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Date: 9/1/2021

Event: Managed Long-Term Services and Supports Meeting

StreamBox

[Please standby for captions]

.

Good morning everybody.

>> Good morning, Linda.

>> How are you.

>> I'm fine. This is Luba.

>> I know.

>> Okay.

>> [Laughter].

>> Good morning Luba and Linda, this is --

>> Good morning.

>> Good morning.

>> You guys getting ready for that storm in Philadelphia?

>> Yeah, it's pretty dark here.

>> Oh. Pretty dark here. What time is it supposed to start.

>> They were saying later this afternoon into the night.

>> More excitement.

>> [Laughter].

>> I came from the land of rain five days a year. Back to this.

>> Oh my.

>> The thing -- I think I saw more rain than the first week I was back than I had in years.

>> [Laughter].

>> When I was in Nevada. Yeah.

>> It's 10:00 a.m. [inaudible].

>> Good morning, Linda and Luba. This is Pat. I don't see Jamie yet.

>> Okay. And she's --

>> I think we want to -- yeah.

>> She's the main person for today.

>> Jamie's joining us now.

>> Okay. Well, I guess we'll get started. Good morning everybody. Thank you for attending the September MLTSS meeting. I'd like to take roll call. Is Ali Kronley on the phone? Cindy --

>> I'm here. Whoops sorry I apologize this is Ali Kronley.

>> Cindy Celi? Neil Brady?

David Johnson?
>> Hi, good morning, this is David.
>> Hi, David. Good morning.
>> Gail Weidman.
>> Good morning.
>> Good morning.
>> German Parodi? Heshie Zinman is on good morning.
>> Good morning.
>> Juanita gray. Linda Wertz, Luba Somits is here. Mark Gusek? Mike Grier?
>> Good morning, Linda.
>> Good morning, Mike. Monica Vaccaro.
>> Good morning, I'm here.
>> Good morning, Monica.
Richard Wellins? Sarah Glasheen?
>> Good morning, I'm here.
>> Good morning, Sarah.
Sister Sister Catherine Higgins.
>> Good morning.
>> Good morning, sister. Tanya Teglo? Had and William Spotts.
Okay. At this time I'd like to hand it over to Luba and she will read the housekeeping portion.
LUBA SOMITS: Thank you, Linda, I'll go over housekeeping talking points. Committee rules please keep your language professional. Upon the of order this meeting is being conducted as a webinar with remote streaming. All webinar participant except for committee members and presenters will be in listen only mode during the webinar. While committee members and presenters will be able to speak during the webinar, we ask that you use the mute button or feature on your phone when not speaking. This will help to minimize background noise and improve the sound quality of the webinar. We ask participants to please submit your questions and comments into the chat box located into the goto webinar pop up window on the right side of your computer screen. To enter a question or comment type into the text box under questions and press send.
Please hold all questions an comments until the end of each presentation, as your question may be answered during the presentation. Please keep your questions and comments concise, clear and to the point. In regard to meeting minutes, transcripts and meeting documents are posted on the list serve under MLTSS meeting minutes. These documents are normally posted within a few days of receiving the transcripts. Captioning and audio recording. The captionist is documenting the discussion remotely. So it is very important for people to state their name or include their name in the chat box and speak slowly and clearly. Otherwise the captionist may not be able to capture the conversation. This meeting is also being audio recorded. The meeting is scheduled until 1 p.m. To comply with logistical agreements we will end promptly at that time. If you have questions or comments that weren't heard please send your questions or comments to the resource account at ra

dash pwcacapadot gov. Public comments, public comments will be taken at the end of each presentation instead of during the presentation. There will be an additional period at the end of the meeting for any additional public comments to be entered into the chat box. The 2021 MLTSS meeting dates are available on the department of [inaudible] website. Thank you.
LINDA LITTON: Thank you, Luba.
I'd like to open the floor up to Jamie Buchenauer with the OLTL updates.
JAMIE BUCHENAUER: Good morning, everybody. Happy September.
I'm sorry it's such a wet and soggy day across Pennsylvania.
I hope everybody is staying safe. This is one of the days I have to say that it's nice to do this presentation, I'm in the office but it's nice that everybody's remote because there's no traveling and I know everybody's hopefully safe in the environment that you're in and you're not traveling to Harrisburg and trying to get out after this meeting today. So with that, I'll start with our agenda. We're just going to get a couple of vaccination updates.
I'm going to talk a little bit about the American rescue plan act. A quick update on our financial management services transition and then I am going to do some follow-up from a meeting that the state-wide advocacy group had with the secretary back on August 20th.
So with that I'm going to get started. And we'll move to the next slide. So our vaccination update, I think many people definitely heard President bitten's recent announcements that nursing facilities -- I'm sorry, next slide. There you go, that nursing facilities staff need to be vaccinated or tested at a more frequent requirement. So I know that announcement came out and the impact of that if the nursing facility does not meet the testing or vaccination requirement is a potential withholding of state and federal dollars meaning Medicare and Medicaid funding. So we are awaiting more information from the federal government on nursing facility vaccination requirements as we know at the office of long-term living, we administer that Medicaid payment for nursing stays. I'm sure for the nursing associations that they're watching that very enclosingsly. At the same time I think a little bit before president biden's announcement the Department of Health set a goal to get 80% of staff vaccinated or tested. And so nursing facilites right now are working towards that 80% goal. I think obviously the president's announcement trumps that but honestly the Department of Health is monitoring the number of staff that are vaccinated in nursing facilities and looking at those testing requirements, and they're updating that information on their website. At the same time the governor Wolnf announced that Commonwealth employees or health care at congregate living facilities [indiscernible]
weekly testing and this really included state employees and community health centers which are located around the state.
They are state hospitals.
Meaning the DHS state hospitals, the department of museum services state centers for individuals with an intellectual disability, veterans homes, state correctional institutions and there was a catch all of other congregate care facilities, but right now no facilities that fall under the office of long-term living were included in this announcement.
Just notng it here as you know, this was a mandatory vaccination announcement for

Commonwealth employees.
So obviously more information to come on that announcement as well. So moving to our American rescue Plan Act updates. So I know I get many questions about the 10% enhanced home and community-based services [indiscernible] bump that we are accrung on home and community-based services from April 1st of 2021 until March 31stings of 2022. Those enhanced funds we had to submit a plan to CMS on how we were going to spend those funds and cannot supplement -- they can't -- I'm sorry state dollars they need to sum our home and community-based services. So the office of long-term's living's planning to spend these 10% dollars were on our direct care workforce, agency recruitment and retainment, support four our adult [indiscernible] social determinants of health and quality improvement initiatives for home and community based services. So I know we released the initial plan and we held a public comment session and then we are working on actually more detail to put on our DHS plan and specifically in the office of long-term living on our office of long-term living funding plan. So that plan is slated to go to CMS, I think it may be even going today, and so more information will be released this week on our ARPA funding priorities. I think many people have heard me talk about how the direct care workforce has been first and foremost our priority in the office of long-term living and our plan indicates that there will be a rate increase for personal assistant services. So that was in the plan. Should be no surprise to anybody. I know a lot of people are asking about more details, and so those details are coming. But just know that these are the priorities in our plan and soon we will have more information.
So along the lines of the American Rescue Plan -- next slide -- just so you know act 24 of 2021 appropriated 222 million to the department of human services. This was in ARPA funding [indiscernible] best meet the state's needs. So they did so and appropriated 282 million to long-term living programs. And you can see the distribution below 247 million was for nursing facilities and 198 million paid on medical assistance [inaudible] allocated based on licensed beds.
Assisted living and personal care homes were also included.
The general assembly oppose greated 30 million, 27 million based on occupancy and 3 million based on the number of SSI residents. [Inaudible].
[Technical interruption]
[inaudible]. And so we would be processing those forms and cutting actual checks to those -- those facilities that are not enrolled in the middle assistance program. So that funding will begin flowing just momentarily. So wanted to give everybody an update on that. As well. So moving along our financial management services transition, I think the big news here is that the implementation date for the financial management services transition has been moved to April 1st of 2022 and they knew this was possible in the office of long-term living. We originally set the date as January 2nd # 1st, 2022 but we know we have PPL under contract until the end of June. So we want to ensure a smooth transition for participants and their workers, we want to ensure that there's no problems and so because things took a little longer on the front end to get setup we know that we needed to move this date. So just know that there is a stakeholder meeting on Friday, September 3rd and

that a list serve announcement went out by the stakeholder meeting earlier this week. I believe it was yesterday giving everybody more information if they wanted to sign up to participate in the stakeholder meeting. And it was really a reminder that it was on Friday. So the agenda for that stakeholder meeting is really to give tempest and the CHC, MCOs the ability to present information about the updated time line and they're going to talk about participant communications as well. For the office of long-term living we're just going to give an update on the FMS transition. The procurement with the office of developmental programs which we talked about earlier is still in progress. We're targeting that procurement for a release in fall of 2021 with an implementation in June of 2022.
And so we'll highlight that at the stakeholder meeting as well.
But just so everybody has the quick information that we can provide at the MLTSS meeting. For more in-depth information please attend the September 3rd -- the September 3rd stakeholder meeting. So moving on the statewide advocacy group follow-up. So the secondary met like I said with the statewide advocacy group on August 20th.
And they raised a number of issues to the secretary and other staff, and then department of human services. And on the slide I've enumerated the number of issues that were brought up to the secretary. And at the meeting we really had discussion about follow-up on these issues and you know, how the office of long-term living can provide more information on these issues. As you can see some of them have come up times before we've heard about many of them during the MLTSS meetings. The LTSS meetings the consumer subcommittee the MAAC and actually at our listening sessions. So obviously I thought definitely it was important to follow-up with thisthis -- the statewide advocacy group, but it was important to follow-up with the entire MLTSS meeting as well as many of these issues have arose during our meetings. So the first issue that the SWAG group talked about was service cuts. And spell they talked about that 102 individuals reached out to the [indiscernible] in the Philadelphia area regarding their services being cut. And they talked about you know, people that were appealing their service cuts and the number of people that won on the second appeal. And so you know, obviously the listening sessions talked a lot about the service reductions. And just for everybody as a reminder, so there is no I'll preface this to say there are no universal service cuts that are happening or have happened in the community health choices program. So many know that from June of 2020 until late June of 2020, until very early of 2021, all three CHC, MCOs had to conduct their annual assessments and reassessments of over 80,000 of -- 80,000 of the home and community based participants in the program. And so there was a number of assessments and reassessments that needed to be done during that time period.
We also know for that -- for many of these participants it was the first time that the CHC MCOs were actually conducting a review of service plans.
Definitely since COVID had started and we had halted any changes to service plans people had received increases but no decreases during obviously the COVID period or the continuity of care period. So definitely assessments and reassessments were being conducted. Some people had an increase in services that resulted from the assessment and reassessment process, some people had a decrease in services that happened. And

many people a majority of people their services remained the same but we do know obviously there were some people that experienced a reduction of services. We've heard about these reduction in services in many different forums and honestly OLTL has conducted our due dilgence and we are conducting a review of the reduction to service plans.
If you've heard from Randy Knolman all he's talked -- Randy and the OLTL staff and clinical staff had pulled a sample of service plans to review from each MCO and these -- the sample was obviously pooled from individuals who had a service plan reduction. Our staff along with our clinical staff are reviewing the assessment as well as any other materials that were provided by the MCO or that we requested by the MCO to verify that the reductions were done, and so the OLTL will report out on the results of this review when it's completed. It is ongoing. Randy and the clinical staff are still working on -- on actually meeting with the MCOs talking through what happened, reviewing all of the materials that the MCOs looked at. And so Randy and the staff will report out on this reduction to service plans review that he is conducting. I just wanted to give everybody that information because you know, we hear all the time about the reduction to services. And obviously the office of long-term living is onboard and looking at this issue to ensure that reductions were done appropriately across all three CHC MCOs. So the next issue that the statewide advocacy group talked about was mailing issues. And obviously we heard about mailing issues.
>> [Multiple speakers].
>> Yes. .
>> This is Matt, I have a number of questions about these should I wait until you finish them or one by one?
>> I think it would be really helpful if you waited until the end.
>> Fair enough, thanks.
>> Sure. Thank you. And thanks for letting me get through this. I'm sorry that I'm trying to go fast I'm trying to leave enough. I know I only have 45 minutes. So I want to leave enough time for obviously questions and comments. So the next issue that was raised was mailing issues. And we know during COVID there was mailing issues. And obviously all three CHC, MCOs have allowed or increased the am of time that a participant can appeal or file a grievance or keep their services in place. So one of the issues that was raised was that people did not receive documents in the mail meaning the denial letters or the reduction notices and only learned that their service hours were cut from their [indiscernible] agency. So obviously we want to know in the office of long-term living anybody that did not receive anything in the mail I don't know if it's a probably with having the right address on the file, I'm not sure you know, if the person you know, has mailing issues in their area. You know, we continue in the office of long-term living to monitor any mailing issues that the United States postal service posts.
But you know, we want to know if there are mailing issues in certain regions of the state. The best way to do that is to have examples. The next issue was the notice changes. So, wait just getting back to the mailing issues and the 15 days.

