then MCO's may need to identify and prioritize services based on constraints or other types of critical issues so we've given the MCO's some flexibility to be able to focus on life sustaining services first and to make sure that there's an opportunity for engagement of informal for less critical issues through this process.

So, speaking in terms of reality reef allowed for flexibility for prioritization simply because we need it. It's in this type of situation, life sustaining has to be first. Personal Protective Equipment is also something that's been expanded we're allowed for paid district care workers to be able to access Personal Protective Equipment and it can be billed under specialized medical equipment and supplies under the program. We wanted to make sure it was clear that for providers across the system they can certainly partner with the

managed care organizations for the identification and acquisition of PPE but we're not saying the managed care organizations have the responsibility to be able to provide it. We want them to be engaged in the identification and acquisition of resources for PPE, but this is all a partnership and it's not just a partnership with the managed care organizations or the providers or other resources but also governmental entities like the department of human services and the Department of Health and also our federal partners as well.

Use of PPE is not required or appropriate for every participant so that's a way to make sure that it's clear that we're not requiring the use of PPE but in some cases, it does make sense to use especially for individuals who are certainly at risk. And notice here care workers employed by an agency we view the agency should provide the PPE but once again this is a partnership, we're all in this together for PPE and just in the entire crisis period and we're looking for opportunities to be able to do all this in tandem.

With regard to other specific services, starting with adult day, we're saying that long-term or continuous nursing may be provided as a separate service as a substitute for adult day services during the closure. For residential habilitation we're allowing long-term or continuous nursing to be provided as a separate service as well during the crisis period for residential habilitation to ensure participant health and safety and respite is also available in licensed facilities and it may be extended beyond the 29 consecutive days that currently exist as part of the CHC 1915 (c) waiver. And that's to support immediate health and safety needs for program participants and just to allow for flexibility that's just required during this unusual period.

For past or personal assistance services we have allowed on a temporary basis, on a temporary basis, spouses, legal guardians, and powers of attorney may serve as paid direct care workers and that's only for clarifying points when scheduled workers are not during the COVID-19 period and to dispense emergency back-up plan cannot work. So, they will be allowed to serve as paid care workers only during the emergency period and this short-term authority and I hope people are getting my emphasis here will be revoked after the emergency period is declared over. So just to be very clear we're doing this as an emergency space. To be perfectly honest for a lot of different reasons we're not completely comfortable with this but we're going to do it anyway because we know we have to. But it will end after the emergency period is over. We're doing it because of the very unprecedented circumstances we're working in.

So, we have expanded settings where services may be provided in multiple areas. For Residential Habilitation often referred to as RES has been and structured day they may be provided to the participants in their private homes and that is a change from the settings where they are normally provided. We're also allowing structured day services to be provided remotely using video conferencing or telephonic resources during the period. And that is video conferencing is a substitute that can provide some of the different types of services and it's just required because of the requirement that the governor imposed for social distancing and in-home isolation to prevent further spread of the infection.

Similar cognitive therapy is something that can be provided either via phone or video conferencing during the time period and behavioral therapy services may also be provided by phone or video conferencing.

Just a note on this we're going to pay attention to see how this works as well and get a sense whether or not it's fulfilling a need just to evaluate the broader opportunities for the service itself. But as of right now this is something that is truly offered during the emergency period. For RES HAB structured day staff who are qualified under any of these service definitions are able to be reassigned to be able to provide other type of services as well. We want to be able to make sure that those staff can maintain employment to say the least but we also recognize that in a situation where there's a constrained work force that help is needed so we want to make sure that flexibility was allowed as much as possible and for license RES HAB structured day and adult day living the maximum number of individuals served in a service location may be exceeded during the period as well and that's obviously for staffing constraints and also to recognize that there might be other setting related constraints associated with disease containment and the need to quarantine.

With regard to level of care assessments, needs assessments, and reassessments the initial level care assessments may be done remotely using a phone or video conferencing, so we do have a requirement now in the waivers for face-to-face. That has been waived during this crisis period to allow for telephonic engagement with participants so these assessments can continue uninterrupted. There might be some language or other types of requirements that may make this impractical I've mentioned this earlier, so accommodations are made in those circumstances. Comprehensive needs assessments may also be conducted via phone and video conferencing unless once again it's not practical. And then that could occur when a participant needs changes, when the participants requesting a reassessment or any other trigger event where it occurs right now.

For annual reassessments we do have a requirement that annual reassessments for long-term care eligibility occur every year. That's been temporarily waived so that focus for the managed care organizations and for the assessment can be on continuity of services and also making sure that participants are receiving the services they need. We want to make sure that the risk of interruption of services is carried through and that makes the annual reassessments less of a priority. They may go beyond the 365 days and provide no updates to the person-centered service plan due to the COVID-19 period and any existing person-centered service plan may remain in place until an annual reassessment can be completed. It's a continuity of operations similar to continuity of care period. At the end of the emergency declaration when it's declared over, Service Coordinators have up to six months to complete the annual reassessment of person-centered service plan. On the back end we're allowing for more time flexibility as well.

For person centered service planning and service coordination we're allowing Service Coordinators to monitor participants remotely via telephone or video conferencing where they would normally have been conducted by face-to-face contacts. Obviously, that's for social distancing purposes. Service Coordinators are encouraged to continue to do outreach with participants frequently and that's obviously to make sure that participant needs are being met and that there's no disruption of services during the time period if possible. But we are recognizing the reality that at some point there will be service disruptions.

The person-centered planning teams are also able to meet remotely kind of what we're doing right now and then the person-centered planning teams may also participate

remotely using phone and video conferencing and that's at the discretion of the participant as well.

Authorization for changes to person centered service plans, if delays are occurring while waiting for approvals, a documented email approval changes will suffice as authorization in this time period. Be curious to hear if the MCO happy to engage that during a time period and I may ask myself in addition to the other two questions we have captured but we are allowing for more flexibility when it comes to service authorizations. Validation of email approval was available will, also will allow for the back date of waiver service authorizations as well. Once the plan update is finalized the provider should receive official authorization through HHA exchange at some future date. Now with regard to retainer payments to address emergency related issues, we do the authority to have retainer payments for personal assistance services and that's for retainer payments for direct care workers in an agency and participated director models that may be when they are hospitalized or absent due to COVID-19. They have to have a direct relationship to the COVID-19 crisis and there will be more to come on how that will be accessed. Participant services container payments may not exceed 15 days and that's the number of days which we're authorized to do a bed hold in nursing facilities. We did a comparable retainer payment for personal assistance to what we're doing with nursing facilities simply to maintain the payments to the direct care work force and make sure that we're maintaining staffing requirements during and after the crisis period. And then we're in the process of developing additional guidance in this space as well.

I'm going to just highlight we're also exploring retainer payments for adult day services as well. We're not sure what it will look like at this point, but we are looking for opportunities to look for retainer payments and we're working with our federal partners internal budget office to see what that will end up looking like. ODP, our Office of Developmental Programs has a retainer payment in place and we're looking for a model that will work in a managed care environment and just a few outstanding questions, but we are working through that right now.

