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**Date: 09/07/2022**

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

>> Test test test. This is a captioning test.

[ Inaudible ]

[ Inaudible ]

>> We have audio now.

>> We are resolving issues.

It's 10:06.

>> DAVID JOHNSON: This is David Johnson, testing, testing.

Are any committee members able to hear me and announce themselves?

>> This Cindy, I can hear you.

>> Is Dave, I can hear you.

>> DAVID JOHNSON: Jay, I think there is feedback on your mic.

>> Folks, this is Mike Greer with MLTSS chair. I think we battled through this audio difficulties and are just about ready to get started. And David will call the roll.

>> DAVID JOHNSON: Hi, everyone, this is David Johnson. I will take member attendance here. Ali Kronley, are you here?

>> I'm here.

>> DAVID JOHNSON: Cindy Celi.

>> Cindy is here.

>> DAVID JOHNSON: Neil Brady. Gail Weidman?

>> Good morning.

>> DAVID JOHNSON: German Parodi? Heshie disinman.

Jay harner, I heard that you were present. Good morning.

>> Good morning.

>> DAVID JOHNSON: Juanita gray.

Kyle Glozier. Lloyd Wertz.

>> Present.

>> DAVID JOHNSON: Morning, Lloyd.

Matt Seeley.

>> Present.

>> DAVID JOHNSON: Mark Gusek. Mike Grier, present. Bridgette on behalf of Monica Vaccaro.

>> She is in the chat, she's here.

>> DAVID JOHNSON: Thank you. Patricia Canela-Duckett. Sherry Welsh. Tanya Teglo.

Are there any other subcommittee members that I may have missed or would like to announce themselves?

>> Hi, I'm Juanita gray, I'm here. Sorry for the mishap. Thank you. God bless.

>> DAVID JOHNSON: Any other subcommittee members that I missed or would like to announce themselves?

[ Indiscernible ]

>> Good morning. All right. Moving along, going through to review emergency evacuation proceedings. In the event of an emergency evacuation we will go to the left of the church on the corner of fourth and market. If you require assistance to evacuate, go to the safe area located right outside the main doors of the suite. Staff will be in the safe area to stay with you.

[ Inaudible ]

[ Inaudible ]

Hello, again, this is David Johnson. Apologies for the interruption. Any committee members on the call, announce themselves so we can ensure we have proper audio?

>> This is Cindy, can you hear me?

>> DAVID JOHNSON: Yes, thank you, Cindy. I appreciate it. I'm going to resume with the emergency evacuation procedures where we left off. In the event of an emergency evacuation, take belongings with you. Do not operate cell phones. Do not try to use elevators as they will be locked down. We will use stair 1 and stair 2 to exit building. For stair 1 exit the main doors on the left side near elevators. Turn right and go down the hallway near the water fountain. Stair 1 is on left. For stair 2, exit side doors on the right side of the room or the back doors. For those exiting from side doors, turn left and stair 2 is directly in front of you. For those exiting from the back door, exit, turn left, left again, stair 2 is directly ahead. Keep to the inside of the stairwell and head outside. Turn left and walk down dewberry alley and chestnut street and turn left on fourth street, turn left to blackberry and cross fourth street to the train station.

>> Thank you, David. We will go over house committee rules. Please keep your language professional. This meeting is being conducted in-person at Department of Education's honor suite. And as a webinar with remote streaming. To comply with the logistical agreements we will end promptly at that time. All webinar participants, except the committee members, and presenters will be in listen-only mode during the webinar. Speaking during the webinar to help with background noise, we ask attendees to self-mute using the mute button or mute feature on your phone. Your phone, computer or laptop. Please hold all questions and comments until the end of each presentation, as your question may be answered during the presentation. Please keep your questions and comments clear, concise, and to the point.

We ask participants to please submit your questions and comments into the chat box located in the go to webinar pop-up window on the right side of your computer screen.

If you enter a question or comment, type into the text box under questions and press send. Audience members who have a question or comment should wait until the end of the presentation to approach one of the microphones located at the multiple tables we have opposite the speaker.

Device chair and chair will call on you. To minimize background noise in the honor suite, we ask that committee members, presenters and audience members in the room, please turn off your microphones when you're not speaking. Documenting the discussion remotely, so it is very important for people to speak directly into the microphone and state their name and speak slowly and clearly and otherwise captioner may be able to capture the conversation. This will also aid the exaptionist in recording who asked questions and responses that will be needed to be sent. When submitting a question or comment into the chat box, it is important to include your name in the chat box. Before using a microphone in the honor suite press the button on the base to turn it on. You will see a red light indicating the microphone is on and ready to use. State your name into the microphone for the captionist and remember to speak slowly and clearly.

When you are done speaking, press the button to turn the microphone off. The red light will turn off indicating the microphone is off. It is important to utilize the microphones placed aren't the room to assist the captionist in transcribing the meeting discussion accurately.

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. If you have questions or comments, please send comments, questions, directly to the resource account and there is an e-mail address that is on your agenda. Transcripts and meeting minutes, meeting documents, we have posted on the list serve under MLTSS meeting minutes. Those documents are normally posted within a few days of receiving the transcripts.

The 2022, MLTSS meeting dates are available on the Department of human services website.

So with housekeeping done, we did have a few follow-up questions, a matter of fact, quite a few follow-up questions from the last meeting. So I would like to go ahead and go through those now.

German or Paul? Okay, both. Okay, Shawna asks, how long is the unwinding period?

>> This is germane. There will be support with 12-month period to unwind and there are many things impacting the time available, including dates running into the next fiscal year and administration. There will be work associated with the unwinding of PHE within six months.

>> The subcommittee members Matt Sele asked if there is an increase in OIM funding for the unwinding.

>> So the unwinding leads with naint nance and county assistance office, staffing, is

currently at 93%. A compliment to make it well prepared to process work during unwinding. Special overtime will be available it make sure the workload can be completed timely.

>> Related to Vice Chair David Johnson commented that there would be referrals to partners like chip and Penney. Is medic also a referral for those losing MA eligibility?

>> PHE leads currently responding that people know about DHS and Medicare.

>> Related to community partners, Kat from Philadelphia asked, if there will be trainings or guidance for community agencies on becoming a community partner and training or guidance after becoming a community partner.

Germane responded that if you go to the compass website and use the link there, it has information at the top of the website. There is a detailed information on what compass community partner does. Compass is overseen by the office of income maintenance and if he could find out if there is any other trainings that OMI, OIM, has had in Philadelphia.