One of the things that the state wise advocacy brought up was making changes to letters letting participants know that they have 15 days to file a grievance or appeal and keep their services in place. And so the group brought up the fact that the templates to -- from the MCOs were not changed yet.
And so we did follow back up with the MCO. So AmeriHealth and Pennsylvania Health and wellness confirmed they made changes to the template letters they sent out. UPMC is still in the process of making changes to their template. They said they will make that change, just so you know that it is in process.
So the next issue was notice changes and explanations.
Notices were not containing reasons or explanations for service cuts. And so I just want you to know that Randy Knowlan and his staff spent many hours working with our CHC MCOs on improving explanations that the participants receive, and if there is a service denial or reduction. And so, you know, it would be helpful to the office of long-term living and to Randy to have any recent examples of notices not containing reasons -- reasons of explanations for service cuts.
We did get one example from the statewide advocacy group. And we are looking into that example. And so thank you event for forwarding that. We're interested in any other examples that you have. We know we seed some early examples from the --
from -- from advocates. And so that was what prompted the work that we've been doing with our MCOs to improve the explanations that participants receive. So the next issue that the state-wide advocacy group brought up was that the MCOs are using an algorithm to assign hours, it's not a participant centered process. And honestly, we've heard this -- this issue come up with other stakeholder groups that we have been meeting and talking with in the -- this is something [indiscernible]
service plan work. Obviously our clinical staff and Randy's staff is looking into those acertification as they're reviewing the reduction to service plans. So one of the things that we are taking a look at in the office of long-term living right now. The next issue that was brought up was supports coordination. And the question was really, and this was something that I hadn't heard before but the office of long-term living had received requests about it. So the question was can the supports coordinator be an advocate for the participant? And so I'm assuming that in fee for service as supports coordination was really a service, it was more likely for that supports coordinator to act as an advocate for the participant.
With the change to managed care supports coordinaors are you know, supports coordination is an administration function of the MCO, thus our support coordinatrs are really -- I understand that some of them are contractors but they're really employers and work for the managed care organizations. So they're not in the bet position to advocate -- best position to advocate for the participant in that role. That role would be conflicted as they're the employees or contractors for our CHC MCOs. It would be very difficult for them to act as advocates for the participant.
That puts the person in a very difficult situation. So, you know, I know that we had run that question by our legal team as well. And I think the CHC MCOs can talk more about it but

having a supports coordinator acting as an advocate for the participant is not their role under the community health choices program. The next question or the next issue that was brought up is the statewide advocacy group was interested in a person with disabilities on the physician review board. And so the office of long-term living is taking a look at this requirement. My understanding is that the physician review board is made up of physicians.

And so honestly in making any type of requirement here, we would have to see if there are enough individuals with disabilities who would meet this requirement while the office of long-term living would encourage this it may be very day to mandate it as a requirement but we are looking at it. So the other issue that was brought up is that individuals were waiting five to six months for waiver services. And so we talked a little bit about this at the state-wide advocacy meeting.

And so we know that from our monitoring it is taking our independent enrollment broker an average time of 41 days to enroll the person into home and community-based services. And there may be a period of time after the person is enrolled until services start. We had not heard that that time is taking five or six months, and so when we clarified it they were saying it was taking five or six months to enroll, honestly that enrollment time, independent enrollment broker has done a good job of bringing that time frame down from you know, closer to 90 occasion to 41 days. So we would look into any issues where enrollment is taking or waiting for waiver services for five or six months.

The next issue was really it was brought up about a care coordination issue. And I was seeking some kind of examples about care coordination. So the comment really was that community health choices was as it is it was supposed to improve care coordination between Medicare and Medicaid services.

And so one example where the statewide advocacy group cave that care coordination was not improved was the that when a person needed DME, the Medicaid or the CHC program was still awaiting a Medicare denial of a DME product that was on a Medicare's list that they were not issung denials for. And so the person was having to wait an extremely long amount of time for DME because there was no Medicare denial and Medicaid was not meeting the CHC MCO was not agreeing to pay until they received that Medicare denial. So I'm interested to know if that is still an option. The office of medical assistance program issued an ops memo in September of 2021, and I have the number it's 092020015. Our CHC MCOs were directed via that ops memo meaning to use the Medicare none covered items list. So if a Medicare item was on that [indiscernible] Medicare non-covered items list they should be paying for that item and not wait -- waiting for a Medicare denial. Because obviously we know that Medicare's is not going to issue a denial for that issue. So I'm interested to know if that is still an issue. I know it was an issue previously which is why [indiscernible] issued that ops memo and we informed the CHC MCOs they were directed to use that ops memo. The next issue that came up was about the community health choices, do they have participant councils and any updates on if they are meeting and how frequently. So the CHC MCOs are required to have participant advisory committees. They are outlined in the community health choices agreement and they need to meet at least

quarterly. The office of long-term living actually receives the minutes of the participant advisory committees and reviews them. And their minutes are posted on the CHC MCOs website. I think one of the questions that the state-wide advocacy group had was is previously which is why [indiscernible] issued that ops memo and we informed the CHC MCOs they were directed to use that ops memo. The next issue that came up was about the community health choices, do they have participant councils obviously are these participants advisory committees taking new members. And so we pulled the CHC MCOs for further information about the participant advisory committees.
So AmeriHealth reported they are holding quarterly meetings and taking new members [inaudible]
region. They are virtual right now they're not meeting in person. Their minutes are on their website if anybody is interested in reading them and checking them out as to what their participant advisory committees are meeting and discussing. And they are --
they do row restate their membership every two years and they are soliciting and open to new members if anyone is interested. So Pennsylvania Health and wellness was also holding regional meetings in all five regions. Their meetings typically meet in March, June, September and December. The last meetings were all completed by June 22nd. And the next set of meetings are scheduled in September. They are also continually to recruit members in all regions. So the last set of questions were really about the MLTSS membership and the agenda. And so the CY advocacy group wanted to meet continuously and work on some of these issues that were brought up at the meeting. And really the MLTSS meeting is the best forum for these issues. We've talked about a number of them even during my tenure here in the last year. And so you know, this is what this meeting was designed to do. So they have questions about the membership on the MLTSS. Are there any vacances now? So right now our MLTSS has 21 members and there are four vacancies. Per the MAAC guidelines we have to have at least ten and no greater than 25 members. And a majority of those members shall be long-term participants or family caregivers. So we have reached out and we're trying to recruit individuals who could bring more racial or ethnic diversity to our membership. And so that was one of the -- the interests for MLTSS membership just lately.
But we are taking new members.
Obviously we do have four vacancies. It would be preferable that they would be long-term care participants or family caregivers. We also know that we have a number of individuals who have two year terms. And -- and they may be up their two year terms may be up. I'm not going to list them here but we'll be in touch. So obviously membership is open on the MLTSS. The other thing was the agenda the state-wide advocacy group was very interested in getting additional public comment time on the MLTSS agenda to raise issues like these and any other for discussion with the office of long-term living and the CHC MCOs. And so actually on this agenda we've increased the public comment period to at least 45 minutes at the end of the meeting. And so the office of long-term living is committed to doing that going forward to give enough time to those who would like to make a public comment. So I know that I've talked a long time and so I'm going to break here. So we at least have some

time to ask questions. So with that, I'll open the floor.
PARTICIPANT: This is Matt. Can I ask. In regard to the service cuts, can you tell us other than an annual review what would trigger an assessment of -- for a reduction or an increase?
JAMIE BUCHENAUER: So, Matt obviously you've hit the nail on the head. The participant home and community-based -- the participant in home and community-based services must have that annual assessment.
That is a requirement of the program. But they also must be assessed if there are any trigger events that happen. A trigger event could be a hospitalization or any change in condition of the participant.
The CHC MCO and their service coordinator must do a reassessment of that person.
PARTICIPANT: Okay. Is it possible to have the MCOs each of the three discuss the process they use step by step for doing those you know, if there is going to be change in service cuts or what not? Did that make sense?
JAMIE BUCHENAUER: It does. I don't know if the CHC MCOs want to speak to it now or wait until we get to their portion of the agenda. I'm open to either.
PARTICIPANT: I mean, it can wait. That's fine. I have like two, three more questions.
The grievance letter -- not the grievance letter, but the letter that goes out with the service changes, I mean, I heard what you said about that earlier, but we just want to make sure that that letter is cognitively accessible. And if possible if it could be sent to advocates as well. I'm just talking about the form letter. And as well as we wanted to ask whether those letters being sent out to consumers could be sent via certified mail.
JAMIE BUCHENAUER: So, Matt, I believe and the office of long-term living staff are going to correct me if I'm wrong, I believe the template is posted on our website. Now, the template obviously does not include the specific language that describes the participant's service reduction or service denial if services were denied or reduced. Obviously that information is plugged in by the CHC MCO when the decision is made, but the template is out there. And available. I'm getting some feedback. Can somebody mute their phone? I'm so sorry.
>> Because they was like oh my God. What the --
>> Jamie this is Pat I can post the link to those templates in the chat box for everyone.
JAMIE BUCHENAUER: That would be great. Thank you.
>> Okay.
PARTICIPANT: My final question --
>> [Multiple speakers].
JAMIE BUCHENAUER: Go ahead I'm sorry. I'm just going to talk over that person. What is the plan to increase wages for direct care workers? In I mean we know that we've been doing a lot of advocacy with the legislature and they're aware of this issue obviously as well.
Is there a plan?
>> Shit.
>> Oh my God.
JAMIE BUCHENAUER: I apologize.
So Matt as I talked about for our American rescue plan act funds that the office of long-term living is slated to receive for our 10% [indiscernible] community-based services we