We do have a no visitors policy that is part of the Appendix K. Provider owned and operated setting where waiver surfaces are provided are able to restrict visitation to protect the spreads of the infection and that is something that had to be waived because of some of the of other service definition requirements that existed in the CHC waiver. Now with regard to incident management and provided documentation there is documents for ways to provide those document management and providers documentation. We won't go through all of that. If providers have particular questions reach out to managed care organizations or Office of Long-Term Living to get more details.

So our COVID-19 resources we encourage everybody and I mean everybody to go out to the very well designed Department of Health website to get the latest information on what's happening in Pennsylvania about COVID-19 they update this not just on a daily basis but literally an hourly basis and it provides you an idea of the best protective or disease mitigation measures that could be taken by you individually or by providers. Provide some of the latest guidance that's available through the Centers for Disease Control and provides you a pretty good update on the status of the disease in the state. It's a great guide for what you need to know during this period.

And then we also encourage you when it comes to Appendix K information or the 1135 waiver information associated with COVID-19 to look at the DHS website for providers and you will have a lot of questions that you may have answered by just reviewing that information and obviously we'll be happy to answer any of those questions today.

With that, I'll turn it back over to Pat Brady who will let me know if there are any additional questions.

>> Pat: Thanks Kevin. So, I'll start with mentioning that Teresa Hartman sent the link to the critical medical supply procurement website and I sent that out as a chat message to everyone. So, you will have that and as Kevin mentioned they will also send that out with the meeting information and there are a whole bunch of questions, Kevin. Several of these will really need to be covered by the MCO's so maybe I can just hold those until we unmute everyone from the MCO's to do their portion, but I'll start with there's a few that I thought perhaps you want to have Jen answer.

The first is -- not putting her on the spot. The first one is from Pam; I think you partially answered this could OLTL access the use of adult day staff and life staff not working now on retainer like ODT did and separate from that so they could be used as back-up direct care staff.

>> Kevin: That's a good question. We've actually this question has been posed so if a person is on a retainer actively working, Jen correct me if I'm wrong if they are actively working, they would not be able to access the retainer. We're not in a situation where we can do double payments. But they are certainly available and this is specifically for adult day they are certainly available for back filling employment and we are encouraging that and allowing for a lot of flexibility when it comes to provider qualifications to allow that to happen through Appendix K but Jen correct me if I'm wrong but we can't pay both.

>> Jen: That's correct Kevin and this is Jen Hale will OLTL policy hopefully you can hear me. You are correct and to further answer Pam's question which I think you touched on staff who are available to be allowed to cover other services as indicated in K. Especially for those adult day staff that currently are available to possibly staff other services like path.

>> Speaker: And then I think Pam a follow-up on that. Could retainer funds be able to be used with possibly any LIFE staff who may be able to direct care as back-up direct care workers?

>> Kevin: So, it's my understanding that the retainer payment doesn't apply to the LIFE program. The LIFE program continues to receive transportation for the services and there's been no change to that capitation regardless whether the center has been closed or not. So, the expectation as part of their emergency preparedness plan, they would be covering services needed for their members and they would be potentially using the employees of the center to be able to provide some of the services in the facility. The LIFE plan has a lot of flexibility and the LIFE plan is not covered under the requirements of Appendix K so that flexibility would be available under really the discretion of the LIFE plans themselves. Jen I'm not sure if you have anything to add to that.

>> Jen: No, that's correct, Kevin.

>> Speaker: Okay. So, then the next one is from Paula bear what is the official start date for allowing spouses and POA's to be paid caregivers.

>> Jen: This is Jen Hale again. Our Appendix K is currently approved by CMS for the time period of March 6 through June 30th. If the emergency extends beyond June 30th we will be required to do an amendment to extend that time frame but as of right now, the date in which spouses could start should it be necessary based on the guidance that Kevin went over today, that would be effective March 6 through June 30th which is the time period of our approval which could be extended depending on the length of the emergency declaration.

>> Speaker: Okay. The next one is not -- I'm not going to say MCO specific. Is from Jeff. Has OLTL received any guidance from OVR on what employment services are both available to consumers, also what employment supports including online or tele-options are billable for employment providers.

>> Kevin: That is a terrific question I think something we're probably going to have to take back as a follow-up. Jen unless you have more information. I actually think we have to do that as a follow-up unless you've heard otherwise.

>> Jen: No, I agree Kevin we definitely have Ed reaching out so that's definitely a follow-up.

>>Speaker: Okay. So, then the next one is from Pamela sliver do retainer payments apply when the participant is not hospitalized but quarantined due to COVID-19.

>> Kevin: Jen you will have to answer that if you know.

>> Jen: Sure, yes, the retainer payment would apply if the participant is quarantined due to a COVID-19 diagnosis.

>> Speaker: Okay. And then the next one that I think would be Jen item was is the state considering allowing telehealth teleconferencing for service coordinator CNA and other face-to-face assessment beyond the person to person spread infections could be mitigated. Also, participants will likely be reticent to allow people in their homes for a time beyond the emergency period.

>> Jen: So, at this point we are not looking to expand beyond the emergency period, but we'll certainly be evaluating that as things change and we are getting guidance about coming out of the emergency period. But at this time, we're not planning to extend these provisions beyond the emergency, the declaration of the emergency period.

>> Speaker: Okay. The next question is from Catherine Weaber. If we are able to do initial assessments telephonically does that mean we can also waive the physician signature before start of care?

>> Speaker: [Indiscernible].

>> Speaker: Could you repeat that.

>> Speaker: So, the question is you're allowing the initial assessment to be telephonically and one of the current requirements is a physical signature by the participant and the question is are you also waiving that requirement for the physical signature before they can actually begin receiving care?

>> Jen: Yes. CMS does give us the flexibility to waive the physical signature requirements. Where it is, could be obtained electronically that would certainly be allowable as well.

>> Speaker: Okay. Then the next question what happens if the participant has to tell their direct care workers to stay away and this is also from Pamela silver.

>> Jen: Can I ask for clarification so she's Pam is asking if what happens if a participant asked the tele-direct care worker to stay away due to COVID-19 diagnosis?

>> Speaker: Okay she was just saying -- she was saying that was a clarification to her earlier when she was asking about the retainer payment so it's already answered so you can skip that one. There you go. Next question.

Let me get rid of that one. Okay.

>> Terry: This is from Terry Henning. Hi. I thought Kevin mentioned there have been some additional Appendix K waivers that have now been approved. Were those included in today's summary and slides?

>> Kevin: Yes, they were.

>> Speaker: And then the next one please clarify participant eligibility status. It is our understanding that participants cannot be taken off of Medicaid unless it is at their own direction. We have received some communication from some MCO Service Coordinators this week about participants losing eligibility as of 3/31/20 and this is from Ford Allison.

>> Kevin: I can answer that one Jen. So we have given direction to the managed care it is possible the managed care organizations through a system of communication may have received notice of loss of eligibility but the direction is that that eligibility will continue and we have advised the MCO's and service providers to continue services throughout this emergency period because there will be no Medicaid case closures from eligibility perspective but there may have been systems issues that have made that difficult to stop. So, we are directed service continuity with the MCO and the providers but because there is no real loss of eligibility during any emergency period but there may be systems issues that may have made it look otherwise. But the MCO's and the providers have been given this direction.

>> Speaker: Okay. The next question is from Pam Walz do you know to what extent direct care workers employed by agencies are entitled to paid sick leave if they become ill with COVID-19 and do direct care workers employed through PPL have access to paid sick leave?