>> So OIM directs individuals or organizations to good to the [compass.state.pa.us](http://compass.state.pa.us) web page and click on the helpful links menu at the top of the web page. The drop down contains the web base tutorial, on-line registration guides specific for community partners as well as information about compass and what people can apply for. You can also ask questions on a variety of subjects. The links will be provide he as an additional document on the MLTSS meeting minutes list serve for this month.

>> Related to individuals impacted by PHE, committee member Matt Seeley asked how many members are expected to lose eligibility or be impacted by PHE. Germane responded by the number of individuals impacted that that is something he would take back to the group to make sure that they have the most up-to-date information.

>> DHS PHE leads responded that as of July 13, 2022, DHS identified about 525,000 individuals who have been maintained despite not meeting eligibility criteria. Additionally approximately 314,000 have not completed the rental process since the public emergencies were put in place. Once the public emergency ends, if they do not meet eligibility criteria their cases will be closed after proper notice. For CHE population, the latest, April 17, 2022 data report shows 26,213 individuals and maintaining not meeting eligibility criteria. 2,325 those individuals were on CHC with home based community services. 1,302 individuals with facility code 36 indicating skilled facility and 22,686 were determined to not identify facility ineligible.

52,546 individuals in CHC not completed the rental process of 14,897 of those were on CHC, and 6,546 of those were code 36 and still in the nursing facility and 31,103 were in modules.

>> Related to referrals made, consumer advocate asked, who were all of the entities that will do referrals for individuals who lose eligibility due to the end of the PHE? And CAOs service coordinators, et cetera. Germane said he would take the question back to DHS staff for response.

>> DHS PHE stated that when someone loses eligibility, they are referred to Penny or Chip via file transfer.

>> Related to discussion with -- did I just read that one? No. Consumer advocate Pam R asked if centers for independent living on aging, CHS asked what will happen with referrals after the PHE ends? Germane said he would take Pam's question back to staff for response. And asked for Pam's e-mail and list specific concerns. And Germane received an e-mail from Pam regarding specific concerns. And directed to the DHS executive policy office.

>> I received an e-mail from Pam with her specific concerns and provided responses that DHS policy office contacted Pam with a scheduled time to meet and have a discussion.

>> Related to the end of the unwinding timeframe, Shawna asked if the unwinding is going to end at the moment in time or is it going to be done over a period of time? Germane said that the unwinding is not a point in time, that it is a process. A period of time. He said that he would take it, he said would he go back to the group and then give exact information about the unwinding.

>> With DHS PHE unwinding stated that DHS is currently planning to complete work associated with the unwinding with the public health emergency and within six months of the announcement of PHE.

>> Related to the P4P program data subcommittee member Matt Seeley asked if the public could have access to the OPS32 report.

>> Randy Noland sent a request that was reviewed internally by staff and OPS32 report cannot be released to or accessed by the public because it contains sensitive personal health information.

>> Related to the nonmedical transportation issues, Pam mentioned concerns relating to the transportation issues or participants.

>> Randy Noland followed up with the information Pam provided to him for participants. MCO did follow up on the issues. Also called the participant to discuss issues and concerns with transportation and the program. And he gave a number of examples of issues that different participants have. Working with the transportation alliance to set up transportation focused meeting with the alliance, MCOs and transportation brokers. Randy also followed up by e-mail with Faye Benjamin who is a transportation provider.

>> Related to the application review, audience member Janelle Gleason asked, what is the timeframe for OLTL to review the applications for HCVS funding opportunity and to contact agencies?

>> Jon hail and Ryan Dorsey responded that submissions are being reviewed in the order they are received. And communications are being sent to providers knowing them eligibility or ineligibility or request for additional information.

>> Related to the HCVS funding awards, Janelle Gleason asked, when should we expect award taking funded for that program.

>> Ryan Dorsey stated the first batch of payment disbursements should have gone out on

9/2/22.

>> HCVS and NF Shawna asked and Pam R would like to know why individuals are going from home and community based to nursing facilities.

>> Stating that she would make sure that Pam's comments would be heard. Dr. Joelly stated that the data we do not capture. The program analytics area about LTL is looking at different data sources to determine if more information can be shared removed from HCVS to nursing facilities.

>> Related to measures Shawna asked, that all the consumer assessment of health care providers and system measures R.

>> Jon responded that measure for P4P is that included were all things important to you. This measure is based upon HCBS cap survey participant responses to survey question Q56. In the last three months, did your person service -- person-sent ared service plan included with the responses of, they could respond none of the things that are important to you, some of the things that are important to you, most of the things that are important to you, or all of the things that are important to you.

This information regarding the cap survey is available on-line.

This information was sent to Shawna and the link will be provide as an additional document on the MLTSS meeting minutes list serve in September.

>> Related to P4P regional calculations, Amy asked, is P4P handled regionally for all the CHC-MCOs or just for AmeriHealth?

>> Joe says the other CHC-MCOs are not handled regionally because of how they are licensed. AmeriHealth and Caritas is licensed separately and P4P is by individual license. Making sure each region is represented.

>> Related to P4P break down of services Pam R asked, is there a break down of the measures and types of services ?

>> Joe stated the information is in 2021 cap survey PowerPoint presentation from February 2, 2022MLTSS subcommittee meeting. She also provided a link for additional information regarding the HCBS cap survey is available on-line. This information was sent to Pam Hour and the link will be provided as additional information on the meeting minutes web serve in September.

>> Related to the P4P HCPS survey, Matt Seeley asks if when a participant's family member completes the HCBS survey with a participant do they aid or Supplant is the participant?

>> The participant it assisted in responding to the survey. Each survey participant is provided the opportunity to either complete the survey themselves or have someone assist them through the introduction question and it is allowed responses.

Introduction questions and responses were sent to Matt Seeley. Additional information regarding the cap survey available on-line and the link will be provide as an I digsal document on the MLTSS meeting minutes list serve in September.

>> Related to P4P data capturing, Shawna asked, how the data was captured. Where did

the data come from? Where did the consumer input come from? And how was the participant data obtained?

>> Dr. Keller responded that the CBS cap survey scheduled annually to be administered between August 1 through October 31. The independent cap survey administrator polled participants random sampling with participants that actively received having community based services.

The random sample is conduct sewed each CHC region is equally represented. The survey administered with the participant over the phone or with the participant's selected proxy. The survey participant responses are reported directly to CHC, and OLTL. Administration of HCBS cap survey adheres to guidance provided by CBS. The link will be provide and additional documentation on the MLTSS meeting minutes list serve in September.

>> That is our follow-up from meeting last month. The do committee members have any questions, comments?