plan to use much of those dollars to increase assistant services. And so we would be obviously increasing our personal assistant services rates. The expectations obviously for those agencies that receive that increased rate is that those increases would be passed onto personal assistant service workers. We will encourage some very highly to do that. We've heard from many of those agencies that said they need this increase in order to increase people's wages. So that is the expectation.
PARTICIPANT: And is that sustainable?
JAMIE BUCHENAUER: So, Matt, that's a really good question.
And so I will commit that it is sustainable in that the office of long-term living will continue to budget for it as part of our community health choices program as well as our waiver program. I can't speak to the future, but meaning it's once we give it, it's going to be very difficult to take it away.
PARTICIPANT: Okay. And I just in regard to the whole doctor thing and the medical review board that you were talking about, I would just say one thing that probably everyone already knows, that people with disabilities the practical impact on their lives of their disability is not something that you can read in a medical book.
So people with disabilities understand people with disabilities the best. So I would just add that comment.
But thank you for listening.
JAMIE BUCHENAUER: Yeah, absolutely.
PARTICIPANT: Jamie this is Mike Grier speaking. On the review panels we've talked a number of times having someone with a disability as a representative on the panels I think that would bring more insight to the MCOs of exactly what -- what a --
what a cut in service provision could mean. Thank you.
PARTICIPANT: Good morning, Jamie, this is David [inaudible]. I have a question follow-up regarding the supports coordinatrs and the request from state-wide advocacy groups to have them serve more as an advocate. I understand your point to service coordination being an administrative function of the MCOs begin a requirement in the CHC agreement for service coordinatrs to assist with annual redetermination process I'm wondering if you can shed some more insight [inaudible]
from service coordinators. And I know you said that OLTL is looking at what can be done in regard to the agreements and some potential conflict with service coordinatrs being function employees the managed care plans. Wondering if you share what came up in the group regarding the type and let of advocacy.
JAMIE BUCHENAUER: So my understanding, and anybody that made this recommendation or from the group that wants to explain further, you know, I'm happy for them to jump in here. As I was explained to me, support coordinatrs the ask was that they advocate on behalf of the individual for services that were -- that the participant wanted or needed with the --
with the managed care organization. That was my understanding of the ask. It may have been when supports coordination was a -- I want to say a service and not an administrative function of thethe -- of the community health choices MCO, maybe that many supports

coordinatrs thought that that was their role, that they were advocatng on behalf of the individual for services.
You know, I can't speak to that as I was not intimately involved in the system but as it's explained to me that may have been more of their role. Right now with supports coordinatrs being employees of the CHC MCO or contractors, you know, that is that is not their role, they're not the advocate for the person. Their support coordinator. So they're coordinatng all of the services. They're conducting their annual assessments reassessments.
>> Update.
JAMIE BUCHENAUER: They're doing those assigned functions. That advocacy piece it's somewhat not natural -- well it may be natural to the person but it's not natural to that support coordinator role.
PARTICIPANT: I understood. I appreciate that. Right. I know we speak for a lot beneficiares who are reaching out to their service coordinators to make sure that the service plan are being filled to help, you know, move along possibly with [inaudible] to a piece about advocatng for additional services that's you know, going beyond what's you know, assessments generate for a [inaudible] clarified. Thank you.
>> Committee members I'd like to break in at this point and ask you to mute yourself so we get a better quality on the line. And also Jamie, I had a point to bring up because personally being in the disabled group, I receive mail but sometimes I'm not able to open that mail by myself. Which I'm sure a lot of other people find that same issue. So I just wanted to bring that up. Thank you.
>> Thank you, that's helpful.
PARTICIPANT: Jamie one more thing this is Mike Grier again.
In reference to service coordination and advocates and that, what about folks that are doing NTH coordination? Can you speak a little bit about their roles? Because I mean, if you're doing a transition piece, it seems like you'd have to be kind of an advocate in some form or fashion. I wondered if you'd talk about that for a little bit.
JAMIE BUCHENAUER: So, Mike, I think we may be looking at the role of advocate slightly differently. So I think for, you know, NHT, definitely they are coordinatng the services and coordinating everything that they need to do as an NHC coordinator in getting that individual out of the nursing facility. They're coordinating their housing, they're coordinating usually their Social Security, coordinating their utilites coordinating what their service plan is going to look like in order for them to be successful in the community. And by doing so, obviously yes they are advocating for the participant in like all of those things up.
But in the traditional role as advocate meaning being that person's voice in terms of pushing, you know, I think for many that's probably a natural role. But please remember that the nursing home transition coordinator is an administrative function, again of the CHC MCO.
So they're working on behalf of that CHC MCO and working on behalf of that person in order to move them and transition them out of the nursing facility.

The advocacy role in the traditional sense you know in terms of being that person's I want to say advocate ongoing for any kind of health care service they need or any kind of additional services they need, and like pushing the CHC MCO to provide something else, you know, that's -- that's -- that's a different type of role. They are contracted by the CHC MCO you know, that's the role of the CHC MCO.
PARTICIPANT: All right. How about to like assistant in an appeal process or anything like that? Had thank you for clarifying that but I'm specifically regarding the appeal process.
JAMIE BUCHENAUER: So I know, you know, they're onboard obviously as a supports coordinator or has a nursing home transition provider to assist the participant and assist them with any assistance they need in terms of working through any issues that they have. Again, Mike, I think it's a fine line between assisting and advocating.
PARTICIPANT: Good.
JAMIE BUCHENAUER: So while they may assist them in terms of appealing, you know, I think it's, you know, the advocatng that during their appeal process, I mean, they are working for the CHC MCO.
PARTICIPANT: Got it.
JAMIE BUCHENAUER: Does that make sense?
PARTICIPANT: This is Matt, can I ask a follow-up to that? I mean -- and I pressure your -- appreciate your explanation of the possible conflict there, but -- so if you had all of the CHC participants in the room they're all on the phone right now, what would you suggest that they do? I mean, if they've been relying on these coordinators for years and now they can't advocate, assist or whatever the difference, you know, I'm kind of sympathetic to a lot of people out there that are not able to advocate for themselves.
>> [Multiple speakers].
>> Jamie.
JAMIE BUCHENAUER: Absolutely do and -- yeah, go ahead.
PARTICIPANT: I was going to suggest I got a reminder, you know, I think this is the role of your legal support network.
And the contract that you have with them.
JAMIE BUCHENAUER: Yeah, that's a good point, Pat. And I think the difference is assist and advocate. Definitely supports coordinators assist participants. Advocate especially legal advocacy is not their role. And I hope that makes sense.
PARTICIPANT: Can you say that one more time?
JAMIE BUCHENAUER: Sure. I said you know, supports coordinator assisting the participant is in helping them Dell, they're supporting this participant, they're coordinatng services, you know, they're assisting them if they do need to file an appeal but legal advocacy that advocacy role is going to be somewhat different. They are an employee or a contractor of the community health choices MCO.
PARTICIPANT: Okay. Then I'll reiterate my question: Taking that off the table then, what would you suggest to participants if they were in the room all of them across Pennsylvania are in the room right now what would you suggest to those that cannot advocate on their own behalf?

JAMIE BUCHENAUER: Matt, I would ask what functions that they need advocates for. Just so I best understand the question.
And can -- can answer it.
PARTICIPANT: Well, I mean, I assume we're still talking about the appeals and grievances process. Right?
JAMIE BUCHENAUER: So I was not -- I was actually talking about, you know, all of the functions that a support coordinator in assisting the participant. I want to know what you mean in terms of advocatng for the participant.
Maybe I'm not understanding the question.
PARTICIPANT: I'm highly concerned that a lot of individuals that are receiving this letter do not understand them. And yes, they can go through the process with the Pennsylvania Health law project, but we all know that they're understaffed and overworked. So if people are not understanding these letters, and not knowing, you know, the first person they're going to contact is probably their coordinator or a SIL, and I don't believe that the SIL can advocate or a SIL employee can advocate in this process for them, can they?
JAMIE BUCHENAUER: So it would be the role of the supports coordinator if the individual so receives a letter and they don't understand to honestly talk with the participant explain the letter, explain what it means and explain their options. And so it would not be the role of supports coordinator to advocate in any particular direction but to explain to the participant.
Does that make sense?
PARTICIPANT: It does. But I still feel like there's a --
there's a percentage of the population that that's not going to be sufficient. That's I guess a statement not a question but --
PARTICIPANT: [Inaudible] here I think it's pretty obvious that we really cannot expect a great deal of advocacy on part of employees on very agency against whom they would be advocating.
So either an alternative means has to be established or we may need to review the requirement of having service coordinators employed by the MCOs. I just don't know how to escape that given what we're hearing now.
>> [Inaudible].
PARTICIPANT: Hi this is Monica from the [inaudible] pens I'd like to add to that sentiment as well. It seeps to me that if service coordinator recommends a service based on the needs assessment they're the ones who know the participant and if they can't advocate for that if it gets denied there needs to be some process for advocacy. And I guess it comes back to the issue of should service coordinators be MCO employees or is that within itself a conflict.
JAMIE BUCHENAUER: I'm sorry, I didn't know if that was a question or a statement. So I wasn't -- I --
PARTICIPANT: Yeah --
>> [Multiple speakers].
PARTICIPANT: The question is:

If a service coordinator recommends a service and it is not approved or there is a cut that they as the person who did the needs assessment doesn't recommend they're not able to follow-up on that, and what is the implication from that, the question from the gentleman earlier is you know, what do you tell the person with a disability that where can they go for this let of advocacy?
JAMIE BUCHENAUER: So I mean, in that instance it is the role of the supports coordinator to explain all of the options that the participant has and all of the, you know, what they can do to go from there. You know, the support coordinator you know, I'm coming back to they're the explainer, they're explaining the process to the person. And you know, the person gets to make their own decision in terms of what they want to do and where they want to go with it.
I think we can say, you know, regarding this conversation we can take it back with the office of long-term living and talk about it. You know, obviously the supports coordination function is an administrative function of the CHC MCO. It's been that way since the community health choices program was started. So we'll take a look at that and discuss it.
PARTICIPANT: I think Mike Smith may want to provide some insight from the MCO side of things.
JAMIE BUCHENAUER: Sure.
Absolutely.
PARTICIPANT: Hey Jamie, thanks.
I just want to jump in here because I really think the conversation has gotten to a point where I'd like to sort of address a couple of things. I mean, ultimately the service coordinator and the participant are working together. We're a team. This is not supposed to be an adversarial relationship between the MCO and participants. We're here to provide the services needed. As reported on multiple calls we approve way more services than we deny. We have really good quality scores for our service coordination across -- I'm pretty sure across all three MCOs in terms of how we're seen by our participants. And I just feel like where the conversation has gone is that we don't --
we're not available to assist participants in getting the services that they need. And I really don't think that that's helpful in terms of the overall conversation. Are there circumstances where there's a disagreement between participants and the MCOs regarding the levels of service, yes; are there processes in place which we've discussed many times on these calls about how to access all the protections which are multiple. I mean, there's -- and to your point, I think, Matt, you know, they can be confusing. We have the service coordinators can assist somebody in connecting with our member services and our the folks that can help with the CNG process, the complaints and grievances process. They'll be very helpful in that process and something they do assist with.
And they are concerned. I think it's really important to understand that we are concerned that we're getting the level of services correctly -- correct for participants. So, you know, in terms of increases, around or trigger events, we're not going into them thinking that we're reduceg -- reducng services when somebody comes to us with a trigger event or a need. We're not looking at it from that me at all. And I think that's what's being painted here. And