>> Kevin: So, this is being explored. We're looking for, we are waiting for a little bit more federal guidance as to how we can use some additional flexibility funding that's been

provided for this process and obviously one of the areas of focus for how that funding would be to support the long-term care work force and we're exploring it and can't say yes or no at this point but we are looking for every opportunity to be able to support the home community based work force as we go through this difficult time.

>> Speaker: Okay. I believe those are all the ones that would be specific to OLTL there's others where OLTL may want to provide some comments, but I think they probably would be better answered by the MCO's. So let me, I know we have certain MCO staff that is already unmuted and I think Randy is also unmuted so I can read the first question and Randy and the MCO contacts can go ahead and answer those and Randy I'll let you kind of direct what order and in the meantime I'm going to go ahead and unmute some additional MCO staff members. First question also from Pam walls is has OLTL asked for information from providers about whether direct care workers have access to PPE including mask and what the prior supply of PP is. Can there be an outreach to direct care workers through PPL to provide information about infection control and the use of an access to PPE.

>> Speaker: I actually think --

>> Speaker: Sorry.

>> Kevin: Let me jump in here first. I think Jessie touched on this issue pretty comprehensively as a question. And it may not be a bad idea for Randy to talk about communication with PPL and Jessie touched on some of the training opportunities that are developed in conjunction with PPL. But the issue of access to PPE might be something that Randy and the MCO's may want to touch on individually especially with regards to the direct care work force.

>> Randy: Hi folks this is Randy from Office of Long-Term Living. In regard to education with PPL we've a lot of discussion with them, Mike hill has been working directly providing information out to their direct care work force. I can follow-up a little bit more to see the exact information sent out to them whether they have sent out all the guidance on appropriate infection control and all of that. I'll verify that what went out. I've also had a lot of conversation with the home provider groups in regard to the information in this. There's always more information that can go out. As far as surveying the agencies of how many direct care workers have access to PPE equipment and educational materials, I haven't done that. And we can certainly follow-up with PHA to see what information they are putting out for home health agencies. And I guess I'll open it up to the MCO's to talk a little bit about the educational stuff they are sending out to their providers also. We can go ahead and open it up to AmeriHealth to answer that part of the question.

>> Patty (ACH): Yes Randy, it's Patty. So, we are working with all of our PPE vendors trying to ascertain their supplies and so right now we are, again, trying to get supplies. Many of the vendors haven't been informing us they do not have any supplies at this time. We have been provided been provided two new vendor names and Tonya and the team are reaching out to them. If we can purchase the supply we're going to, and then we will reach out with the service, the home health entities to find out how we can distribute the supply to the entity so that they can distribute to the direct care workers. Again, a lot of it is going to be based on supply that's made available to us. We have begun discussions with missy at PPL to try to find out if we are able to find a supply how would they be able to

distribute it. So, I believe internally at PPL they are trying to determine whether or not they would have a process to be able to identify who would need PPE and how they would distribute it. So, I believe that's still a work in progress.

>> Randy: Thanks Patty. What about PHW?

>> Speaker: Randy can you hear me now?

>> Randy: Yes.

>> Speaker: (PHW): We are still trying to facilitate how we will purchase supplies much like Patty we've got folks on the ground seeking it and again like Patty we're getting that same feedback it's difficult to obtain. However, on a national level we have been working closely, Josh loop and Justin are working with corporate to look at this from a national perspective and how we could get leverage of some of our vendors that way to get supplies to PA. So that's where we're at right now. More information to come in the next few days.

>> Randy: UPMC.

>> Brendan (UPMC): Hi this is Brendan from UPMC. Like the other two plans we have been actively looking for any and all sources we can potentially find to support our participants. We've been really going through our DME sploirs and supply chain and also talking to our system partners about UPMC, unfortunately we've identified very few sources, but we are continuing to try and identify them. We've been letting DHS know about the sources and trying to look at options around coordination distribution and opportunities to get that into the hands of the direct care workers and participants.

>> Randy: Thank you.

>> Speaker: Okay. The next question is from Chi Catalone. How can face mask we have staff quitting at alarming rate because we can't purchase or obtain them that was similar to what you just discussed related to the direct care workers. I don't know if anyone wants to add anything additional. No. Okay.

>> Speaker: Hi.

>> Speaker: It's [indiscernible].

>> Speaker: PPE so it's we're going to continue to search.

>> Speaker: Patty were you going to say something?

>> Patty (AHC): Yes. Just it was an earlier question that may tie into a little bit to the home health aide. There was a question about the challenges of obtaining signatures on the plan of care so I did just want to reiterate that the MCO's we did have discussions with OLTL early in the pandemic and what we have agreed is because we're doing telephonic assessments and we understand there's not the ability right now to sign the plan of care because we did not want to delay implementation of services, the Service Coordinators

are writing COVID-19 on the signature line that allows it to go through the system and implement the plan of care and any of the authorizations and then once the pandemic is lifted then we'll go back out and work with the participants to have an actual signature on the plan of care.

>> Speaker: Okay. Thank you. So, the next question is from Janelle Gleeson. In the slide it says Appendix K flexibilities are not applicable to all participants and are not considered broad changes how are providers supposed to activate those flexibility when they need them. Do they notify the MCO, need permission from the MCO before taking action authorized in the Appendix? Maybe Jen do you want to start on this one I know you've been working on policy and guidance.

>> Jen: Sure. We've been things have been changing we've been updating our guidance and trying to get information out on billing. I do think that this is something, these changes in Appendix K are on a case by case basis. They are really for individuals who are affected either directly with COVID-19 or indirectly because of staff shortages or closures of centers. For example. So, we really need providers to be information Service Coordinators on participants they are serving that would benefit from these flexibilities.

>> Speaker: Okay anyone else want to add anything?

>> Speaker: This is [indiscernible] In collaboration with DHS I think we've been working on additional verification that we would then get out to providers to be able to clarify how to engage on some of these specific activities.

>> Speaker: Thank you. The next question is from Rebecca shepherd. Will the MCO's supply thermometers to consumers so direct care workers can screen for fevers every day?

>> Speaker: I'll leave that up to the MCO how about UPMC?

>> Speaker: We have --

>> Speaker: Go ahead.

>> Speaker: Sorry.

>> Speaker: Andrew go ahead.

>> Andrea (UPMC): It's UPMC health plan I think this falls under the same discussion with PPE. We are alternate least UPMC is putting thermometers into our search as we talk to providers.

>> Speaker: Sylvia.

>> Speaker: I would have to agree with what Andrea said its part of the PPE we're just trying to get ahold of whatever we can find.

>> Speaker: All right AmeriHealth?

>> Speaker: Ours would be similar answer I think the only other challenge would have to be trying to define who would need the thermometer as well as kind of the delivery of the thermometer.

>> Speaker: Thank you.

>> Jeff: Okay the next question is from Jeff Iseman can the MCO's advise what they pay for during COVID-19 period for disability employment for CHC.

>> Speaker: You kind of cut off there I couldn't hear you.

>> Jeff: Okay. Can, this is from Jeff Iseman can the MCO's advise what they pay for during COVID-19 period for disability employment for CHC.

>> Speaker: [Indiscernible].

>> Speaker: Take an answer on that one.