Matt?

>> Two questions.

About what you just said, thank you for sending me the information about who provides the feedback.

But about what you just said, how does someone select the proxy or agenda by proxy? And my second question is, in regards to data you were talking about before, what is the proper notice for letting someone know that they are -- what do they call it --

When they reapply, whatever they call it.

During the end of the PHE. All of the people that would possibly be losing services ?

>> Renewal?

>> Can you repeat that?

>> Renewal. Unwinding.

>> During unwinding.

>> With all of the individuals before that called for losing services, how are they receiving proper notice? And the other question --

[ Indiscernible ]

How do you identify the proxy.

>> Okay. We have someone on who is, with the office and I will ask Carl, if you are willing to speak to this.

You can unmute.

>> Hi, this is Carl. Can you hear me?

>> Yeah, we can.

>> Okay, thank you.

As germane said, I'm in the office of policy development, the policy office supporting the secretary. We are working on the PHE unwinding. And I think that it was Matt asking the question and you were asking how someone would know that their renewal was coming

due during the unwinding. That is a good question and one that we have spent a lot of time thinking about. The way that someone receives a renewal today and this has continued throughout public health emergency. I don't want people to think that renewals haven't been going out. They have.

They would get a flier in the mail, 90 days in advance of their renewal asking for an update of address or phone number, other contact information. And then when the renewal is due, a letter is sent with the renewal packet if it can't be renewed via data we have available to us. That is called ex parte. If it can't be done ex parte, then we have a renewal packet and there are various questions and information filled out. We are taking a bunch of additional steps because we understand that despite the fact that renewals continued to be sent, people's renewals being returned or not, being ineligible or not, haven't led to negative case action. That's what the PHE required of us. So we have updated the flier that goes out 90 days in advance. Which tells clients to update their contact information with us. We are sending 60 days in advance a new letter which will explain what is going on as a result of the public health emergency and most importantly what will be different which is that if they don't return their renewal or if they are no longer eligible their Medicaid will be closed and they will be referred to Chip or Penny. That letter will have information about how someone can go on-line to compass and do their renewal right then and there. They will get the normal renewal packet and then at the end of the process, if their case is closed, 30 days -- if their case closes and their case is still closed 30 days after that closure occurred, and the closure was a result of not returning a renewal or not returning verification, they will get a mailing about how to make use of the reconsideration period which lasts for up to 90 days after the renewal date and indicates to them that if they just return the renewal or verifications that are missing, we can still process eligibility and their case can be reopened.

Several additional changes are that we are going to send e-mails and text messages to everyone we can. Asking for updated contact information and telling people that their renewal is due. And we are also implementing what we are calling helper calls which will do the same thing.

Those are automated phone calls which will tell someone please update your contact information, please return your renewal. So we are really trying to, in all modes possible, reach people to get them to return their renewals and update their contact information. And we hope this is effective in doing that.

>> Thanks, when you answered the proxy question, the cap survey, I forget if it was Paul, someone said it was someone to identify a proxy. What is that process? Identified a proxy?

>> I think that's one we will have to take back, Matt.

>> Are there any other questions from the committee members on the clarification follow-up questions that we just asked.

I do want to express my thanks and gratitude for following up. I know is fairly time



consuming, but I think it is important that questioned get responded to and we do have detail follow-up of those questions.

Next on our agenda, we are a little bit behind, and then turn it over to Jamie for OLTL updates.

Good morning, Jamie.

>> JAMIE BUCHENAUER: Good morning, everybody.

I will get a little closer.

Nice to be with all of you today in person, to give the office of long-term living updates. I apologize I wasn't here last month. I was out of the office for a few days. Our agenda, if you want to go to the next slide, for the committee, there we go. I will give an update on the plan. We heard some on the follow-up questions that germane and Paula did. And also an overview of the fiscal year 22-23 state budget for office of long-term living and it is a legislation action before 2022. I think this is update before the long-term services, so I will go over it pretty quickly. Some of you may have heard it at that point last month. And also I wanted to give updates on the OBRA and CHC waivers and what you may have seen gone out overlies serve so the committee is aware of what the office of long-term living is working on. With our ARPA updates, quick background, the American rescue act was passed last March, March of 2021.

The the Department of human services had to craft a plan, how to expand community home based services. Can you see on the screen what our plans for office of long-term living was. Office of long-term living was a portion of the Department of human services spending plan. So we have already talked about the enhanced payment rates for personal services. So here I just wanted to update the group on our next portion of the plan which was strengthening the work force and adult day service payments. We told everybody back in August -- no, it would have been back in July, that we had planned to notify providers that were eligible for strengthening the work force or adult day service payment who hadn't yet claimed their funds. You may recall that providers who were eligible had to send us an attestation to say they would use funds to strengthen the work force, strengthen work force or how to improve their adult day center. Office of long-term living sent them the funding. We did not get attestations back from every provider so we spent them a letter in July saying, listen, have you 30 days to claim your funding.

So those attestations gave providers until August 22 to return their attestation to claim their funding. So right now we are in the process of, I want to say, sending out those attestations or sending out funding to those providers who send attestations and we're also looking at who did not return attestations and totaling the amount of money we have in all of those buckets. So we will soon go kind of a final amount that we have replanning in the strengthening the work force and adult day payment bucket for providers who didn't claim their funding.

And in other update to provide here is we are working on the reporting for the

strengthening the work force payments and for adult day payment we hope to actually, I want to say, roll out the reporting portal this week and it will be next week. So I know the slide says this week but it will be next week. And a communication will go out along with guidelines on how to report how providers use those payments and it is also collecting some additional information from those who received strengthening the work force payments. We are trying to dig into obviously how many workers benefited from these payments ?

So we are collecting some additional information from providers. So be on the lookout for that. It will go out via list serve.

So our improvement program, we talked about this in follow-up responses from the last meeting. Obviously we are working hard for funding and application and funding to go out to providers and like germane and Paula said, the first payments went out on 9/2. That's good news. I want to provide an update at total applications received. That is at the bottom of the slide. We've gotten 322 submissions. 239 were approved for payment. 22 still reviewing to provide additional information. So we have pledged so far \$9.172 million in funding and I think the \$6.2 million that went out that September 2 date. So wanted to provide the committee an update on how much funding was spent in our home community based services improvement program thus far. I think it may have been a conversation at the last meeting but I wanted to make sure that everybody has those numbers.