I just really want to make sure that we're all on the same page that I would say that all three of the MCOs and I'll speak for UPMC overall we want to do what's best overall. By providing a program efficiently and appropriately we get to a point where more people get services. And you know the program has grown year over year and we are growing services and growing in numbers of participants that receive these services. And you know, I think we've -- we really don't want to be an adversarial relationship with participants at all. OLTL or this group. We really see it as a partnership between all of us.
JAMIE BUCHENAUER: Thank you, Mike. That's a good clarification.
PARTICIPANT: Jamie, can I just -- I don't want to -- I know we got to be sensitive for the agenda and all that, but I think it's really important, I mean, there's so many -- there's so many twists and turns in advocateg from a -- from a person centered standpoint, thatthat -- and I heard what Mike said about partnerships and things like that, well, if someone is in an NHT transition piece, and there's a service coordinator involved, you can see how it can become -- it can become kind of confusing for the person. And we really want toto -- and I appreciate that you need to take some of this back and hash it out, but you know, can -- can you make sure that we can bring that back to us? And kind of let us know to give us some clarification of that afterwards because right now it's very confusing particularly for us in the advocacy arena and we're trying to find out what's in the best interest for the people we're trying to support.
Thank you.
JAMIE BUCHENAUER: Yeah, definitely Mike. And I think one of the things that is confusing me and I'll say that right off the bat is the advocacy piece. Like I think how we're all thinking about it may be different based on our understanding or thoughts about the term. So, Mike, you make a perfect example. So when I'm thinking of advocates I'm thinking of the role that [technical interruption] or the SILs play or even other advocates that we meet with in terms of you know, talking about the community health choices as a program and bringing up different issues and advocatng on behalf of a certain point or so, you know, maybe I need to better understand what role that you're looking for the supports coordinator to play in terms of advocating, what do you mean by advocating? Because when I think of advocatng I always think of sometimes a paid advocate to advocate on that person's behalf. Now, that person doesn't have to be a legal meaning a lawyer, but you know, I do know that there are advocates that speak on behalf of or work on behalf of the person. Is that the role or obviously we're talking a lot here today about educational role. And so I wasn't envisioning that being the role of the advocate as the support coordinator is that education piece. So I think it would be really helpful for the office of long-term living to understand what you mean by advocatng and what is that role that supports coordinators may be not doing now that you're looking for them to do, or maybe they are doing it now. A better understanding for the office of long-term living would help.
PARTICIPANT: And maybe it would probably be a better solution to take this off in a different --
in a different meeting altogether to just focus on this. Because we're using up a lot of time in the committee meeting but it very important for us to be able to work through this

particularly with the NHT component with the SILs because they're relative in that. And just figuring out what each piece can do and what we can't do and how in supporting people we can work in partnership. So it doesn't have to be adversarial, we don't want it to be adversarial. We want it to be good partners. So maybe that may be a solution at some point that I know everybody's calendar's full.
But this just seems like a really important topic that there's this brought out a lot of discussion today.
JAMIE BUCHENAUER: That sounds good, Mike. And I would include definitely the CHC MCOs in this conversation.
PARTICIPANT: Um-hum. Right.
PARTICIPANT: This is Matt again. Let me ask it this way:
If you're saying that the service coordinators can inform educate whatever word we want to use the individual about what the letters and all that stuff means, can they not also say that you can do A, B and C about it? Without making a recommendation on one of those do you follow what I'm saying?
JAMIE BUCHENAUER: Yeah, Matt, I do. And I think they do that already by explaining different options to the participant. I mean the CHC MCOs can correct me if I'm wrong but you know the support coordinator role is to educate. PARTICIPANT: Okay the way you were explaining before is helping them understand the letter or whatever. I'm just concerned. I mean, I don't want to keep saying the same thing but those that cannot advocate on their own behalf, what are they supposed today. If the service coordinator says all right, you know, you can -- you got this letter they're going to cut your hours by whatever amount, this is what you can do and that individual says okay, thanks and is kind of like looking up at the sky because I don't know what do I do from here? I mean not everybody is a lawyer or a you know, an -- like a paid advocate. We're talking about just general folks, Pennsylvania citizens. And some of them just can't do that on their own. So that I mean that's why I keep bringing this up, what is that person supposed to do?
JAMIE BUCHENAUER: And see so here -- here's where I, you know, I think you're looking for somebody to make a decision on behalf of the participant to go in one direction or another.
And so you know, that's the participant's choice. And I don't know that a supports coordinator should be making decisions on behalf of the participant in terms of what steps that they need to take next. Does that make sense?
PARTICIPANT: It makes perfect sense which is why I keep asking then what is the at at this. --
alternative? Who should they go to instead? Is that say it clearer?
JAMIE BUCHENAUER: Yeah, so, Matt, I think that would depend on each person's situation. And so, you know, many times people rely on friends, family members.
Sometimes they, you know, they're going to talk to people that are closest to them in terms of what steps they need to take. If they want to call and talk to an advocacy group about what steps that they need to take they're free to do that, you know, the supports coordinator is there to support them but not make a decision for the person.

PARTICIPANT: All right. Can I ask you this: Can anyone respond to the grievance letter on behalf of an individual, or participant? Sorry.
JAMIE BUCHENAUER: So we obviously that is one of the things that we've talked a lot about at this meeting. So if somebody wants to respond to the grievance, it's with the -- it's the participant or with their written authorization to act on their behalf. I think that.
PARTICIPANT: Okay.
JAMIE BUCHENAUER: Somebody at the office of long-term living please correct me if I'm wrong, or the CHC MCOs, I believe the person would need to give written authorization or some type of authorization to act on their behalf.
PARTICIPANT: Jamie, this is Anna I'm going to defer to Norris to share the process we use at PH where for that.
PARTICIPANT: Anna, I'm not sure that Norris is on, but do you want to -- do you want to have --
>> [Multiple speakers].
PARTICIPANT: I'm on.
PARTICIPANT: There he is.
PARTICIPANT: You are, okay.
PARTICIPANT: I'm on. Hi. So, yeah, just as Jamie said, Pennsylvania law and the community health choices contract governs who can file a grievance on behalf of a participant. The participant must give their consent. It can be written consent but they can also do it for some people over the telephone if it's a family member they can do it over the telephone, if it is a provider, a direct care worker, that would require written consent that is mandated by act 68 if a provider seeking to file a grievance they must have the written consent of a participant.
PARTICIPANT: Just cognizant of what Michael said earlier about the time and all that.
PARTICIPANT: Sure.
PARTICIPANT: Is there a way we could have a full discussion of this at an upcoming meeting?
Because it seems like there is like a stalemate here.
JAMIE BUCHENAUER: Sure we can put it on the agenda for October.
PARTICIPANT: This is Anna can I just add one other thing for consideration with Mike and with Matt, there's a lot coming from this world on the grass-roots level as an advocate and as a not-for-profit service coordination provider, what I see the MCO at least for PHW and our MCO partners, the process doesn't happen in a bubble. So when an individual does request additional services, there's a lot of behind the scenes discussions happening including consultation as to whether or not the physical condition has changed, we consult with the physician on our staff to look at the information, made a call to the PCP in some cases. We also discuss with the service coordinator why the request is being made and try to gather additional information. I will tell you then in a handful of cases when we've done some audits, what we find the documentation doesn't support the request. So what I would request from participants is be very clear with their service coordinator as to the why, because a lot of times the whys are exactly for the needs of the individual to have

greater independence. They could have other reasons like requesting for family members to get more hours which I've seen on multiple requests, but that's not really the reason that the person is needing more services.
So if that's -- if also a specific need there we're absolutely going to look at it.
If there's a discrepancy we do an internal integrated care team meeting and those -- everything is looked at to see is this --
is this what the person needs and does it align with -- with the way services have been defined. So I'm going to leave you with that but I'm happy to have a conversation bring team members who participate more closely to that process to a different call.
>> Okay so.
>> [Multiple speakers].
PARTICIPANT: One thing in response to that. Jamie just went through an explanation that the service coordinators are employed by you Anna, so it's a failure of the service coordinator not the participant.
If the service coordinator is making the request and not articulatng it correctly, that's the problem of the MCO.
PARTICIPANT: I don't disagree with you and we've done numerous trainings, retrainings and reached out to our service coordination leaders to say if this isn't articulated well enough for that participant go back and get more information.
But I think they're doing a much better job than even a year ago by diving in and seeing what --
what the participant needs, what the environment is, does the [inaudible] support actually have the capacity to do informal supports or do they have conditions that doesn't -- if a wife has had a bypass surgery they can't perhaps do some of the things that an informal support might typically do in a home. And that has to be documented not just that the person has informal supports.
So we're doing a much better job of that that to say articulate what they need and if there are informal supports in the home for example, is that person capable of providing the day-to-day things that you would do in a normal home with someone as your spouse or your daughter who lives with you for example.
But if there's unique things that individual needs they have to be called out. It has to be defined. And when that documentation is provided, I can tell you that there aren't challenging with that. It's when --
>> [Multiple speakers].
PARTICIPANT: Gray.
PARTICIPANT: I appreciate that.
PARTICIPANT: Okay.
>> [Multiple speakers].
PARTICIPANT: Mike from UPMC was saying earlier, you know, no one wants an adversarial relationship with the MCOs but if you've got the service coordinator screwing things up on behalf of participant do you see how that could create an adversarial relationship.
>> [Multiple speakers].

PARTICIPANT: Great discussion, guys. This is Pat I'm sorry to interrupt, and I think the suggestions of having this discussion at the next meeting is probably going to be the best way to try to talk through it.
So Luba and Linda if it's okay with you I think we probably should move onto [inaudible] to do the [indiscernible] survey.
>> Is I was going to say if this get put on the October schedule can we reach out to to -- Miller Wilson and Pam and Amy from his office as well as the three MCOs and at this point I'd like to hand it over to Abigail Coleman for her part in this meeting today 37.
ABIGAIL COLEMAN: Great. Thank you so much, can you hear me.
>> Yes. Wonderful. I am the division director for the program analytics within the bureau of quality in the office of long-term living. And today I'm going to present some [indiscernible] health plan results. So next slide, please.
First just a quick overview CAHPS stands for Consumer Assessment of Healthcare Providers and Systems and basically they're a collection of surveys. They're nationally standardized health care surveys measures patient satisfaction and participant's perceptions of care. You may have heard about Brian McDade presenting at a previous MLTSS meeting on the CAHPS. Today I'm presenting on the CAHPS specific to the health plan. So really the CAHPS HP has been administered over the last three years of [indiscernible] and again it looks at participant's health care in the last 6 months, their ratings of their personal doctor, the care participants get from their specialists and their ratng of their health plan. Today we're going to focus on the three topic areas listed on the slides access to care, health plan ratings and the ratings of the personal doctor. Next slide, please. So as we go through we're going to be talking there are going to be two slides for each measure and that's because the CHC MCOs collect the data based on two sub populations. The first group includes those who have Medicaid only, no Medicare. And those who have Medicaid but also have their Medicare through an aligned [inaudible]. The second group includes [inaudible] who get their Medicare through either another Medicare advantage plan or a fee for service Medicare. And we did this because we wanted to acknowledge that participants may inadvertently answer based on their Medicare company rather than their CHC MCO. So at least in the first group the participant would be answering within the same panel parent company as the CHC MCO. Another thing to point out is that as you know CHC was implemented over the last three years. So when you're comparing year to year not exactly apples to apples and when we say 2019, that's the year that it is reported to NCQA, but these measures have a 6-month look back. So it would include 2018 data. And again because of the roll out each year has a different population that's included. So with that I think we can jump right into the data.
Next slide, please. And the first category will look at will be access to care. So the first measure is getting needed care which is a composite measure.
And this measure includes two measures which are ease of getting care, tests and treatments, and also getting an appointment with a specialist as soon as it was needed. So a couple of things to point out.
And this will apply throughout the presentation. So I won't say it every time but [inaudible]

Keystone unique member with -- you will see that they are reported separately on each of the slides. And since Keystone First only operates in the southeast there will never be any data for reporting the year 2019, which of course was southwest only. Additionally, on this first slide and on a couple of other slides you will see that AmeriHealth has no data for 2019 and 2020, and that's because MCQA has requirement for the minimum number, in other words, they had a low denominator. So it was too low to report. So just a couple of things so layout at the beginning. So this first measure is looking at the Medicaid only and aligned members sub population. And it is looking at the members who reported a response of usually or always. And these measures are reported on a [indiscernible] scale of never, sometimes, usually or always.

And so you can see -- we can take a look at each of the MCOs and you can so he that for PHW they remain study over the three years, UPMC has seen an uptick in numbers and Keystone an 8 point drop from 20 to 2021.