>>Kevin: I think we have I have a clarifying question Pat this is Kevin. I wonder do they mean the community health choices employment related services, or something related to the long-term care work force? I'm not sure if that's obvious in the question or not.

>> Pat: Jeff, can you provide some clarification on that? We'll move on to the next question and then we'll circle back.

So, this one is an OLTL question. Will OLTL be issuing guidance regarding spouses, legal guardians, et cetera, serving as paid care workers when scheduled workers are not available. What documentation is necessary to justify, can agencies begin to implement, and this is from Ford Allison.

>> Speaker: Go ahead Kevin.

>> Kevin: No Jen please go ahead.

>> Jen: This is Jen Hale again with OLTL policy so we do plan on issuing updated guidance that will touch upon the topic of spouses and paid care paid direct care workers during this emergency period, so we hope to have that out soon definitely this week.

>> Pat: Okay the next question is for Kevin and Jen from Karen coke. Spoke of needing guidance for the Fed.

>> Kevin: Is she talking about funding guidance or guidance with regard to different types of services? I'm actually not sure which guidance she is questioning this is Kevin.

>> Pat: We'll see if Karen provides additional information. Jeff did provide a little more clarity on his question for the MCO's just consumer employment supports and services under CHC.

>> Kevin: To restate the question, are the CHC and MCO continuing to offer as part of service plan the five employment services offered under community health choices and I guess the MCO's would be able to answer that question. I'll turn it over to Randy to facilitate that.

>> Randy: Thank you. Let's see who do I pick on first PHW.

>> Speaker: Okay. Would need to get more information on that case by case basis depending where the person is in their services they are receiving. But again, of the five CHC employment services, we would just need to identify what service is being provided, how it's being provided and is it meeting the objectives of the person's plan.

>> Speaker: [Indiscernible].

>> Speaker: Just before we let go Anne go Randy a clarifying question for you. Has there been any interruption during this crisis period? It's probably case about I case depending on the provider.

>> Speaker: Right Kevin to my knowledge there has not been any disruption in services we have been notified of.

>> Kevin: Thank you.

>> Rick: This is Rick. So, employment services from our provider through UPMC which was PACC has been cut off all together. So that is a disruption in service. Now they are not working in the office so it's not a major disruption for us but that I guess would be a disruption of service.

>> Speaker: UPMC I'll leave it up to you to address that.

>> Speaker: Brendan.

>> Brendan: So, I thought David was going to chime in here. I think the issue is a lot of the providers have actually stopped some of the services.

>> David: I was trying to unmute I apologize.

>> Speaker: David go ahead while David is trying to unmute, I can chime in. A lot of the providers have been closed at this point and so utilization has really dropped off, so I think there has been some disruption in that regard but a lot of it's on the providers actually stopping services.

>> Pat: Okay. So, the next question actually the person we asked --

>> Speaker: Pat.

>> Speaker: I'm sorry Randy.

>> Speaker: We have -- Randy we have not stopped anything. Again, it's similar to the others. It's more of us running into a situation where a provider is not providing the service not everyone is allowing people to go on-site for some of the employment services.

>> Speaker: Right.

>> Speaker: But we're working with providers and again we're following any guidance they provide to us. We have encouraged we will embrace any provider creativity they would like to suggest to us.

>> Speaker: Thank you.

>> Speaker: And again, some providers have indicated to us that they are defining as what is essential and right now some providers, they have kind of I guess deemed internally that something such as job coaching would not be deemed as an essential service during the COVID-19. So again, it's just open dialogue between us and the providers of the employment services.

>>Rebecca: Patty, Rebecca Shepherd a clarifying question for you. Will AmeriHealth distribute PPE to both home care agent sigh as well as home health agencies.

>>Patty (AHC): We would follow suit as all three MCO if supply becomes available to us, then I know for us we'll look at our authorizations to see what entities are currently providing services to our participants and then we would just reach to those entities to determine their needs. So, it would be an individual case by case with each provider but again that is contingent upon supplies being made available to us.

>> Pat: Okay. The next question is from Jeff eyes man and it's lengthy so I may break this up into sections but related to civil rights. If consumers are being moved into less integrated more institutionalized settings that is inconsistent with their service plans and wishes, this violates their civil rights. Who is the staff person for OLTL designated to address civil right complaints for the OLTL waivers and Act 150? Then there's an additional question.

>> Speaker: AmeriHealth do you want to answer that?

>> Speaker: I guess I'm not exactly sure of the statement. I mean we're trying to ensure everyone's civil rights. Jen Rogers, I hate to throw it to you, but I'm not sure Randy, unless you have something, I guess like a specific example but we're working hard to ensure everyone's civil rights continue during the pandemic.

>> Speaker: Yeah yeah are they going to give her a transfusion.

>> Speaker: Somebody is having another conversation.

>> Speaker: Somebody who is unmuted is having another conversation which may --

>> Speaker: Okay.

>> Speaker: So Pat I don't know if you can read the question again. I mean I think we're all working, you know, to make sure everyone's civil rights remain intact.

>> Speaker: I think if someone wants to be in a less integrated setting but as a result of COVID-19 perhaps because of lack of staffing and if there would be movement of individuals who wanted to remain at home if they were moved into a congregate setting which is not what they wanted, and I think they are actually asking within OLTL who is designated to address those civil rights complaints. Okay because I would think we would not force someone into a congregate setting if it's not what they wanted. I know people are looking to transition out such as the Nursing Home Transitions, we have completed some of those, but again, we're having, you know, kind of really clear discussions with individuals that if they want to transition out from a setting, which is nursing facility et cetera, that they clearly understand that they would be transitioning during a time of isolation. You know, we can't ensure that there would be enough food supply, you know, at a local grocery store, they would not be able to rely upon certain community supports they would need whether it be a church, community center, you know places of socialization. Most of those are closed. So, you know, we would have those discussions and if a participant still indicated after all of the discussions that they would still like to transition out, then we certainly would assist them with that. I'm not aware that we have moved anyone into a congregate setting that they would not be in agreement with. But again, if you're talking about a broader protecting civil rights then yes, I think it may go back to -- I'll pass the question back to Randy.

>> Randy: Yeah I think that you know the discussion we had especially centered around NHT we would continue the process or work with people to transition out with the caveat that they needed to be provided the understanding if they do that that there may be service limitations in the community because of what's going on. So, it's more of an ability to give people an informed choice and if they are still looking to transition out, we are still allowing that to occur. Now if there is any situation where somebody thinks their rights or civil rights have been imposed upon, the department would certainly handle that through our normal legal channels and our normal policy channels if a complaint came in.

>>Kevin: Do you mind if I answer that a little bit Randy this is Kevin.

>> Randy: Sure.

>> Kevin: The governor made published a declaration about protecting the civil rights for access to care which included expressly included individuals with disabilities having civil rights protected. We want to know as quickly as possible if anybody feels in any way access to care was in any way undermined by disability -- other related conditions. So just to be very strongly clear, please do not hesitate to reach out to the Office of Long-Term Living in any such case. It's critically important we get ahead of anything like that as quickly as possible.

>> Speaker: Kevin would that be the participant hot line?

>> Kevin: Best place to start would be the participant hot line which I'm not sure we have on this presentation but that's a number we have widely published.

>> Pat: Okay. Thanks.