So moving along, I will quickly run through our state budget update and where we are. Obviously with some of these funding updates. So many of you know that act 54 of 2022 appropriated new American rescue plan act and act 54 is not obviously the budget bill but the fiscal code that passed with the budget bill that really tells the executive agencies that the Department of human services thousand drive out the money. So many of you may have heard because we have been very excited about it that act 54 did provide 250 million for our long-term living programs. And you can see the conditions on the slide, I'm not going to read them but obviously there were conditions about providers receiving these American plan act funds. So going to the next slide, this is how the ARPA funds broke down for act 54. So obviously nurse tag silts received over 131 million and can you see the break down between, the licensed and a little over 4 million for ventilator, tracheotomy nursing facilities. Almost 15 million to participant directed personal assistant service workers. If you go to the next slide, assisted living facilities and personal care homes received over \$26 million. 24 million will go out based on occupancy and 2.6 based on that facility's SSI population. For adult day they received 6.9 million residential rehabilitation, 535,000, and our life programs got a little over \$5 million.

So just some -- okay. So actually, I'm going to skip to, sorry, I'm messing you up.

But to slide 12. Just to talk about the act 54 funds and progress to date in office of long-term living is driving this out then I'll go to the rest of the budget information. So we did put

the list serve and it went out it personal care homes on August 19. It did two things. So you may recall that with the CARES Act funding and with the act 24 of 2021 funding for personal care for assisted living and nursing facility is not enrolled in that program were they need to send us an acceptance form that yes they want the funding. We also needed to collect our federal tax ID information in order to generate a payment. We do not have these providers enrolled so we can't do gross adjustments. We had to collect information from them in order to process a payment and I believe most payments get a paper check. Good news this time that we have developed an on-line form to collect that acceptance information and that federal tax ID information for personal imcare homes and we also notice when we send funding to them from the cares act before that we wanted to make sure that SSI residents is up-to-date before we generated a payment. So the list serve went out and providing information by September 2, verifying occupancy numbers and verifying SSI numbers and obviously telling us we want the information along with your federal tax ID information and you're good to go. Meaning you don't are to actually physically send us a form. We will have this on-line form for you. It also verifies the information the department has. There is a deadline of September 2. We will receive an acceptance form after the date, they will still get the payment. We just have already generated their payment amount without them verifying their occupancy and SSI numbers. So just some information about that.

We also posted a list serve message for nonenrolled NA nursing facilities. Telling them, listen, now the acceptance form is on line and you can fill that out. No longer do you need to printout a form, fill it in and e-mail or fax it back to us. The form is on-line. So feel free to actually fill that out and let us know you want the payment and we will process it. We manually process all these. It is not like we do an instant gross adjustment. Well start processing these and funds will trickle out for about the fall of 2022. Probably into winter of 2023.

For all of the other providers we are working on sending letters to those providers about act 54 funds actually we have people in the office today generating those letters mailing them out hopefully this week. And so providers if they are eligible for act 54 payment will get a paper letter and it'll direct them to go to long-term care provider so they can see how much money they are eligible for and any other information about the payments. And for the MA enrolled facilities, we can work on the gross adjustments and they will go out September or early October of 2022 so they will have those fund in the account. So there is nothing that MA enrolled providers speak to. Just an update about the act 54 fund. So going back to, yeah, backwards, going back to with a was in the budget, obviously, that impacted office of long-term living providers, for nursing facilities and the budget, adjustment factor and the budget adjustment factors is authorized. For those of you not familiar with that, basically it adjust nursing facility rates to the amount that is appropriate in the budget and for our nursing facility service rate. That is reauthorized for another say

three or four years. I can't remember. Don't quote me on that. We also reauthorized nursing facility, we commonly refer to this as granny tax. We collect tax from nursing facilities and pool in a federal match and send funding back out to nursing facilities with that federal match.

Many of you may be aware for nursing facilities of 17.5% and raise starting January 1, 2023 and as we talked about at long-term services and support subcommittee as max funding increase supports the increase staffing ratios that are coming through the Department of Health regulation, I will say, rewrite.

But they are updating the department, updating the nursing facility regulations and will be increasing those requirements and so funding increase supports that additional staffing for nursing facilities.

Going along for that in Community Health Choices through 2025 obviously to push out the 17.5% of the rate increase and to support those back in regulations and nursing facilities. Also, to ensure that nursing facilities are using those funds to support staffing and there is language in act 54 which requires nursing facilities to devote 70% of their rate to resident, care and related costs. Swoa will be monitoring that through cost audits that the nursing facilities submit to office of long-term living and if a nursing facility is not meeting that new requirements, there is a penalty and it will go into a new fund for nursing facility quality improvement which we have a couple of details on yet. An lot of legislation but we will be working on this time to come.

For life there was 3% increase in rate starting January 1 in 2023 so we are working on those rate increases for life programs and then there was act 54 and this isn't a change but we have to document compliance with these requirements for the life program so the informational materials that independent enrollment workers sent out must include a description of the life program and the individual has the option to enroll in life HC. I'm happy to give information about the life program. We have to train on the life program. So we will be documenting compliance and sending reports to members of the general assembly as supplied by act 54. And finally, on the next slide, state supplemental payment are for care homes and those will be changing and moving to \$639.30 and \$135 for a couple. So funding was included in the budget to do that.

Moving along, updates on our OBRA and CHC waiver. I know I have gotten a lot of questions and from different organizations about updates to our waiver and the timing. But I just want to update everybody that we did receive approval for amendments for the waiver on August 15. We had amended the OBRA waiver to include the permanent 8% rate increase that was provided initially by that ARPA home community based percent on map funding.

We were able to start January 1 because of the amendment waiver. So we had to solidify and make permanent that 8% rate increase so we included it in the OBRA waiver and CMS approved the OBRA waiver amendment. We are currently working on changes to the OBRA

and CHC waiver amendment for submission in December. Of 2022. So we do anticipate that those amendments will be released for public comment sometime in early October. And then if obviously we hit our target date for release and publishing of those amendments, we will be presenting on those waiver amendments at the next MLTSS meeting. So I wanted to make sure that everybody knew that as we are working on changes to our OBRA and act 115. Sorry, OBRA and CHC amendment.

So I see you sitting there. I will get through my last slide and I will take questions.

So just wanted to call attention to some recent list serve notices that went out from office of long-term living that you may be interested in. Obviously a list serve went out about act 150 program. This is not new, but it just remind our OLTL service coordinators of the process. So if you didn't see that, take a look back through your e-mail at the list serve notice. And also, the bulletin, the electronic verification bulletin went out from the office of long-term living as well as office of ODP letting them know that they are subject no electronic verification for fee for service programs and edits will start in August. So that really pertains to our OBRA waiver program. We will doing edits on EVV for home health services in August. Then obviously compliance will start January 1 of 2023. So we want to make sure that everyone saw that as well.