Next slide, please. So this is the same slide I just showed you except this is for the unaligned members and just keeping in the back of your mind that for all the unaligned measures where it includes the unaligned population it may be possible that that participant reported further Medicare MCO rather than their CHC MCO. I do want to point out that the participant are asked to confirm their Medicaid plan at the very beginning of the survey. So hopefully they are answering with respect to their CHC MCO but just something to keep in mind. So for the unaligned members assessment [inaudible] get needed care is somewhat higher than for the Medicaid only and aligned group. Here we see that AmeriHealth and UPMC have remained steady [inaudible] saw a decrease and Keystone service saw an increase which is actually the opposite of what we saw on the previous slide where PHW saw an increase and Keystone saw a decrease. So next slide, please. Okay. So the next slide is looking at getting care quickly and this is also a composite measure. And this includes two measures which are the participant getting care as soon as it was needed. When care was needed right away. And then the participant got routine appointments as soon as they were needed. So two measures that make up this composite. So again, Keystone First won't have any data in 2019, AmeriHealth had a low denominator for 2019 and 2020, therefore there's no reportable data. However you can see that the ratings for the plans are pretty consistent across all four years which UPMC ratng a little higher than the other plans for the particular measure. Next slide, please.

And again, the same measure for participants who do not have an aligned -- here we see that in general members in this group rate the measures higher than the aligned and only group, UPMC are pretty much kit opportunity across aligned and unaligned groups. Next slide.

So we'll move into the ratings of the health plan. Next slide.

And the first measure we're going to look at is the satisfaction with the health plan. This, again, is for the Medicaid only and aligned members. And satisfaction with the health plan steadily increased over the three years or all MCOs so that's good news moving in the right direction and notably UPMC scored higher each year compared to the other MCOs for this

sub population.
Next slide, please. All right.
So this is the same measure of satisfaction with the health plan looking at members unaligned members. So you can see there's a little bit more consistency across MCOs in years compared to the previous slide and here we saw that PHW was consistly rated slightly higher than the other MCOs. Next slide, please. Okay. So now we have another composite measure, this one's looking at customer service. And this includes whether or not the health plan's customer service gave the information or help that the participant needed. And that the health plan customer service treated the member with courtesy and respect. And again, this is on the leaker scale and so the numbers you are seeing are the percentage of participants who responded either usually or always. Both AmeriHealth and PHW had low denominators for 2019 and AmeriHealth had a low denominator for 2020 as well.
So this is interesting because if you think back to the overall satisfaction with the health plans, the overall satisfaction actually increased over the three years, however, looking at customer service, from the health plan it's really remained pretty steady over the same time period. So interesting look there. Next slide, please.
Okay. And again, the same measure just looking at participants in an unaligned --
in an unaligned [inaudible]
plan. So here we're seeing very similar ratings to the Medicaid only and aligned members and pretty consistent across all plans and over the three-year period. Not a lot of variation here. All right. So now--
next slide, please.
We will move into the ratings of the person doctor. And we will start with the satisfaction with the personal -- with the personal doctor. Here we're seeing that AmeriHealth showed a marked improvement in the Medicaid only and aligned members overall satisfaction with their personal doctor between 2019, and 2020, and then that remained consistent for 2021. PHW saw a 4% increase over a four-year period and UPMC showed a one year improvement.
So I think that's -- yeah. Next slide, please. And then for the unaligned population satisfaction with their doctor AmeriHealth saw an increase from 2020 to 2021 by 4% whereas Keystone First saw a decrease of 7% during the same time period.
Here we saw PHW had an increase from 2019, but then a decrease from last year's ratng to 2021.
And then UPMC has remained consistent over that three-year period. Next slide.
All right. The next slide is looking at whether the participant's personal doctor is informed and up to date on their care. And the Medicaid only in aligned members consistently rated their doctors of being informed and up to date on their care across all MCOs and all years. You can see those numbers are pretty consistent across the board. So then we can jump to the next slide and look at the unaligned members.
And again, here same situation members numbers are pretty consistent. The unaligned members did rate slightly higher than the aligned and Medicaid only members. One thing

to know on this slide though is that while the numbers were higher there was a decrease from 2020, to 2021. On this measure for unaligned participants. Next slide, please.
All right. And the final measure we will look at today is how well doctors communicate. Again this is a composite measure that looks at if personal doctors explain things, listen carefully showed respect and spent enough time with the participant. And this measure was actually most consistently highly rated of the four composite measures. So for this one you can see at least 91% of participants rated their doctors unusually or always as communicatng well across all MCOs and years. So really high percentage of participants saying their doctors are communicaing well. Next slide.
And the same thing here similar to the aligned members this group really rated how bell well their doctors communicate very hit highly. PHW were rated higher by the unaligned members than the Medicaid and aligned members and UPMC was pretty consistent across both population groups. So next slide I am happy to take any questions. I'm sorry I did rush through because I know my time was up before I even started.
So I wanted to try and make up some time but I'm happy to answer any questions that you may have or go back and give a little more detail if you would like.
>> Do any committee members have questions? No, okay. Abby I have one from Lynn Cooper [inaudible] questions and everybody to mental health and substance abuse disorder services or is it clear that the questions include consumer's experience with mental health and [inaudible] disorders?
>> I'm sorry, Pat I missed part of that. Are you asking if this includes participants with mental health and substance abuse disorders, is that the question?
PARTICIPANT: Are there specific questions about [inaudible].
ABIGAIL COLEMAN: So there is one question where the participants are asked about themselves and the question is asking the participant how they would rate their overall mental or emotional health. That's the only question specific to that that I can recall.
PARTICIPANT: Okay. That's Abby that's all I have.
ABIGAIL COLEMAN: Okay.
>> Okay. Now, we will go over to the CHCs MCOs and see what their take is on everything.
PARTICIPANT: And so we're going to start with UPMC begin the time that we have remaining hopefully the MCOs can get their through sections perhaps in about ten minutes because I know we did also have the question or the request to have you talk about your service cut process after you go through the resource tools. And I think for UPMC I believe be should have Oly, Ben and Kim.
PARTICIPANT: Good morning, yes.
This is Kim Maddox. I'm the senior manager of community relations across the state and help to lead our teams of community help promotion specialists and community engagement team coordinatrs in all of our zones. I'm very happy this morning to just share quickly some high level or just some details around our resource tool that we use primarily for that our service coordinatrs and others use to support participants when they're looking for resources in the community. Next slide, please.
So the community resource guide we fondly call the CRG is an internal tool that we use. It

was created through a joint effort from throughout the health plan and that would include CHC, Medicare, commercial and [indiscernible]
and this again is a tool that we use internally. And all of our many of the lines of business that I just spoke about use this tool. So the tool has been developed over time. And went through a significant expansion in March of 2020, to address social determinants of health resources that were specific to the needs of participants during COVID-19. So the resource categories that were updated at that time and continue to be updated include COVID-19 supplies, testing and vaccine information. Specific, again during that time with COVID in March of 2020, with updates around housing, employment, food and pantry, behavioral health and utilities that were again, very specific to the needs of participants and members throughout our health plan during COVID and continue to be updated. Next slide, please. So since the inception of the community resource guide, again, which is you know, being pulled together through all of our internal resource seekers and those who are providing resources for our members and our participants we've continued to expand the CRG to include categories in cognitive disorders, home repairs, adult education, public and legal assistance support, faith-based support and locations and recreation. So this would include assisting participants or adding resources that are specific to activity in the community whether those are ongoing programs or sometimes just an event or a resource there or something of that nature that we want to make sure our participants have are aware of and our service coordinator could share or our SCAs. Next slide, please. So this is the land can page. And again this is an internal tool. So it's not super fancy. That's probably something we'll work on down the road. Again, this is a very robust tool we use internally. In the upper left-hand corner Ben Hampton is one of our community engagement coordinatrs who work in the southwest and northwest. So he is actually the one who is looking at resources. So this tool is available obviously not just to our service coordinators SCAs and care managers but also to the community engagement team and really anyone internally who wants to utilize this power app can get access to it. So let's say Ben was asked a question about he might be out in the community or a service coordinator is working with a participant and they have an urgent need for a food pantry or some other service within their community Ben or whoever is using this would access this landing page and click on the appropriate category to search for that resource. Also on this landing page are some other important links and some other links to either add a resource.
So if you see -- submit a resource that would allow someone an SC or someone from the team who identifies a new resource to add that resource to the community resource guide, and obviously they can search for a resource. And on this landing page they can also access some other resources that we use in conjunction with the resource guide including [indiscernible] which we have the deluxe account but we have access to aunt bertha as well as some other important links that we share on this page as well.
And on the other -- so primary categories were on the left-hand side and those were the ones that we've been checking resources for [inaudible]. You can see there's also a link for specific COVID resources and then as I mentioned on the previous slide we continue to add and refine additional categories of resources to share. Next slide, please. So actually the

next two slides are going to show what it looks like or you know, what might appear if you're searching for a resource. So again might be looking to help someone identify a food pantry in Allegany County he can also search too by ZIP code if he would prefer, but all the countes are listed and this is what the search would look like and that can be refined as well. Next slide, please. And this is just another example.
This is someone who is searching in the Philadelphia county under cognitive disorder. And there you see some resources come up that we have added to the resource guide. Next slide. So currently there are over 4,200 resources in our community resource guide. From the CHC staff and others across the health plan as I explained earlier. This is a joint effort of all of the individuals within the health plan that are supporting members and participants and either -- in either identifying resources [technical interruption]
resources that they have or looking for resources.
Resources are uploaded daily by the community engagement team, service coordinatrs and medical management teams and vetted by the community relations manage.
So [indiscernible] who is our manager in the southeast for community engagement is our primary vetter of resources that are added. And so her vetting process includes contacting the resource making sure that all the information is correct, that if also a wait list that we know about that and can add that to the notes, what other qualifications or requirements, you know, required so that someone could access that resource. Checking search terms and making sure that it's in the right category. And of course adding key words to enhance searchability. So we want to make sure that the resources that are in the resource guide can be found easily by anyone who's searching for them. Next slide, please. So you know, our commitment to continuing to expand and build this as our primary tool for identifying resources is ongoing. And recently we actually conducted focus groups with some of our SCs and all of our zones in terms of asking about how they use the resource guide, what recommendations they have and then obviously discussing specific resource needs that participants have in identifying what types of resources they search for most. So from those discussions we continue to make enhancements. And some of the things that we're actually developing now or looking to add to this resource opportunity is to create a process where a very difficult to find resource or one that's maybe just not at the top of the page or easily accessible perhaps is very unique type of resource need, that that can be communicated to someone on the community engagement team and the zone in which it is appropriate. And that community engagement team representative would do that deep digging to find that more complex resource and provide that back to the SC to share with the participant. Another idea that came out of these focus groups as we continue to look for ways to better provide resources or identify resources is that we also want to create a community calendar that the community engagement team to share with SCs who are assisting participants seeking activities and engagement in their community. So we talk a lot and know that a lot of our participant do want to be active in the community and sometimes just need a little assistance in trying to figure out where the activity are that they're interested in and some of the other details. So creatng these zone specific calendar for zone or helping a participant on a [indiscernible] find some activity that we would they

had like -- they would like to participant in the -- came out in the focus groups. And then we also share resource or available to share resources in the participants when we're in the community whether that's in PAC meetingses or participant advisory meetings, community forums which is our opportunity to engage with participants across the state through open dialogue and community type town hall meeting and other interactions [indiscernible]. Health fares, housing you know events that we do in affordable housing and of course through our quarterly participant newsletter. Those are all didn't ways that we share resources. And I believe next slide, please. We just have some URLs and these are all the links for the other resources that we use that were on the home page that I showed you the landing page for the resource guide. So those are the ones there. And I think our final slide is just any questions that anyone has about the resource guide. Or anything else related to what I just shared.
>> Okay. I think given the time what we'll do is just just move onto the next group and then look at where we are time wise to do questions.
PARTICIPANT: Thank you.
PARTICIPANT: Thank you. Then I think Kay is going to cover them through for PHW and Kay if you could try to keep it to about ten minutes as well. Thanks.
PARTICIPANT: Hi, my name is Kay [indiscernible] manager for community outreach for -- social determinants of health [technical interruption] lead on these initiatives I am excited to share with you the tools and resources that we have put in place to support our community health choices participants as we focus on transforming the health of the community one person at a time. Next slide, please. One of the first tools that we have is our quarterly newsletter. The newsletter is mailed out to our participants.
What I have here is a snapshot of the information that CHC participants receive in the newsletter. Not only does the newsletter provide health information but it provides information on how participants can engage with our participant advisory committee, as well as provide information on employment services under CHC a topic that I will discuss later in our presentation. Also in this newsletter we try to feature activities that are available to participants in the communities where they live.
Next slide, please. The second tool is our participant education resources we have partnered with [indiscernible]
online to provide access to over 4,000 topics 24 hours a day.
Participant family member can actually go to the search function and begin searching for a topic by using the first letter of whatever topic they're looking for. And here they're able to find answers to most of the questions that are -- that they may have. You can see at the bottom of this presentation there is a link to that website and feel free to check it out and see how it works. The --
next slide, please. Now, this tool is probably my favorite mainly because I have done so much hard work on getting it up and running we have partnered with aunt Bertha to create our [indiscernible] [inaudible]
connect platform. This platform allows our participants and their family members or community members with access to resources within the community that they live. A