>>Anna (PHW): Kevin, this is Anna. At the MCO level a consumer would also have their complaints and grievances processed as well if they escalated that and that would be reviewed and investigated by the complaints and grievances department just throwing that out extra information for consumers if they were concerned.

>> Randy: All MCO are continuing with their complaints and grievances processes and as of today the burr bureau of hearings and appeals is instituting those to go through the process. There's a number of ways this type of situation could be reported for the department to handle. At this point in time I have not heard of any cases where we're placing people in nursing facilities or in other types of facilities for the reason that we can't provide services for them. But or against their Will. If there is an issue that comes up again, I'll reiterate what Kevin said please let us know because this is something we take very seriously.

>> Pat: Okay thanks anyone else want to add anything on that question? If not, we'll move on.

Next and not necessarily a question but a statement comes from Anastasia Andries. I'm writing on behalf of AAA medical we are one of the very few true telecare remote care providers. We have received zero calls which is surprising given the situation. We wanted to increase awareness of our existence and please let us know if we can discuss services and then she provided their contact information. So, we can pass that along.

>> Randy: Yeah Pat if you can get me her contact information this is Randy. If you can get me her contact information, I will pass it on to the three MCO's and ask them to do outreach.

>> Pat: Sure thing. I will do that.

>> Randy: Thank you.

>> Pat: Next question is for I guess actually another statement from Tara. Regarding disruption of supported employment services for our participants I am a provider. Our participants have called off work for the extent of the pandemic or employer has closed due to social distancing guidelines. So that's one of the impacts on supported employment. Next question from Janice minor. How often are CHC plans directing their SCE's to contact their participants. We have spoken to clients who have not heard from their SC in two weeks.

>> Randy: This is a question that came up yesterday on a phone call that I was going to reach out to the MCO's but since we're raising it now, AmeriHealth all three MCO I want you to address whether you're directing your SC's to reach out more frequently than what is normally required, are you prioritizing the cases or the participants that you're doing more outreach to so can you talk a little bit about that and we'll start with PHW.

>>Anna (PHW): All right. PHW did initiate a pretty aggressive phone campaign beginning three weeks ago. We required Service Coordinators to make weekly outreach calls. Of those calls the percentage of response has been fairly positive. We also have consumers telling us they don't want to be called every week. And we're documenting that as well. We are giving those statistics to OLTL. The first week it was regularly I think now Randy it's

once a week, I think. But we're tracking them daily internally at the health plan but so far, we've had pretty good response and that will continue. At this point we are still doing weekly wellness calls until further notice from leadership.

>>Speaker: Anna on that when you talk about success rate of making calls, the number of calls you made but are you also counting the number of participants you've actually talked to or the combination of participants you've talked to, families you've talked to or left voice messages.

>>Anna (PHW): That's correct we have successful, unsuccessful, and three further attempts. After the person has been, had three attempts if they are still not being reached, we are escalating that to their home care provider, their meals provider, anyone that may be seeing them on a regular basis to determine if there's any issue. We're also running that up against the missed visit report to see if the person has turned away services. And thus far we've a few, a few I mean less than a dozen that I'm aware of where we've escalated a little further as to what do we need to do to reach out to this person and we find out they've gone to stay with their daughter and they are just not at home and answering the call and we find that out for example through an adult day provider that is no longer doing services with them temporarily. So that's how we're approaching it.

>>Speaker: Thank you. All right Patty from AmeriHealth.

>> Patty: Yes. Would you mind unmute be Jen Rogers.

>> Pat: Jen should be unmuted. She's showing she is on my side.

>> Jen (AmeriHealth): Hi can you hear me Pat?

>> Pat: Yes, we're good.

>> Jen: So, the original question was outreach frequency to participants because of the COVID-19 pandemic. And as Anna said we've also been reporting outreach attempts to OLTL on a weekly basis and we are kind of stratifying outreach based on those individuals that were previously attending adult day they were obviously high priority. As our folks that are already in unstable or members of vulnerable subpopulations so outreach attempts obviously will be in touch points really will be more frequent for those individuals. But as Anna said we're getting feedback from participants that they are choosing to manage with informal supports they don't want to make any kind of swap outs to their person centered service plan for alternative services to manage and mitigate risks during the outbreak so we are following those participants and honoring their wishes to not call more frequently but to adhere to what's already established as the contacts required by the agreement. So, if the person who answered the question has specific examples where there hasn't been a successful connection between the service coordinator and the participant and there needs to be, by all means please get that information to me personally or to OLTL who can send it over to us. We're trying to not be overly invasive to folks if they don't want that but also open the lines of communications to, between the participant and the service coordinator to increase check in where it's helpful. So, I think that's our guiding principle where it can be helpful. Absolutely we can have more frequent check ins.

>> Randy: Thank you Jen, Brendan.

>> Brendan: I'm going to actually throw it this over to Mike Smith.

>> Mike: Can folks hear me? Can people hear me?

>>Speaker: Yes, go ahead Mike.

>> Mike: Okay great thanks for that. Yeah, we're following suit with more closely aligned with what AmeriHealth is doing. We have currently contacted most of our participants and updated their back-up plans as part of the contact work that we're doing. That's been a major push to update that information not just we have that already on file but we're actually checking to make sure that all of your information is accurate and current. And then we are triaging based on those contacts, how often and frequently we'll be contacting those individuals. So, it is stratified approach. We are certainly very concerned about the adult day folks. Individuals who might be on ventilators who have high needs, who have nursing services, who have chronic conditions so we're trying to be mindful of a lot of different data elements and areas of need for participants so that we're comprehensive in our approach. As Anna said we're checking that up against our service disruption list. We have a lot of folks who do not want additional staff coming into their home to reduce exposure. And are sheltering in place so to speak with their family and it's been very successful at least in the early days here. But we're keeping our fingers crossed for the future. But yeah that's our contact approach.

>>Randy: Thanks Mike and Janice this is Randy if you have any specific cases, go ahead and send them into me and I'll work with each of the MCO's to determine if the outreach has been done and what's going on with it.

>>Speaker: Okay. And Janice said she will do that Randy thank you.

>> Pat: The next question is from Lloyd. What provisions are being made to receive OLTL don't receive services in their home or healthcare settings such as assignment and use of scarce ventilators.

>> Kevin: I think we already answered that question. The governor has made clear in the delivery of services that that there will be no discrimination we understand that the MC's have acknowledged this as have service providers and we are asking if there's any fear of discrimination or violation of civil rights, et cetera, that they are reported to the Office of Long-Term Living as quickly as possible.

>> Pat: Okay. And that is all of the questions that I have at this time related to your presentation.

>> Kevin: Thank you. Actually, very comprehensive questions. I think we do have a couple of follow-ups that would have to be addressed and we'll address them to the larger group, and we'll get that information out as quickly as possible. But we appreciate the continued opportunity to be able to talk through these issues, recognizing we may not have all the answers as we move through this process. But we're certainly very open to suggestions and we'll continue to communicate what guidance we may have and what changes we need to make because of the changing landscape on the ground so that we can be as agile as possible when we're trying to navigate through this crisis period and

also continue to offer life sustaining long-term surfaces and supports without any interruption and with that I'll turn it back over to Barb.

>>Pat: Actually, so Kevin I did get two more questions that just came in before we go back to Barb. So, the one question is related to are there any, is there any leniency with some of the PPD requirements like tuberculosis testing and that's from Catherine Weber.