Then finally, we did send out a list serve notice about the PA statewide transition plan for public services. I know there was a presentation on the home and community based service rule. At this time she didn't talk specifically about the plan but talked about the office of long-term living portions, obviously, on the plan. So that list serve notice went out August 22. Comments are due by September 22. And there is a webinar specifically on the OLTL portions of the plan scheduled for September 15. So if you didn't see that list serve notice and you're interested in that we will have a webinar on September 15.

Then I just saw this actually today. And it pertains to public health emergency.

But for our providers in both nursing facilities and community based long-term care recipients, we are having a webinar. Did you see this? It just went out this morning. For what to expect when the public health emergency ends.

For our providers. So that webinar will be Monday, October 24 at 2:30. So if you didn't see that, that e-mail is probably in your e-mail now so feel free to sign up and register. So with that, I will take any questions from the committee or from the public.

>> Thank you, Jamie. So public, not committee, in the claim funds, has the department come up with plan of how to distribute at this time? And is there any opportunity to propose approaches to particularly in for programs that were not included in the original?  
>> Sure, we can take comments or proposals on potential proposals to distribute those fund. I think it'll be really helpful if you know how much money is available. It is actually not that much. Which is really good news. Because those providers claim those fund and spent them on strengthening their work force or reopening adult day providers. So we should have the information soon on how much money is left. Like I said, not much. Which is good

news.

>> About 14, 15 providers in brain injury service in particular, that were not major recipient of ARPA funds, relative. And we think there is an opportunity here to create a work force strengthening situation. We would like to be able to talk to the department about that.

>> That sounds good. The other thing we are looking at is providers that for some reason or another usually due to enrollment issue weren't able to receive funding and usually because of how claims were coming back to the department.

>> Thank you. Thanks, Jamie. Are there any committee members that have questions for Jamie?

Lloyd?

>> Thank you.

I'm sure it is no news to you but there is a neighbor commission ordered through the budget act. The third meeting is set for tomorrow. I wondered if there is any input that has come from the office of long-term living to any of the members and perhaps even meths lators that serve on the committee for increase or improved method of offering behavioral health services to elderly and those enrolled into the CHC program.

>> So I have not heard of any recommendations yet. We do have staff that obviously don't sit on that commission because you have to be appointed but they do monitor discussions and the conversations that are happening.

>> But not from OLTL, if I'm hearing that correctly?

>> Meaning no OLTL staff committee member is on the commission.

>> We discussed that.

But are there behavioral health services for individuals enrolled and participating in the CHC program offered by OLTL to any members who serve on that commission?

>> We have not formally been asked for any recommendations today, Lloyd.

>> So you have not operated voluntarily either?

>> No.

>> Other committee members?

>> This is Jeff from Pennsylvania. So thanks for the update information on the budget, Jamie.

A couple of clarifications for act 50 pretty much almost the same levels as last year in terms of funding?

>> Back to the budget. I believe, yes.

I don't have risk break downs for those programs, obviously they are included in the long-term living line.

But yeah, I believe they were pretty steady.

There is an increase in appropriation, but the increase would just support that increased funding for facilities.

>> And we still don't have a waiting list, correct?

>> Correct.

>> Which is good.

My last question is, and maybe you will get to this later on in the meeting or maybe this will be for next month, do we know when you will have the CHC sessions for 23 to 27? And usually there is information to stakeholders and usually people planning schedules and just thinking because usually you have both virtual and across the common wealth in different locations.

>> Are you talking about when you're talking 23 to 27, I'm assuming you are talking about Community Health Choices for procurement?

>> Right. For the next five years and just for stake holders to provide comments on just different things or is this, is next five years going to be handled differently than it was for the rollout and just the implementation?

>> So office of long-term living is currently living on the, I wouldn't say the new procurement for community health closes, it is not ready for any kind of public input yet. And I think I have said publicly that we wouldn't be ready before August and I'm now saying we probably won't be ready before October or November. We did obviously say procurement wouldn't be released before April of 2023. So that was the tentative timeline we were working towards. So I don't have any definite plans for you yet but all that to say that you're not missing anything yet. We haven't released any plans.

>> So it'll be status quo for consumers and CHC will enjoy 2023 at this point?

>> Yeah, and it would be after that. Obviously the procurement doesn't change anything. It is just that whatever, when the new program is implemented, that depending on what is in the procurement and what could change the CHC program.

>> Okay, thank you.

>> Any other questions from the committee members or the audience?

>> Thank you, Jamie.

>> Next up, next on the agenda is nursing home transition.

And home applications. General overview. Rachel Sink from OLTL

>> RACHEL SINK: Good morning, everyone. Can everyone hear me?

>> Hold on, Rachel.

>> We need to call to approve minutes for the last meeting? Or did that happen before I got here?

>> I don't think we have done that.

>> Oh, I will withdraw my comment.

>> Okay, Rachel. Go ahead.

>> Good morning, can you all hear me okay?

>> We can.

>> RACHEL SINK: Okay, great. My name is Rachel Sink. I'm with the office of long-term living division of community initiatives working primarily with nursing home transition. And also

with some housing programs. So I'm going to do a general overview, I will speak in general terms about nursing home transition, home modifications or home modifications that occurred during transition from a facility to the community. And then I'm going to turn it over to the managed care organizations to go more into their specific processes since the majority of these home modifications are going to occur in Community Health Choices managed care environment. So helping an individual transitioning to coordinate home modification, depending on what type of programming the individual is in. So if they are in Community Health Choices, then the CHC-MCO will help coordinate that home modification for the people who may be in the life program, the life providers is going to be doing that part of it. Then for individuals who are not enrolled in any type of managed care, long-term managed care, it is going to be, if there is an individual who is a nursing home transition participant, then our statewide provider for nursing home transition for individuals who are not in managed long-term care but who are eligible for nursing home transition services, key pro would be assisting with that transition in that case. That will be a very small number of people.

As far as funding sources, like I said, the individuals eligible to have home modification for their transition are in the Community Health Choices waiver. And they need waiver services as well when they get out into the community.

But we do, for the rare cases, where we may have somebody who for some reason is not eligible for Community Health Choices but would be eligible or should be eligible for nursing home transition services, and home modifications, we have special nursing home transition funding so that can cover a home modification for somebody who is eligible but who is not in Community Health Choices or managed long-term care.