participant or a service coordinator is able to enter their ZIP code and see which community-based organizations are providing resources for housing, foods, goods and other community services. On this slide you will see that we have data from July 2021 and we're able to track which searches are happening whether it's internal or if it's from our community platform. We -- as you can see there are high searches for housing and food. So we do have a housing specialist on staff who is able to assist with additional resources if needed for housing such as rental, mortgage assistance as well as locateg [inaudible] home maintenance. The second certainly you can see from our data from July is food assistance. Throughout PHW community connect if a person is wishing to apply for SNAP then we're able to refer them to a SNAP counselor through this platform. And then in return we're able to kind of track and see if that person was able to access the SNAP benefits. The SNAP counselor will assist the participant in completng their SNAP application. So this is helpful for our participants who may have literacy issues. If you are interested in exploring the PHW community connect platform the link is at the bottom of the page or you can go to our website and you can click on the community page and type in the ZIP code and look at all the wonderful resources that are available to our participants.

Next slide, please.

As you all know, employment first is an initiative that was signed into effect by the governor. Many of our participants are still not aware of all the employment services that are available to them under CHC. Our resources page is designed to inform the participant of the many employment services in addition to other programs that assist participants in becomng gainfully employed. Not only is there explanation of the CHC's employment services, but there are links to other resources such as the road to employment and benefits counseling. In addition there is a link to the PA work incentive planning and assistance [inaudible]. Also on this page if you take a look there we also have a link for housing resources. And so [technical interruption]. Able to access some housing resources. And finally you're last resources that we are so proud of here at PHW is our many -- I'm sorry, next slide.

Got on a roll. Is our PHW mini services guide. It was something that was asked for from our participants. And we were so happy to provide them this tool. Many of our participants they really wanted to know more about the 32 services that were available under CHC. This booklet does just that. It is provided to them at their NPOs at their annual visits and provides a description of all 32 CHC services. In addition, it has a perforated page to right down important information such as [inaudible] customer service number, the name and contact information of their service coordinator as well as the name and contact information for their PCP. In addition we've added an area where they're able to put down the date for their flu shot and if they also received their COVID vaccination. So far the feedback from the service coordinators and the participants have been great.

It's a wonderful resource. For them to have on hand with them really trying to not go through the big member handbook, participant handbook even though they do receive that as well.

So as you can see or participants have access to a number of tools and resources.

I would like to thank you guys for allowing us the opportunity to provide you a look into those resources. In a we have in order to better educate our --
[inaudible] thank you again.
PARTICIPANT: Okay. Thank you, Kay. And general Jen Rogers for AmeriHealth. And Jen if you can also try to keep it to about ten minutes.
PARTICIPANT: I will do my best, Pat. Can you hear me okay?
Had.
>> Yes, thank you.
>> Good. Thank you. So it's still good morning everybody.
My name is Jen Rogers I'm the director of program management and quality also here to talk to you about community health choices resources and tools.
The intent of my training and presentation today is kind of two-fold the audience will be pants and service coordinatrs and our team of collaborative services associates that focus on housing employment and behavioral health resources.
Next slide, please. So I want to start with our aunt Bertha platform. So this is also known as find help dot org and a really great resource that we've embedded into our ELTSS platform and for those of you that aren't aware that is kind of our electronic health record for all of our CHC participants. So it's really meant to be one stop shopping for service coordinator while they're working in the ELTSS platform they can quickly click into find help dot org or aunt Bertha and have access to making and -- referrals, get information about community-based organizations that would meet the needs of our participants and then also close that loop. So having the referral go out on behalf of the participant what they explore housing assistance and we're trying to connect someone with a community-based organization that would help with housing just as an example. That organization would receive the referral know it's coming from someone working on behalf of Keystone First and then close the loop and make -- give us the data back to understand where that person is if they connected and engaged with the resource, or if still that connection was pending. So it's an important way for us to get data on our participants. And how they're doing with connecting to resources. [Indiscernible] is available or find help dot org is available to anyone. You can search it now if you're watching this presentation but having us have access to it in our platform is important because A, it doesn't require upkeep of the health plan and it's allowing community-based organizations to basically have their information refreshed in real time. So it's available and relevant to our service coordinators and participants to search alike.
Pat I'm so sorry. My computer timed out. Hold on. Okay I'm back on. Sorry about that. All right. If you can go to the next slide, please. So this is the data that we get as a plan.
We can see here for the time period of 1/1 slash of 20 so 12/31 of 20 these are the top areas by zones of what our users are searching. So this slide is great data for us to understand how our service coordinatrs whether they're internal or external are using the aunt Bertha tool and what areas they're looking for. So some of our participants are really interested in housing and education and access to food resources. And that's how this tool is being used. Next slide, please.

Also want to talk about our [indiscernible] support tool.
So when we think about resources and what we want to provide to our participants and their caregivers, I don't want to forget about the importance of supporting caregivers. That are associated with our CHC participants that work for our CHC participants. So Quil is an app. It's digital health engagement solution that offers organized and accountable information to support caregivers on their specific journey. And what that means is that as a Quil user a caregiver or participant can log into the app whether it's on their Comcast platform or on their smart phone. And click and find the resources that are in real time applicable to them. If we're talking about condition Miami or combatting caregiver fatigue or questions about living wills or resources available for individuals that are just recently diagnose 2340ED with Alzheimer's, all of that information is available at the caregiver and participants fingertips through this Quil caregiver app. We're really excited about having affiliated with Comcast to make this tool available in the southeast region. And through the next and upcoming year we're looking to roll it out statewide and hoping to see adoption through our participant engagement efforts. Next slide, please.
So this is just talking a little bit more about Quil engagement and how it's available on Xfinity that's just another way to connect with the content available on Quil if the participant or family member or caregiver is a Comcast Xfinity TV subscriber. Next slide, please. So when we talk about the resources that they're in the community I want to underscore to the audience that this is not a comprehensive list. And that the -- we as a plan are definitely open to any and all community resources. I think all stakeholders whether they're from SILs or the behavioral health organizations or elsewhere are critically important and valuable resources for our team to access the needed resources when we're trying to connect people with behavioral health services, when we're trying to connect people with their behavioral health managed care organizations and make sure that the resources is relevant to the participant participant's situation, that it's meaningful for them, and that it's up to date and really, I think, COVID helped us immensely with our network of community-based organization relationships, connect people in real time with resources as they were popping up as the pandemic was progressing, whether it be peer counseling or other opportunities, grief counseling.
We really lean on these resources as a managed care organization to support our participants and their unique needs. And my computer did it again.
>> Must be the rain.
>> Yeah, right. Next slide, please, yeah. So we can again housing resources the list in front of you is just some of the resources that our housing specialists use to connect our pants with the right resource to support them whether they're looking for housing looking to connect with voucher opportunities, understanding their renters rights, understanding their needs from an assistive technology foundation, we tap into these resources ourselves as advocates and supporters of the participant through -- and our job is to connect them with the available resources out there.
And also keep ourselves abreast of what's going on in the different phases whether it's again housing behavioral health or employment. So these are just lists of services whether

your housing coordinator or service coordinator that we think are relevant to the needs of our CHC participants. Next slide, please. So again just listing some of the areas area [indiscernible] housing these are all search engines that we use in community based organizations and non-profits that help us support our participants across Pennsylvania. Next slide, please. So speaking of our employment resources and tools, we obviously work very closely with the office of vocational rehabilitation which provides vocational rehab services to help persons with disabilities to prepare for, obtain or maintain employment. The PA career link I'm sure many on the calls knows this but it's a tool for job seekers one that we recommend to our participants to access or apply for job openings across the Commonwealth [inaudible] their own geographic location. And the job accommodation network or JAN offers free expert and confidential guidance on workplace accommodations and disability employment issues.
So again not a comprehensive list but just one I wanted to mention as what we use to support our CHC participants.
Next slide, please. And in closing also to point out to everyone on the call that we've really tried to direct participants, service coordinators, family members, caregivers to using the community resources area on our website. And we've included how-to videos here. So I think one of my colleagues mentioned how to access SNAP benefits, how to use compass, how to apply for [indiscernible] [inaudible]
other resources. We even have a link to our aunt Bertha page on our resource tab so that participants have kind of a one place to go to get access to community resources. And I would be remiss to not also note that an explanation of benefits which is right of all CHC plans in the participant handbook is also listed on our website. And gives participants a full definition and understanding of their -- the service, the 32 services available under community health choices and kind of provides a road map on how to access services, how to apply for services and how all those moving parts in [inaudible] Pennsylvania work together. So we've developed a road map that we've also posted on our website. You can see here too all the meeting note for our health education advisory committee and our participant advisory committee are posted on the resource page on our website. So if you're a participant, caregiver or a service coordinator this is the place we want to direct -- to direct you to if you're having conversations about how to tap into resources across the Commonwealth. And I think that's it. Thank you so much, Pat.
>> Great, thank you. Are there -- excuse me -- any questions from the committee members?
>> Yeah [inaudible] here when rise PA, you know we may still end up with the rise PA program but when that was initially being pressed forward and they were using the platform, one of the concerns I had was that one of the pillars I think there were 8 or 9 pillars, none of them were behavioral health services you had to get to behavioral health services by going through another pillar and I really appreciated the AmeriHealth presentation that includes direction and attention being given to behavioral health services, thank you for that, Jen. The platform that's being employed by the three MCOs continue to offer only limited or some means of accessing behavioral health services

through that platform?
>> Pat, if you don't mind I'd like to [inaudible] more on that. I think that brings up an important point. What we found in our engage am with aunt Bertha is their flexibility and ability to work with the needs of the plan, us in getting access to resources in real time added. So I understand what you're saying from a domain standpoint. And I would love to maybe meet with you off line to talk about that a little more because I think it -- it only makes us better. To make sure that there is services and domains as you said, are easily accessed if you're an end user whether you're a participant or service coordinator wanting to use aunt Bertha to find and connect resources.
>> I'd be interested in that, just Jen, thank you very much.
>> All right. Any other questions from committee members?
>> This is Matt. I would just note that I didn't hear the processes from each of them.
Back to my earlier question.
>> Yeah, you are correct Matt.
We can see if there's time after we go through the additional public comment to circle back, if not we'll ask the LTL to put that in the future agenda.
>> Thank you.
>> Sure. Any other committee member comments or questions?
If not I do have a questions that maybe quickly MCOs can address so we can get to the additional public comments at 12:15. The first question is from Pamela Silver and it for UPMC. So Kimberly, if you or Mike can answer what is UPMC's expectation how FCs use the information that they get from the CRG, once they identified resources are they actually helping participants to call around to get connected to the resource which legwork can be overwhelming and challenging for participants especially if they don't have family members to assist.
>> So, thanks for the question.
It's Silver. Great question, yeah. We will do whatever you know, in the circumstances when we access that the CRG how participants contact them directly and do warm handoffs or we will provide the information.
It's all dependent on the circumstance that somebody's in.
One of the reasons we, you know, vet this information as Kim said is to make sure it accurate and timely. And we will take stuff out of the CRG as well contacts and information if it's not --
if it's not that. And just to circle back on the behavioral health piece we do have [inaudible] health resources are also listed in there as well.
So we're happy to do that. We have definitely recently was reading some circumstances where we were actually outreaching to folks with the participant that -- trying -- engage some benefits and resources in the community. And so and we havehave -- we definitely made that available to folks as well. And that's why you know, I don't know if you noticed at the bottom of our guide similar to AmeriHealth we have other external resources that are massive. There's a Pennsylvania resource, Department of Health resources around COVID as well, [inaudible] has a public site that we do not you know, we don't use it as a primary