>> Speaker: I guess this is Randy. This is in regard to the PPV testing and other background stuff that needs to be done on hiring employees? I think Jen Hale will be able to answer that for us.

>> Jen: I think the PPD I would have to go back and follow-up on the PPD question. We are looking to put out guidance related to provisional hiring which is something that OLTL currently practices through our chapter 52 regulations. So, we will be looking to put out guidance in the near future on FBI background checks and things of that nature. I will have to go back on the PPD question. I don't know that it's been brought up or talked about, so definitely we'll get back on that and include that in any guidance we put out.

>> Pat: Okay thanks Jen. And then another question from Pam. Is there any clear guidance for people who use ventilators to protect them if they should need to go to a hospital?

>>Kevin: Could you repeat that, Pat.

>> Pat: Sure. Is there any clear guidance for people who use ventilators to protect them if they should need to go to a hospital?

>>Kevin: I think I just want to make sure I understand this is Kevin. What she's suggesting for vent dependent individuals who are receiving services in the community what do they need to do if they need to go to a hospital for support. So, the question I would have clarifying question I would have is are we asking for guidance for those individuals when they are in the hospital or when they need to go to the hospital. I'm not sure Pat if that was clear in the question as it was asked.

>> Pat: Okay. Let me, Pam, is probably going to pop up here in a second on whether it's when they are in or whether they need to go. She said both.

>>Speaker: I think a lot of that decision they work with their personal PTP and within the medical system and [indiscernible] To the hospital and I think that would be controlled through working with their doctor’s order.

>>Kevin: This is Kevin I agree. I think it's really the part to do general guidance because those, case by case really depends on the individual's needs and they really need to talk to their healthcare provider to get that guidance that would be specific to them. I actually don't think you can provide universal guidance for these types of situations.

>> Speaker: I agree, and I think in general that's probably the same thing I would have for the population. If you feel you've had signed or symptoms and you want to be tested I think with the direction has been that you go through your personal care physician, you work with your medical team to make that determination whether you should go to the

hospital, whether you should be tested, again I think that's all on an individual basis of people working with their medical teams.

>> Pat: Okay. The next question is the phase 3 -- from Teresa Hartmann is the phase 3 CHC continuity of care period extended?

>>Speaker: Let me answer that because I've had some discussion about that. At this point in time we've not had much internal discussion about that. In reality if we're still in this crisis scenario that we're in past June 30th, we've already told the MCO's they can't reduce plans so in effect the continuity of care keeps going whether we officially keep it going or not I don't know at this point in time it's something we'll have to evaluate going forward. But if we're still in the crisis mode after June 30th, then we have in place that no plans will be reduced, and no changes will be made to the services. So, we're actually covered with that just by the direction we're under right now.

>> Pat: Okay.

>> Speaker: I agree.

>> Pat: Thanks. And Pam provided a little more clarification so the fear is to protect the participants so they do not lose their vents at home will the MCO's protect their home vents while they are in the hospital.

>>Speaker: Okay so that's definitely a different question because I know there's concern out there about the supply of ventilators. So I don't know if the MCO's have thought about this I don't know if the DME companies have thought about this, but I'm going to turn it over to the MCO to see if they have any thoughts at this point or if it's something that we need to research on a case by case basis. UPMC I'll let you take an answer at this.

>>Speaker: I'm just, the question clarification on the question, Pat, was that the idea here that the vent is subject to be taken from the participant.

>> Pat: Yes.

>>Speaker: Because they are not on it and therefore the DME would recoup it.

>>Speaker: Yeah. And I guess --

>> Speaker: [Indiscernible].

>>Speaker: Back home they are not going to have their ventilator at home or wait until they could get their ventilator back again, I think that's the concern.

>>Speaker: I'm going to punt to our provider networks folk, Andrea, I'm not aware of this issue being of concern at this point. I would think the equipment would stay in the home, but I will let that, see if Andrea has anything different.

>>Andrea: Thanks, it's Andrea. we will check with our DME providers though I don't know they would remove a vent from the home because the person is in the hospital but we'll definitely follow-up on that. To ensure they would have their vent when they got home.

>>Speaker: Thank you. PHW.

>>Speaker: I'm sorry can you hear me?

>>Speaker: Yes.

>>Speaker: I'm sorry. Yes. I'll agree with Andrea and it would just be a case by case basis. It really hasn't been discussed thoroughly but good question we'll follow-up on it.

>> Kevin: All right. AmeriHealth. Randy before we leave PHW this is Kevin what they are looking for is an assurance their vents are not going to be repurposed because of an inpatient hospital stay by somebody who is a vent dependent individual in the community. I think that we don't know policies any type of -- as a department we would not -- we don't know of any policies by a DME provider to ever repurpose a vent for people when they are in the community so I don't think there would -- it's hard to just to make sure when we're providing clarification we're just clarifying that no provider of vents would ever repurpose, we're just confirming that no provider of vents would ever repurpose a vent while a person is in an inpatient hospital stay and that's where we're at.

>> Speaker: Gotcha. Gotcha. I mean I can't imagine that would happen. But we would advocate for the consumer to be able to continue to have their equipment.

>> Speaker: [Indiscernible].

>> Patty: Randy it's Patty. I'm communicating with our UM team right now because that's a great question. And our team we have not received or been provided any directives that would change what is the current policy.

>> Speaker: Okay.

>> Speaker: I think that would be good for all three of you to have your DME companies to ensure that's not going to happen.

>> Speaker: Hey Randy.

>> Speaker: Can you hear me.

>> Speaker: Yeah.

>>Speaker: So, for AmeriHealth Caritas and Canadian health choices we do not take the vents back if somebody is hospitalized that is not part of the policy and to Kevin's point that is not, I don't think you're going to run into that across the state. So, the ventilators stay in the home of the participant.

>> Speaker: And Melinda Everhart from the PA association of medical suppliers is participating, and she sent a note saying our providers have not typically remove a rental ventilator from a consumers home unless there was a prescription/order to pick up the equipment by a physician unless the inpatient hospital stay was extremely extended. And then if there's any additional questions she provided her contact information and I can send that also to you Randy if you would like it.

>> Randy: Yeah that sounds good. Thanks Pat. Thanks Melinda.

>> Pat: All right next question is from Rose Warmund. If N95 is needed to be used to support a past participant would the past worker be allowed to provide care.

>> Speaker: Get off.

>> Speaker: Sorry I guess I'm not understanding the question.

>> Speaker: Rose would you be able to clarify. Sounds like you're saying that if the participant needs to be wearing N95 mask, is there any restriction from the past worker being allowed to provide the care? I guess is it someone who is confirmed with COVID-19 or is it some other instance where we're just not quite sure. If you could provide some clarification. Okay. If a past participant is so sick that the past workers should wear a mask, how would the agency support the fit on that respirator. And provide training and et cetera. So, I think if it's someone on wearing a respirator.

>> Speaker: [Indiscernible].

>> Speaker: Yeah, I guess that comes back to the educational piece what the home health agencies are doing. If they have a participant that either has been tested or is ill enough, they think they have COVID-19 and worker has to wear the N95, I think that comes back to the agencies responsibility to make sure they are providing appropriate equipment. And training to use it.