These cases are approved on a varied case by case basis and the individual needs to qualify for the fee for service nursing home transition program. And we would need to look to make sure that they appear to be financially eligible and clinically eligible and that there is a need for that home modification. And for other people who may not qualify or who may not be suited to those programs, there are a few other programs. These include grants, low interest loans, the PA assistive technology foundation has what home modification type loan. Self determination housing of Pennsylvania I believe may also have home modifications programming for individuals who may not be otherwise eligible.

So prior to transition, an individual who be assessed to determine their need for home modifications and adaptations and this can happen through the nursing facility, and nursing facility may have somebody go out and do a physical therapy or occupational therapy evaluation.

And that will identify needs for adaptive technology and things in the home that maybe adaptations or maybe home modifications and that will be helpful in determining what type of modification is needed.

I believe that care organizations, in which cases the care facility does not send someone



out or maybe they want it do their own evaluation and they may also do that but I will allow them to go through their process, I won't speak for them in that case.

But the participant's needs should be taken into account. It is looking what they will use in the home. What they need to be able to do. And how if they have other services, like personal assistant services, service hours will be affected by the adaptation or the lack of the adaptation.

So perhaps somebody would need more service hours if they did not have the adaptation or adaptation conversely will allow them to decrease the hours of service or hours that people may have to help them to do things. And anybody who is having these conversations with individuals who are looking no transition be that the service coordinator or other you know, NHT coordinator would want to set appropriate expectations with the participant as to timeframes for approval process but also for the construction of the installation of home modification. There will be documentation that needs to be provided. This would be bids and plans for doing the work. There needs to be time for these to be reviewed and approved. That process may vary. Some of the MCOs may have set times they take to approve. I will let them go into that on their own. This could be subject to contractor availability.

I think anybody who has had to have work done knows that sometimes you may not be able to immediately locate a qualified contractor to do the work. So that availability will affect your timeframe. There may be cases where you might need to have permission from a homeowner before or landlord before the work can be done. And there may be permits needed. And everything has to be ADA compliant. If it is a ramp, it needs to be compliant to regulations. So your contractor needs to be able to make sure that everything is completed properly. You might also have weather or seasonal barriers if there are footings needed and it is winter and ground is frozen, that can be an issue. Rain can be an issue. Weather can also be a barrier sometimes. So setting all of these expectations, the true length of the process can take is sometimes important so the individual is aware and not blind-sided when things might come up.

I believe I will just allow the MCOs to go into their own individual processes.

But if anyone has any questions generally what I've gone over, please ask.

>> Are there any questions for Rachel? From the committee? Matt?

>> Hi, Rachel, this is Matt Seeley. Great question. I have never heard of -- can you just explain a little bit of what that is? Is that a private provider?

>> Key pro is the statewide grantee for nursing home transition that is not under managed long-term care. So for individuals who are not enrolled in Community Health Choices or life but they do require nursing home transition services, we wanted to fill that gap in some way so we have a provider that you know went through the process to bid and obtain the grant for the statewide provision or nursing home transition services. And that is key pro. They will assist similarly to what managed care organizations do assisting individuals to

transition out of the facility. So yeah. That is what they do.

And in order to qualify for that, the individual needs to have some sort of barrier or they've been in the facility for an extended amount of time and they are looking to transition and key pro also does receive key referrals for minimum data set. If they are required to make a section key referral for someone who is not in Community Health Choices for life. They should send that referral to discuss the possibility of transitioning with the individual.

>> Are they accountable to anybody else?

Do they have public meetings? Or are they just responsive to OLTL?

>> They do, they typically have a presence at nursing home transition advisory committee meeting.

But primarily they are responsive to OLTL.

>> Okay. Thank you.

>> You're welcome.

>> Any other questions for Rachel from the committee?

Shawna?

>> Good morning. If those responsible for the data, that information, wouldn't they be able to tell us if people are leaving the commune it to go into nursing facilities, because of lack of direct care workers, which anecdotally we know is happening, local level across the state, but if you need proof, couldn't we use this information for that?

>> So Rachel, this is Jamie, I can take that question. Actually, Shawna, we had that conversation with our CHC-MCOs and brought it up on a recent call as an agenda item. The CHC-MCOs reminded us that there is a specific question on the MDF that collects information about why people are going into nursing facilities.

So we did pool that data and we are looking at it now. I have it, it is just not, you know, we got it early this week and it is noting in we can present to the MLTSS about the data on why people are reentering nursing facilities. We will put it into a useable format, clear it with data government folks and send it out.

But what can I tell you in just a really really quick analysis is that it really remains unchanged. We pulled 18, 19, 20, 21 to see generally how people were answering that particular question.

And it is pretty much the same. Meaning there is no real fluctuation in terms of how people are answering or responding to that question. The only thing can I tell you is the number of people answering the question have gone down. It didn't have the number of people going into the facility if that makes sense.

>> Can I just follow up with that? Are you talking about just the people --

[ Indiscernible ]

>> I was responding to people that had responded to the MDF question. I can't remember which question it is. I will look it up and be able to tell you exactly what question it is. It is not just key pro population.

>> Other questions for Rachel? Made aware and essential for transitioning?

>> Is that question, how are they made aware of whether they -- whether they would be able to have a PTOT evaluation? Is that the question?

>> Yes.

>> A is not something can I answer. I would think it needs to be part of the conversation that it had during discharge planning between the nursing facility and the managed care organization if they are involved and the individual. But I can't answer the question specifically of how that occurs.

>> That would be a very important piece to how consumers understand the support they get. Even those in long-term, most of our providers do not have as part of their core services and so the providers and ancillary providers, maybe they need the support as they are part of what we bring into our waivers.

Thanks.

>> This is Jeff from Pennsylvania. Similar question as Shawna. And we are talking about home modifications.

Is there anything about people, not just complaints or CHC, but act 150 or anything other OLTL, I don't know if that something that is tracked or something that you or key pro or if you have another organization that might be tracking that type of thing and any responses to that?

>> I don't know if we track that specifically. I would have to look it see if it is one of the options. And this would be only for Community Health Choices because it is part of OPS32 and I would have to see if that is one of the choices in the drop down about returning to community or if that is mentioned at all.

Depending on being written in, I don't know if there is a certain drop down on that but I have to look that to be able to answer that. As far as key pro, the numbers of their transitions are very small and are looked at a little bit more complasly. It is not that it is tracked but they do report on, like they do follow-up similarly to what the Community Health Choices MCOs do and they do return on when individuals are readmitted but it has been such a small number, it is not that it is tracked on any sort of reporting basis. They do report, but I look at the reports, and it is small numbers. I don't think we have had anybody that that applies to at this point in time.