for our program but we do access that as well to -- and work with them on that. So, yeah. Thanks for the question. Great question.
>> Okay. So given that we're at 12:14 and I know that Jamie definitely want to make sure there's sufficient time for additional public comment, I will hold those additional questions until after the end of the additional public comment.
And then move -- I think the idea with this section, I don't know, Jamie, if you really want to speak to it or not, but it's my understanding that you really want to take this period as getting comments and not questions related to the presentations today? Is that correct?
>> So, Pat, I'm open to either.
>> Okay.
>> Sorry to throw a wrench in.
If people have questions and they have questions on something that came up today we can do that or if they want to make a comment that's fine too.
>> Okay. So I do have a few questions from our presentation if you want to start with those and then we can hit some of the ones that came in or come in towards the end. If that works for you.
>> Works for me.
>> Okay. So the first one is from Ford Allison is OLTL aware of any impending problem in the Philadelphia area mid-October, the Philadelphia Department of Health vaccine mandate for personal care agencies in its current formula require PCA, personal care agencies to discharge unvaccinated care workers. Where will these clients receive the services they depend on?
>> So pat I'll start if any of the CHC MCOs want to jump in here they can as well. So we were made aware of the film I can't vaccine order, I believe it was last week. And so we did communicate that to the CHC MCOMCOs. My understanding is the CHC MCOs are obviously communitying the vaccine requirements to those agencies located in the Philadelphia area as well. In my reading of the order it was on the employer meaning the home care agency or in the participant directed model the actual participant to verify that the direct care workers was vaccinated or qualified for one of the I want to say exceptions. And then I know there is some testing requirement as well. Honestly, the office of long-term living and the department of human services obviously is looking at the order, we're talking about it. And so, you know, we're aware of it as well. We're making some plans.
>> Okay. And I'm going to do there was a related question that came in a little bit later.
It was are direct care workers required to get the vaccine.
And this would be state-wide.
>> So right now no direct --
direct care workers are not required in other areas of the state meaning outside of Philadelphia to get the vaccine.
However, we would encourage it.
Obviously they're working probably with a pretty vulnerable population. And obviously getting vaccinated to protect yourself, your family members and those participants who you may be caring for is really important. So we would highly encourage it.

>> Okay. Thank you. The next question is from Pam [indiscernible]. When do you expect the review of the service reductions to be completed?
>> So to answer Pam's question, I don't have an exact date. I really don't. I would assume that it's going to be in the next few weeks. That we would be ready to share some results of the service reduction review.
Honestly when we started this work we thought it would go a lot faster but due to the number of materials that needed to be reviewed it's taken a lot longer than we expected. It is -- it's a very thoughtful time-consuming good process, good process. And so we hope to wrap it up soon to be able to share some information.
>> Okay. Thank you. The next question is from Rosalyn R Smith where should examples be sent of service cuts that do not have an explanation?
>> So, Pat, you can send them to me, me, Jamie Buchenauer at -- or you can send them actually to the box that is listed on your screen that RAPWCHC at PA dot gov. We can pull them from there whatever is easiest. I know Randy --
accepts examples as well.
>> Okay. Thank you. And the next question is from Kate Baker: How does someone apply for membership on the MLTSS?
>> So if you are interested in being a member of the MLTSS I would encourage you to send your interest and a resume is helpful to RAPWCHC at PA dotgov. And we can review it. Like I said we do have four vacances right now for family caregivers or participants themselves.
>> Okay. And the next question is from Dana -- how can you guarantee that the rate increase will be passed onto providers through the MCOs, and I think the second part a similar question is: Actually how does the rate increase get to the direct care [technical interruption] direct care worker.
>> So that's an excellent question. So we will -- the office of long-term living will require that the community health choices MCOs pass along the rate increase to like I said before, the home care agencies.
Unfortunately and we've spent much time debatng this internally at the office of long-term living which do we do not set the direct care workers wages. So the home care agency that pays the direct care worker sets that wage. We will highly encourage them to pass that along to the direct care worker any increase that's provided.
Since we are not the employer of record, we cannot require it.
But we will highly encourage it.
We would love everyone's help in encouragng home care agencies to pass along that increase.
>> Okay. The next question is Rosalyn Smith and it where should participants look to get assistance with more hours, BME, phones and repairs?
>> So if they're looking for assistance their first place to go would be their service coordinator if they're looking for assistance in the process.
Obviously that is the person that can assist them with that function.
>> Okay. And then the next --
the next two things that are really comments and they relate back to the assistance with

the denial process the first is from Dana -- would individual participant be better served in the service coordinators were independent of the MCOs who is their advocate within the system and also Pam Hour so who is the person support to get what they need if not the support coordinator seems like it's a conflict. And then the next comment is from Amy Lowenstein regarding requiring a person with a disability to be on the grievance panel it sounded like OLTL thinks there might be a legal barrier to creatng such a requirement. There is not. The grievance panel must have at least three people only one of which must be a physician. Of the two others, one must be a non-employee which is a role into which a person with a disability could fit. OLTL could require that in its agreement with the MCOs. And the next comment is from Pam Hour if the SE is -- SC is not helping them get the help that is needed he pushes the request forward. Looks like I'm going to get some duplicates here.
The next comment is from Cathy [indiscernible] PA needs to expand its long-term care am buds man program to include CHC participants in all settings.
And the next comment is from Latoya Maddox [inaudible]
consumer through the service cuts. A lot of times SCs do not know that is going on and this is a huge problem. And then a question from [indiscernible], please repeat the statement about the wage increase and when it is expected to be in place.
Thank you.
>> So for [indiscernible] I didn't indicate when it was expected to be in place. So I can't repeat that. I didn't say yet. More information to come on the wage increase. So I think what I said was that the community health choices MCOs will be required to pass along that wage increase to home care agencies. Home care agencies obviously set direct care worker wages not the office of long-term living. And so we would highly encourage home care agencies to pass along any increases to direct care workers.
>> Okay. Thank you. And just so folks know they can type any comments or questions into the question pane on the goto webinar panel. The next comment is from Ian -- I agree with everything that has been said.
All of our communication from MCOs is about money, procedures, et cetera. No one has cared about the quality of care that the participants receive. The next comment is from Dana Schut, individuals can't always access support coordinator without going through a call center. So they aren't always available to help individuals navigate this agreement -- disagreements.
Then the next comment is from Kate Baker: The SC usually don't advocate but the name SV a misnomer, advocates aren't usually paid for advocacy. The next comment is from Jill Spector the trigger event may well be the assessment which the SC runs and the MCO in reducng services cites an authority --
cites as authority for reduing hours. This puts the SC in direct conflict with the participant. We all want to be cooperative and harmonious but in reality when the MCO seeks to reduce services it is a formal adversarial process and they were represented by lawyers from established firms while participants has no right to counsel or ability to consult.
And let me get back over here.

And so that brings me back to questions about the MCO presentations. And so Pam, so -- also asked if the other MCOs can speak to how they're significant the participants get connected to the resource identified through their online tools. So I know Mike stood to that, if -- Mike spoke to that if Kay you can speak to it for PHW or Anna.
>> [Multiple speakers].
>> Get off of mute.
[Laughter]. There's a number of ways that we're able to connect participants to the resources.
We can do it through the service coordinator, supports coordinators they're able to access it through member services. If one of the things I also failed to mention is with the PHW community connect platform if a participant is goes onto the platform and they see a referral -- see a service that they would like to be referred to, they're able to send themselves a text message with the information from that program as well as the member services -- or participant service line.
>> .
>> Okay. Thank you and Jen for AmeriHealth.
>> Pat, I think one of the things we're looking to do and I hope it was clear in our presentation this is open access to community resources. It's really important to remember that we have a full force of the MCO behind us whether it's the contact center, our personal care connectors, resource, our BH coordinators, housing coordinators all those folks are able to use the tools we have put in place but beyond that we're looking for opportunities to expand and develop tools.
And not have everything half to filter through the service coordinators. And so that's something we're looking to try to enhance and implement as we move forward into 2022. So that the participants service coordinator doesn't have to be on the [inaudible] and have --
[inaudible] that can empower and direct participants and their caregivers and loved ones to relevant resources. Hand hold to an extent to make those one transfers or connections but also point them in the direction of how to use the tools and resources available independent of the plan or independent of the service coordinator and connect directly with relevant resources out there. And I think it was Latoya who said that there is a plethora, there are plethora of resources available at the SIL across Pennsylvania. And having our team of service coordinators aware and trained on those resources only trickles down to more empowered participants as stakeholders. So I think it was a great point that the SILs have tons of resources and peer support programs that are available to help participants.
And it doesn't all have to always filter that connection, doesn't always have to filter through the service coordinator but can happen organically at the participants and community organization level which is awesome.
>> Okay, thanks, Jen. The next question is interesting and very relevant from [indiscernible]:
How do the MCOs account for technology barriers when it comes to identifying approaches

to overcome social risk example using aunt bertha particularly in spaces that have internet and broadband concerns. And Mike move it back to you for UPMC first or --
>> Yeah, that's --
>> I'm not sure if you want --
>> for UPMC first or --
>> Yeah, that's --
>> I'm not sure if you want --
>> Hey.
>> Okay.
>> Thanks for the question.
Yeah, I mean our CRG has access to certainly as Jen said in her presentation or her comments just now we have broadly our call centers as well as our service coordinators all have access to this resource and can do it via communications through a telephone. So if there is a access to services that's a way to address it. If they have access to, you know, if the issue is they don't have access to broadband 24 their home, there are service coordinators in the home can actually access it through their WiFi hot spots and help participants through that process while they're in their homes. So there's multiple ways that they can gain access to that. And we're always looking for improvements there in terms of access to broadband long-term and how we can work with the you know, the providers of the safe link program and those types things to get devices in people's hands. And eliminate barriers whenever possible. So thanks for your question.
>> All right. And Kay [inaudible] HW.
>> As always they can call us and the PHW call center can assist. Service coordinators can assist as well. So along the same lines there is a assistance in those rural areas.
They just reach out to us and we'll make those connections.
>> Okay. And Jen.
>> Pat, I wanted to say I'm sitting here thinking about the response but in a truly post COVID world we can think about more community level engagement and face-to-face engagement better wellness centers or other community events where our service coordinatrs are health navigatrs other folks are connecting people making them aware of resources or events that are happening. And I think that it is a concern as there's a tech divide issue or access to using the web and is up to search. That's where we want to create the space for our service coordinators to have the time in their day to sit with a participant and make those calls. Connect them with those resources and reduce --
sometimes overwhelm aspects of trying to get your head around whatever your situation is, sort through what's out there and available to you and select the right resource that makes sense to help you through whatever your situation may be. That can be very overwhelm. I know the SILs are really good at this. I know they're mindful of these challenges on top of challenges which is the tech divide and having access to -- or time or skill to search resources on the internet and that that good old fashioned sit in the house figure it out is still a tried and true approach to connecting people to resources in their time of need. And I hope that you know, as you move forward we can resume that good work as