>> Kevin: So, as I mentioned earlier this is Kevin, sorry my cat often makes I guess appearances in these conference calls. It's embarrassing and hilarious at the same time. So, the Department of Health has resources for appropriate training for the use of the equipment and hospitals are offering training for the use of protective equipment as well. So, we'll make sure those resources are available, so the people know what they need to do to be able to get that training. There is fitting requirements and some training especially for the N95 masks so it's pretty important for people to avail themselves of this to make sure they are using the equipment properly. So, we'll make sure those are available. a

>> Speaker: Right. I think Rose just wanted to clarify that they are a home care and not home health or nursing agencies I think they are especially sensitive to making sure their staff has the correct training. Okay. So now that seems to be all of the questions that have come in.

>> Speaker: Hey Pat.

>> Speaker: Yes.

>> Speaker: I had a couple of questions that came in from committee members that were having audio issues. Can I read them.

>> Speaker: Okay.

>> Speaker: Sure.

>> David: The first one is from David Johnson. Are SC's given any additional training in identifying unmet behavioral health needs rtd to the pandemic and continuing to refer to the behavioral health MCO.

>> Speaker: I'm going to let the MCO's answer that. They should have received training all along in regard to identifying behavioral health related issues and needs for behavioral health services. Obviously, we expect there will be more issues with this especially as this pandemic stretches on. So, I'm going to ask the MCO's to talk about how they are addressing needs for behavioral health services and how they are making the SC's aware of that. AmeriHealth?

>> Speaker: Yes. So, we are continuing and Sarah and our BH team continues our liaisons continue to work closely with our SC. We continue the pH Q90s making referrals to the BH coordinators and we have continuing ongoing dialogue between Sarah and our team with the BH MCO's and Jen do you want to go ahead and add any additional comments?

>> Speaker: Can you hear me Randy?

>> Randy: Yes.

>> Speaker: Go ahead, Jen.

>> Jen: What Patty just covered is exactly what's going on I think the important thing to stress here though is like all of us, there's so many rapid changes that are happening because of the pandemic. So as resource availability changes, and service delivery needs to change, to flex to being safe, we're trying to stay on top of that information and get it to our Service Coordinators and I think that's across all three of the plans working closely with BH, MCO, to make sure there are open lines of communication where those changes or updates can be communicated as clearly and timely as possible given that's hard on a good day but we're availing ourselves to updates and information and then cascading that information down to our service coordination teams. Like Patty said by way of our BH coordinators.

>> Randy: Thank you. PHW.

>> Speaker: Hey Randy. Yep, we have our BH coordinator Heather Clark is meeting regularly weekly with the BH MCO's. She keeps continuous communication with them. Recently this past few days she provided some website updates that we're initiating for additional supports around behavioral health needs people may have and Service Coordinators have been given information to support the participant if they are having symptoms of depression from being in the home too much and including caregiver supports. We get a lot of information over to PHW around caregiver supports formal and

informal and we're disseminating that to Service Coordinators so they can share it with the individuals when they are doing wellness calls.

>>Randy: All right thank you. UPMC.

>> Speaker: We're doing much of the same as the other plans. I think just would add our Service Coordinators have mental health, first aid training which is pretty extensive training around behavioral health needs, continuing to fill out the areas of our assessment that are associated with that. During the back-up plan updates we are certainly talking to participants about that and we do also have morning and evening sessions morning sessions where staff are basically starting off the day with a brief update and we also provide daily update in writing to them where we lay out behavioral health updates that are coming out of the MCO's, BH MCO's 'we meet with them, our coordinator John McFarland is getting that information. We are having real time communication with all of our SC's and providing that information.

>> Speaker: Thank you. Meredith.

>> Speaker: I had two more questions from Michael Greer. I know that everything now is COVID-19 but during the past two months we talked about the development of an informed choice subcommittee wondering where we are at in putting that critical component together.

>> Kevin: We do have some -- this is Kevin we have some recommendations that we are considering as part of the program but to be perfectly honest it has been moved on the agenda. We will get back to it as soon as we think we can but we have really been focused on, we have really been focused on addressing the COVID-19 requirements but we will definitely get back to it as soon as we think we have a window to do that.

>> Speaker: Okay the second question he had was have there been any discussions regarding rationing of caring of the MCO's.

>> Speaker: Before they would weigh-in for something like that, we have not talked about rationing of care but certainly care prioritization focusing on life sustaining care requirements for participants. So we are not, there's no discussion of rationing but there is definitely a discussion of putting all energy and focus on supporting the services that are truly life sustaining like nursing facility services personal assistant services and the MCO's can talk about how they are approaching that that Randy if you think that would be a good way to respond.

>> Randy: Yeah I think that makes sense and we have asked and as the MCO said earlier when they have done outreach calls prioritization has been to folks like who were in adult daycare services and have since closed so they have been prioritizing but I'll let the MCO's talk about any other issues regarding that. UPMC.

>> Speaker: Yeah I think actually the guidance that is out there and the approach that has been stated is the best one to this point is that you know we are looking at the circumstances around the prioritization of needs as this unfolds and as the general work force is available. So, it's not about rationing, it's about point in time making sure that people have services that are life sustaining as Kevin said. So, you know that's really our

focus. It's not about rationing. So, we're not reducing services as stated in terms of services, service plans so we're not rationing from that perspective. What we're doing is managing resources moving forward and making sure that we have just in time care for folks that need it for life sustaining services as this unfolds. So, I think we put a number of options on the table and has been discussed today from the Appendix K which allows us to expedite enrollment of folks that may need to be brought to the table to bear on circumstances. As a matter of fact one of the things that hasn't been really talked about generally the expedited enrollment of PPO workers we had a situation of that just recently and so there is -- there are cases where we're going to need to quickly act on behalf of participants and it's not about rationing it's about point in time needs being met.

>> Speaker: All right. O*Net health.

>> Speaker: I believe it's the same. We have not encountered any situation right now at this time that has indicated that we would need to ration. We are prioritizing services. Again, as we become aware of the situation, especially making sure that as we have done the recent Nursing Home Transitions, we have transitioned 11 individuals since early March into the community. Again, we're just kind of making additional follow-up calls to those individuals as they would be of high risk especially those that have chosen to move into the community in an apartment and without you know with minimal family support. So, we continue to look and prioritize. We have also again the three MCO's to touch base daily. If we would all become aware of an entity that is providing services to all participants, if they would find a challenge with the work force then we would work together in unison to help prioritize the services are afforded to the participant at the highest risk.

>> **Speaker:** PHW.

>> **Speaker:** Yeah. I would say that similar to Patty's comments but in addition to that, I guess I want to echo Kevin's earlier comment about just how impressed he is on the system. We're seeing that as well. People are initiating their back-up plans and while this is a crisis, we've had providers step forward and say if you run into an issue and a provider can't do services, we can give you an update on our capacity and help out, especially in the Philadelphia and Pittsburgh areas we've seen that. But we do have coverage across the whole state if that's the case. At least today. So, we have not done or seen any requests for reducing services. We have not seen any of that yet from anyone mostly consumers are identifying their needs and we're also asking home care providers that we're involved with and pH A to help us identify what the volume is of consumers that are choosing to turn services away and that appears to be greater number of individuals than the worker situation that we see. At least today. It's obviously can change but at least today Randy.