>> And if you're not asking the question, how do you know the answer I guess would be my response. And something you could maybe take back and take a look at to from a program in general. And just some thoughts. Thank you.

>> Thank you. Any committee members, any further questions ?

Rachel? We're not done yet. She will pass it offer to MCOs.

But any questions for Rachel?

I think we're toward move on, Rachel.

>> Thank you.

>> Good morning, everyone. This is John Elliott with PA health and wellness. Good morning, thanks for inviting us today. I just wanted to walk through the PA health and wellness home adaptation process, as we were requested to do. And just so you know, the process for participant transitioning from nursing facility, and the process for participant requesting a home adaptation in the community are very similar.

In both instances the participant requests adaptation through their service coordinator. As Rachel mentioned, through different delays and things along those lines, expectations on timing are being communicated and shared between our contractors, providers were service coordinators and participant at multiple points in the process. They sometimes change based on variables that Rachel mentioned.

So once the participant has requested the home adaptation, and service coordinator would then complete an assessment which would include and identify any barriers that the participant might have and this sco include bathing needs, mobility assistance needs or meal preparation and things along those lines. And all of this is then, all of the information that the SE gathers, is added and the request for home adaptation is added to the person-centered service plan. Then the service coordinator would also assist the participant in gathering any supporting documentations. Such as proof of homeownership. Once all of this information has been received, we would work with our third party independent evaluator periscope 360. They would send a physical therapist to meet in the assisted facility and then talk about what they need and then visit the home to which the participant would be transitioning so they can get a sense of the current structure of the home and how those requested item or what requested items might be needed in the home to help participant transition.

Once all of that information is received, medical directors will make the determination on the request. And bids are requested from contractors on those approved items.

A contractor is selected and then the work begins on the adaptation.

Once that is complete, then whoever the participant designates so they sign off on approval and all of this work we would make sure was completed prior to the participant transitioning home. So that they're transitioning to a safe environment. And can remain in the community.

If you want to go to the next slide, so you see the photo on the left, and platform lift that might be utilized to help the participant go from the first and second floor of the home and even on the second photo a ramp that can be put on the exterior of the home to help the participant with getting ingress and egress of the home.

But again, you know, all of these at different points throughout the process, you know, we are getting different updates from providers and contractors and if there are delays and sharing that information and with service coordinators and to make sure that participants are kept in the loop on these things.

But after me is AmeriHealth.

>> AmeriHealth, are you ready to go?

>> Thank you.

>> Good morning. This is Jennifer. Can you hear me?

>> Yes we can, Jennifer.

>> Thank you.

I will walk through the nursing home transition process in regards to the home modification in particular.

We can go down to the next slide.

Thank you.

We identify participant might need a home mod in one of two ways. The participant themselves self identifies that they need home modification. In those instances, it is put to the home modification team, then goes through the home modification process. Another way might be that our teams are completing home visits to make sure that a safe and accessible environment is transitioned back into. If during home visit it is identified that there might be need for modification we go back to the participant and representative to talk to them about that and to gain permission if that is what they would like or talk about other resources available to the participant representative. And one of the things that we are really proud about here is we have an HT real j meeting that occurs weekly. And within that meet weeing have our home modification team on the call and we talk about anything going through the transition process that might be a barrier. We're addressing problems realtime and then that is communication constantly happening and kind of like what Rachel and Joe from KHW mentioned. Just timeframe expectations discussed a amongst teams. So once a referral is made to home modifications team by the service coordinator, the team performs an intake evaluation, the occupational therapist or physical therapist and then we also send the most recent physical evaluation from the nursing facility. The request for home modification is given to the provider of choice if there is no provider of choice by the participant, then we make the referral to home modification provider and the decision to always be made within 60 days and there is always this caveat of request for additional information that might be necessary.

Home modtycation must be with guidelines for from the facility back to the community. And there must be decision to get home modifications in place and home adaptations will always meet standards manufacture design and installation and this must be an item of modtycation this the family would not be expected to provide to family member without a disability or specialized.

That is AmeriHealth Caritas.

>> Can you explain the last one? I'm trying to follow it.

>> So we wouldn't put modifications in place for family member other than the participant. So if a participant is moving into a family member's home and the familiar requests a modification for one of the other members living in that household, that is not a

modification we would do. We would point them to the most appropriate direction from there.

>> Thank you.

>> We have another question.

>> I'll just wait for the next one.

>> Sorry, no. Any other questions? Thank you, Jennifer.

UPMC, you're up.

>> Good morning. This is Karen. As you heard, the transition plan includes participant, nursing facility case worker, social worker and also the UPMC service coordinators to work with the participant with individuals and to make the best decision about a transition plan and often times going back into the community requires either new housing or adaptation of housing that they may have left previously.

Next slide can you see what our process is.

So we identify the participant who is interested in transitioning as I mentioned before. We make referral to nursing home transition provider who is also part of that planning process. I'm on the next slide, please.

And the transition plan is created.

And we also then look for potential housing. Like I said before, that might be a new housing location or return to an existing home that the participant resided in before they were in the nursing facility and in home visit is conducted to make sure that we identify any barriers that may exist and then there is discussion about the possible need for adaptations. And then there is by service coordination team referral to home at adaptation team to look at what is needed and we then deploy the OT and they do an assessment with that individual in the nursing facility to see what their functional capabilities are and if possible in the new home as well to see if the individual is able to occupy that home and how they would function there and what adaptations might be necessary for them.

Then once the OT makes that recommendation, reviewed by team and sent to provider for the proposal and then this project is then authorized to begin.

Next slide, please?

So before the transition, we have steps that happen and the request is made and this process internally and our home mod team takes a look at anybody that is in a nursing facility transition process and tries to flag those so that those things can be expedited and particularly because as you have heard before, home adaptations can take a particularly long time. And so if we are able to do things like ingress, egress right away so they need a ramp to enter the home and they are able to occupy the home with additional support while something else might be required for example, if they need low threshold and have a shower but with assistance by a direct care worker and they are able to navigate that and we would like to get the person into their home as soon as possible and we take care of ingress egress and other adaptation requirements are met often after the person

transitioned to their home.

And the goal actually though is to try to get things done as everyone says as quickly as possible, but really want it try to make sure that participant isn't delayed in the transition to make sure that we do some of the ingress egress things first. Next slide, please. So after the transition, the OT does a follow-up and this is to make sure they properly utilize and safely operate any stalled adaptations and also identify if there is anything additional if needed and to make sure that the participant is comfortable with what was done so that they are maximizing their independence in their home and based on the adaptations that were provided. And unfortunately, sometimes the transitions don't last with change in condition or person changes their mind and sometimes people actually do go back into a nursing facility.