needed, and leverage our wellness centers and other community events safely so that those connections can happen.
>> Okay. Thanks. The next question is from Lynn Cooper and we have heard good things about aunt Bertha, however, like any database it is only as good as the data entered. It is our understanding that providers must register themselves to be included and that many providers are not registered. How do the CHC MCOs rely on aunt Bertha to address that problem also [inaudible] now on hold [indiscernible]. And Mike we'll start back with you.
>> Sure. If I'm getting the question correctly is you know, for aunt Bertha, the comment or the questioner asked you know, if they're not putting it in themselves how do they get it. So for the most part providers and this is the same for all three MCOs we have providers are actual listed on our web sites.
And can be found you know, in geographic locations and again, service coordinators, our telephonic centers, telephone centers and others can help connect people to providers and their information is on our website. So it doesn't have to be -- as a matter of fact we use the CRG is really for those providers, their community resource guide. So let's just look at the name for us and really looking for folks that are going to provide some subset of services that really [inaudible] to a participant.
So a good example is and I think one of the other plans mentioned Habitat For Humanity, they do some work around repairs and things. So if we have a home modification that requires repairs one of the things that our staff might do is go out and use our CRG to look up the local Habitat For Humanity providers or other providers who do home repairs by ZIP code in the area and engage them in a discussion around some other problem that may be a barrier for us to you know, basically put in a whole modification or do a modification paid on some repair work that is problematic in the household as well. So if you need a substance abuse disorder program or a [indiscernible]
line for somebody to talk to when you're in -- for personal crisis, that type of thing, we would go to that CRG and look for those resources or VHM MCOs again for behavioral health can be a mixed use there. But we do have that information available.
So just a lot of resources that you wouldn't typically find in the provider guide. Which is populated with the providers in our network. So I hope that helps answer the question. I hope I got to the point that you're trying to make. So, thanks.
>> Okay. Kelly, how about you?
>> So we meet biweekly with the aunt Bertha platform to discuss any resources that we are possibly missing in the platform. We do a coordinated outreach to particular specific programs and ask them to make sure everything is properly vetted, to ask them if the information on the platform is correct. In addition, our outreach specialists sit on various housing options meetings and they're learning about the different services that maybe available to the participants.
And so we are making sure that we are getting that outreach with the service coordinators as well as doing our monthly community outreach newsletter.
And we're posting that newsletter on our -- on our PHW community website. So that's available to participants and anyone who goes to that website as well. So we're doing a --

outreaching to making sure at that we're capturing what is important to our participants and to our service coordinators.
>> Okay. Jen.
>> Thanks, Pat. So I know the question came from Lynn Cooper and I think I would extend the invite to Lynn that I made to Linda that if we're talking about getting PH services and providers listed in aunt Bertha in real time I think we can definitely engage with the aunt Bertha team they're very responsive. That was one of the decidng factors for our plan in choosng aunt Bertha which was vetting and getting community based organizations and resources to the platform quickly. That was critically important to us when we were considering what resource or what web link that we wanted to have support our seniors coordinator team. So I'd be happy to make those connections and see what kind of progress we can make in getting PH more readily presented and available like Linda said as a domain or a search criteria area if you will in aunt Bertha and meeting with the aunt Bertha team to make that happen.
>> Okay. Thanks, Jen. The next question is from Ford Allison and this will be one for Jamie, does OLTL have a high level dollar number of how much [indiscernible] funds will be allocated to workforce priorities?
>> So it's a really good question. But the department of human services hasn't yet released any dollar figures except the overall amount funding that the entire department hopes to claim through the 10% enhanced [indiscernible] map. So that's a long answer to say I don't have that figure yet.
>> Okay. Thank you. The next question is also one probably for you but then also the MCOs Jamie. So it was from [indiscernible] and it really confirm who are in Philadelphia must home care agency direct care workers as well as I would assume through the participant directive model, must they have the vaccine, is that mandated because they can lose participants if not all agencies are requiring the vaccine and then also made a comment that they have not heard anything from the MCOs around this as being a requirement as well.
>> So my understanding is Philadelphia just released details of their order last week -- that may explain the delay in terms of why they have not heard anything. Honestly all questions it's a Philadelphia order, it's not a state order. So the state is not the proper place to answer questions about the order. When I read it, it sounded -- it looked like the definition of I think it was health care worker included those providing direct care to participants in their home. I think that was the phrase. But honestly people should definitely read it. Look at the order and I think it has a place where you can ask questions. I'll go back and look Pat to see if Philadelphia is taking questions on their order.
>> Okay. Thanks, Jamie. The next question is from Crystal Spivey. My question: How will the department make sure that the rate increase actually makes it to wage and benefits increases for workers and I think your earlier response to that, Jamie was making sure that the -- they communicate to the agencies of the important of that.
>> Yes, Pat.
>> Okay. Thanks. The next question slash comment is from Erin Jenkins. I have been

encountering many possible consumers especially seniors having extreme difficulty in acquiring services due to the excessive financial determination with the assistance office and enrollment broker with that demographic not being very tech savvy trying to fax, scan or email five to seven years of financial documents to satisfy waiver applications are extremely difficult. Is there any assistance for them or agencies that can advocate for them to reduce the stress of these proceedings?
>> So the independent enrollment broker can assist the participant with that process in getting that information together and sending it to the county assistance office. With the independent enrollment broker cannot do is actually advocate I want to say on the requirements. Unfortunately the requirements aren't set by the independent enrollment broker, they are set in our state statute and regulations. And so obviously the county assistance office needs that documentation in order to complete that person's eligibility. So while they can assist, you know, their role is assisting somebody compile all those documents.
>> Okay. The next question is from Lori Harvey: Is there any consideration to align new [indiscernible] rates throughout the state such as southwest PA receiving the lowest reimbursement in the state?
>> So that's a good question.
And I think when we have finalized the rate increase we can share more information at that point in time.
>> Okay the next question is from Elizabeth -- so the rate increases increase is only for agency model?
>> No. The rate increase would be for all personal assistant services including agency and participant direct services.
>> Okay. Thank you. The next question is Mr. Misty Deon:
Will there also be a nursing home transition increased rate as part of the diversion and transition parties for the American rescue plan?
>> So that's a good question.
So Misty, I would say since the nursing home transition function is an administrative function of the CHC MCO, we do not set the rate for the -- for the rate paid by the CHC MCOs to their contractors if they contract out the service. We do -- we have supported with ARPA funding nursing home transition so collaboration with the community health choices MCOs will be helpful.
>> Okay. The in ex comment is from Lauren Alvin: Just because MCOs are seeing participants growing in numbers doesn't mean unnecessary cuts aren't happening. Jamie stated that OLTL is doing the overview service cuts to ensure reductions were done appropriately. This is already being [inaudible] cuts being correct and necessary. What is the process for these cuts?
Also in regards to the partnership comments, this partnership is not working if there's a large population saying they are not getting what was agreed upon. Also the advocacy of the SCs piece won't need to be confusng if the MCOs could explain these cuts. If so many people weren't getting cuts than PA health law project wouldn't be so burdened and then

the legal advocacy would be doing what it's meant to be.
And the next cut -- the next comment is from Crystal Spivey excited to here you mention that ARPA funds will be used to --
rates to direct care workers.
We need $4 billion for higher wage, health insurance and training. Next question is from Helen Burke, like the increase in wages home health care workers, however will they start to add or count in for overtime?
SGRFRJS
>> Was that a question to me?
>> Yes, I think so. The first part was a comment saying she likes increase in the wage but the second part was will this become part of a calculation for their overtime pay.
>> So I may need some help in this arena. My understanding is that overtime pay is based on the am of wage that the person makes. So if the wage is increased, I'm under the assumption that the overtime rate would increase as well.
Someone can correct correct me if I'm wrong.
>> And since the -- yeah. I --
not seeing anyone volunteering to help on that one. So the next is a comment from [indiscernible]: There is need for assessment to be done so that home care workers know what to do at the consumer's home.
The next comment is from Crystal Spivey 150 million is not enough money to cover all the expenses for home care workers who survived this pandemic with little pay and no health insurance. We work every day for each year struggling to care for our consumers and loved ones. The next comment is from [indiscernible] Owens, when consumers hours are decreased no one information consumers before it happens. I feel that consumer should have the right to dispute the decrease of hours because this is unfair to the consumers when they need their hours. This is Ellen's home care worker. The next comment is from Helen Burke, I work for a non-profit as a home health care giver. There always seems to be a need for caregivers to work, however, the company cannot afford Fay overtime as this comes out of pockets not through government funding. The next comment is from Crystal Spivey. My name is Crystal Spivey I'm a registered nurse assistant. I've been traveling house to house caring for consumers. The trainings need to be in place because it helps home care workers feel secured and very skilled to complete the task at hand. And next comment is from [indiscernible] hello my name is [indiscernible]. I am a direct care work other Philadelphia. I run across many seniors who really need help that cannot get a caregiver because there are not enough caregivers and because they are receiving higher monthly income than allowed. How can we make sure all seniors who need care can get the care they need? And then the next comment is from [indiscernible] is the wage increase going to be enough that me as a caregiver would make a liveable wage? And then the next question would be for the MCOs from Cathy Long: Do any CHCs have information in Braille or audio cartridge or thumb drive? You do so those individuals who cannot read or print items if not why don't you? And I guess Mike we'll go back to you since I've been starting with you. Inch I'm trying to find the mute button here. Yeah so that type of information is available upon

request. So if somebody needs some of their information in Braille we have organizations that help us make sure that we are providing accessible materials to those.
>> Okay and Anna do you want to cover this one for PHW.
>> Absolutely, we print in multiple languages and Braille and have audio, again, like Mike said it's upon request but we do have at least one version of for example our participant handbook in Braille on site to send out if a participant requests it.
At all times.
>> Okay. Thank you. And Jen.
>> The only thing I had add Pat that is a requirement of our CHC agreement what Mike and Anna just spoke to is of course the same for us. Thanks.
>> Okay. And then the next comment is from Francis Adams who's a home care worker from Washington. How do we make sure we get more money to pay for overtime. ? In and I think --
>> And I think Jamie you know from the earlier discussion that's really a conversation with the home care agencies.
>> Correct, Pat.
>> Okay. The next is a follow-up from Erin Jenkins on the comment around the assistance with pooling the documents. She said I was asking if there are any agencies that could help those consumers that have issues with the CAO and the county assistance office and the independent enrollment broker?
>> Sorry, Pat, was that a question for me.
>> Yes, Erin was asking if there's any and this may be a broader question input from anyone that's obtain committee she's asking if there's any agencies that could help consumers when they're having issues with the county assistance office and the independent enrollment broker.
>> So I think there are --
there are definitely agencies out there that can be helpful.
With any issues with the IEB or with the county assistance office. I do know that the office of long-term living gets many requests for assistance and we troubleshoot issues when participants have them. You know, I know other organizations out there do the same and many of those questions come back in through the office of long-term living to assist. So we fulfill one of those roles.
>> Okay. Next question is from [indiscernible]: Where can the overtime rate be found? Oh and I think so Shonah's clarifying.
So they're really asking related to the participant directed.
Overtime is not an agency issue.
The question really is request can [inaudible] get reimburse the over time when agencies can't?
>> So Pat is someone on from the office of long-term living that can answer this question? In I would have to look into it.
>> Around maybe that would be best Jamie to take that off line as a follow-up since we are at 1.

>> That sounds good. We can look into that.
>> Okay. There are some additional comments which we will send over to OLTL. So I guess I will turn it back to Linda and Luba.
>> Yes. Due to the time factor we will have to end this meeting. And our next meeting is when, Luba?
>> Our next meeting is on October 6th.
>> Great. Okay. Thank you.
>> You're welcome. .
>> Thank you everybody. We'll be together on the 6th and hopefully some of these questions will be answered.
Okay have a good month.
>> Thanks, Linda, you too.
>> Okay. Bye, everyone.