>> **Speaker:** Okay.

>> **Speaker:** Randy I have a follow-up question from Amy Lowenstein that ties to that as the CHC MCO prioritize needs in light of a work force shortage it sounds like there could be a point where PAS workers may be moved from some participants to others regardless of MCO reluctance to do so. What notice will be provided to the participants whose direct care workers are shifted to others in these circumstances.

>> Speaker: All right [indiscernible].

>> Patty (PHW): Yeah Randy It's Pat. I'm not quite sure of the question. We would not be directing a worker to move from one participant to another. We would be working with entities and if they make us aware that they are having staffing challenges, we would work in partnership with the entities to understand what work force they do have and availability. So again, it would be a partnership, it would not -- I don't envision us ever calling an entity and saying we are telling you to move your worker to another participant. I think it's more the situation if we're made aware by an entity or a participant that a worker is no longer available, how could we work together to see if the current work force can kind of be reassigned but that would be a partnership we would never direct someone to make that happen.

>> Speaker: Thank you. PHW.

>> Speaker: Agree with Patty we would never do that. In the situation of agency model and home care we are the payor. Agencies operate their businesses with their own business model and if they move workers around to cover need then that's something they do. But agree with Patty we would never direct a worker to go work with a consumer somewhere.

>> Speaker: Thank you. UPMC.

>> Mike (UPMC): I would agree with the other two plans. I would say that one thing we would be looking to do is working with an agency to target and find additional resources before we would ever think about doing that. I don't want to say never in terms of this scenario because it's such an incredible, right now pandemic. So, I would say we would want to at least have the flexibility to work with those providers around those kinds of decisions. There is, you know, currently everything seems to be moving well as I think was earlier stated. We seem to be covering the shifts people are working and things are going well people are sheltering in place and that's all great but if we get two weeks into this crisis, I want to reserve judgment on that latter piece. And see how it shakes out.

I guess the follow-up to that is so is the SC working with the agency and the participant to ensure that the in those instances where there may not be capacity because participant A needs the care and maybe participant B has a back-up plan how is that communication happening between the Service Coordinators and the agencies and the participants so they and their individuals on their back-up plan are all in the same, have the same understanding.

I think we definitely would be communicating to the participant in those kinds of circumstances even when it's an agency, you know, decision or need to move someplace, somebody to somebody else. We certainly are available to communicate with that organization and make sure that they are aware of the back-up plans and that they are in place. We would definitely be working together with them on that. That's UPMC Mike speaking.

>>Speaker: AmeriHealth anything else?

>> Speaker: Again, we have not encountered this situation so it would be an open dialogue. We do have standing meetings with our service coordination teams. Our Service Coordinators directly. We have team webinars as well as with our management team. So,

we're in constant touch with our field-based teams even though they are working from home. And so far, we have not encountered the situation and when it did, we would address it and work in the partnership.

>> Randy: PHW anything else on this?

>> Speaker: No Randy I don't have anything to add. Mike and Patty said it fine we're doing the same thing.

>> Speaker: All right, thank you.

>> Pat: Okay then I've gotten more questions. The next one is it relates back to our ventilator discussion. If someone is on a ventilator and goes to the hospital for any reason, is there a specific protection statement the governor could issue that would assure the existing ventilator user will not lose their home vent in the hospital. Each hospital has different rules. Many hospitals will allow vent users to bring them with them.

>> Kevin: I think it would be hard to be able to make a general statement like that from the governor just because so much of this is, could be case by case. But I think what we'll need to deliver to be able to provide assurances is kind of what we received from medical supplier's association that there will not be, there's no risk here unless it's something that's done in conjunction with the participants themselves and caregivers. Or if it's something that relates to an extended stay and something that the participant would know about. So, I think what we would need to do is just find a way to be able to provide what the current policy is and make sure that's broadly communicated so we'll make a commitment to do that.

>> Pat: Okay. Then Pam has a question for someone else. And it's in light of the systemic issues as a result of the roll out with data dump contracting SAF's and backlogs resulting from network short tackles in region 3 before COVID-1919. What are the MCO's and OLTL doing to assure providers who have not received payments from MCO's for any service rendered can continue to assure adequate coverage during this critical time.

>> Speaker: I'm going to turn this over to the MCO's. UPMC Brendan are you still there?

>> Speaker: I would clarify the question how are you assuring continuity of payment even in the absence of some challenging data through this crisis period.

>> Speaker: I think we have not had any -- you know I mean our payments are current and we haven't had any disruptions at this point, and we would continue through that to ensure that care that would be provided for our participants.

>> Speaker: Also add encourage them to reach out to you directly if there's some sort of a --

>> Speaker: Yeah sorry Kevin thank you for reading my mind. If there are particular incidents where that happens please contact us, we would be glad to work through that if something is happening but we're not aware of any disruptions at this point.

>> Speaker: Thanks Brendan. PHW.

>> Speaker: Same as Brendan. I just need to get that information so we could follow-up on it. Feel free to reach out directly to me and I can get it in the right hands if someone knows of a specific instance.

>> Speaker: AmeriHealth.

>> Speaker: I'm going to defer to Chris Brewlet.

>> Speaker: Thanks Patty. What I would say is our account executives are still available, our contact center provider contact center if there are providers experiencing concerns or issues please reach out to us. In addition, for providers that may not have signed up for electronic funds transfer yet I would encourage them to take this opportunity to do that so that you're not relying on paper checks being mailed to your offices. This way the funds are deposited directly into your accounts. But we still have the same resources available to providers to assist them through all of this.

>> Speaker: All right. Anybody else PHW already talked I think that's it on that fact.

>> Speaker: I have another one from Pam. What's happening with home laws are they getting done with they be considered life sustaining so people can stay safe in their home.

>> Speaker: Yeah, the conversation we've had on home mods is that we do consider them life sustaining. There's a couple (phases we look at that. I mean if somebody is in the process, the home mods already have done so they get a giant hole in their bathroom where they are about to get a walk in shower put in or new toilet or construction tearing up their house those projects should be completed because it is a life safety related issue. If they have a home mod that's new and it's, it can be put off, that's fine. If it has to do you know some of the home mods are necessary to transition people out of the nursing facility so if it's done for that I mean, there's a life and safety related issue to that. So, repairs and home mods were things that were included as being allowable business wise. If you can put off a project fine but the most part, we're telling people to go ahead and get these projects done because it has to do with life and safety of individuals. Especially repair issues if somebody's stair glide breaks or the ramp breaks and they can't get in and out of the house. Or their stair glide is not operating I don't want people sitting in the middle of their stairway for the next three months until we can send a technician in there. Those types of things have to continue.

>> Pat: Okay. That is all of the questions I have.

>> Speaker: At this point why don't we it your Honor it back over to Barb to close out the meeting and I want to say before we do that, that just to reiterate once again how impressed and amazed I have been with the entire long-term care system in providing supports to participants and if there's anything that you think that could be done to make this work better for our participants and for their health and safety or if you have any great ideas, please don't hesitate to send them our way or send them the way of the managed care organization. Thank you and turning it back over to Barb.

>> Barb: Thank you Kevin and thank you Pat. We appreciate you guys. Our next meeting is scheduled for May 12 and hope to hear from you all by then and please be safe.

>> Speaker: Thank you