But we try to make sure that we maximize opportunity for success in community. Next slide.

This is a, what we use for individuals who are already in the community. And have a home adaptation or those who are nursing facility transition so that they understand the steps that occur for a home adaptation. This is what Rachel is saying about creating appropriate expectations. So individuals know what steps are going to occur and know that their service coordinators involve and OT is an assessment and someone comes out and evaluates the sites so that they can make sure that they put the proper steps in place for whatever the adaptation is needed and then the timeframe for the work to commence. So this is a leave behind what any participant has and check off what steps they have and then advise the participant accordingly.

So typically, the review of the request internally is 3 to 5 days. We try to get the OT out scheduled and they provide their evaluation within 15 business days. We do review of the report in 10 to 15 days. Completion of the proposal by the provider who will do the work. And 10 to 15 days. Then send over and authorize a provider to do work and all of that happens within 10 to 15 days with the expectation that the whole project giving availability of equipment and any materials ideally within an eight-week timeframe that things will be completed. And clearly if there is less complexity, it happens quicker than that and item in stock quicker than that as well.

But in general we try to give people the expectation they are looking about 8 weeks for the process to occur.

Any questions?

>> We do have questions.

>> Up with of the things we see with communication and home mods, when we get a request under NHP, it kind of sits in a bucket and we're not, maybe two parts to the puzzle, and there is not much clarity on the service coordination side and nursing home transition side. They are unfamiliar with that.

Are you saying all home modifications through CHC process?

>> So this is Karen. I will answer that. So the evaluation will determine whether some of those, and it is really about, for those of you not familiar, it is about how things are paid for. What is considered a medical benefit. So it goes through a different process than home adaptation. So Rick, when that happens, the ingress/egress things are Hadley and typically, ramps and stuff like that have to be processed through that benefit process.

But it doesn't mean that it can't happen concurrently when we have a provider who can do both of those things at the same time. And I think have you been in conversations with our team where we are looking to try to streamline that process so it isn't as confusing.

But realistically, that should still not delay having somebody if their barrier to transition is solely ingress/egress the process would work the same and we would just pay through the Hadley benefit.

>> Yeah. We have worked together, as you know. I just think a lot more work needs to be done because it doesn't work simultaneously.

>> There is also a general question about awareness. Sometimes people don't know, something is there but people don't know it is there to ask for it. That is a little different. But.

>> The question is whether OTMP is available after the transition or during the --  
[ Indiscernible ]

>> Is that something that MCOs could address? Available after or during the process?  
Fz.

>> This is Karen from UPMC, we actually schedule that, if that is the question, whether someone would have to do that on their own. That is a component of evaluating the functional ability within the home. If they are in the community and transition to the home. And we do a physical-up visit to make sure that participant is able to utilize the equipment or adaptation. And if you are asking how OTPT in general, that is probably something that the individual needs from a medical standpoint, that is a conversation to have with their medical provider.

>> Thank you.

>> This is Jennifer from AmeriHealth care Keystone First. Upon transition home we do always recommend PT and OT. After the transition, that is always the participant's choice and what is the plan of care looking like? And however when they move it a new environment we usually recommend that to basically upon the day of transition.

>> Hi, this is Joe from PA health and wellness. Pretty much similar to the prior two responses, the OT and PT evaluations that occur as part of the transition are all scheduled and arranged with the health plan. So PHW would assist in scheduling all those evaluations that they have to be completed as part of the home adaptation process.

If as a service, if it was needed after the transition it could be requested via medical professional with assistance from the service coordinator and obtained.

>> Thank you. Are there any other questions?



Maybe members from the audience?

Thank you for the presentation.

Let's move to the next on the agenda is the CHC-MCO's work related to the public health emergency unwinding.

First up, PHW.

>> Hi, thank you. Can you hear me?

>> I can.

>> Thank you. I want to take a couple of minutes, I know germane shared some information earlier with respect to some of the questions, but we wanted to share what PHW was doing along side of DHS and OLTL with respect to letting folks know about the ending of the public health emergency. What this means for them and what steps they can take to ensure that they can maintain coverage or if they need to, if they are ineligible, and that what other options may be available to them.

So if you go to the next slide, just wanted to break down who we were talking to, what some of the key messages are, and then I will roll into what some of our strategies and tactics will be. Our target audience would be the CHC participants and their authorized representatives.

And basically, we want to let them know that PHE is coming or end of the PHE is coming and there are some steps that they can take to make sure that they continue to receive important information about their coverage.

And namely we want folks to ensure their contact information is up-to-date that we have their e-mails on file and their phone numbers and we want to make sure that when the event you'll end comes to the emergency, that we have the information that both DHS will need as well as PHW will need to contact folks and help them through this transition.

We are supplementing the information that DHS is sending out and not supplanting it. Using the DHS website, using the my compass app on the phone and letting them know that when the PHE will end that the DHS will be reaching out to them and letting folks if they are still eligible or if their note shows they are no longer eligible, there will be options. And the options will be shared so they can still receive important coverage.

And then we are here to assist. We can continue to help you fill out your renewals. We will do that now so we will continue to did that. So if it is determined that they will no longer be eligible, we will be able to point them into the resources or point them to the resources that they will need moving forward.

As I said, there are a number of different resources that are already out there and existing and we will leverage those. So we will leverage OLTL and the DHS communications activities. We are also going to leverage some of the penny communications activities.

And come alongside them with our notifications. Our outreach will include phone calls as well as outreach from our SCEs as well as SCs for folks that are in their nursing facilities. Who have the renewal due and we will work with them and via the phone and personal

outreach and to get with them and share the messages that I went over earlier. For folks who will no longer or whose renewal shows that they are no longer eligible for MA, we are going to refer to Penny and again that is PAs official health and dental Marketplace and we are going to let them know that there are other affordable options available for them. We will also have resources and passive outreach on the PHW website. We will have messaging regarding the end of it, of the public health emergency as well as links and information on the resource teas folks are going to need. Like the my compass PA app. Like the compass website. Like the Penny website. And OLTL/DHS properties on my properties. We will also use PHW social media. We have a lot of folks that do follow us in our social media channels. So we will be also using that as a means to get out the information. I will show a timeline in a minute here, but we will also be having messaging on our IBR so when folks call into our call centers and need to speak with PHW they will be reminded of messaging that explains the end of the PHE and the steps that they will need to take and primarily it is an offer of assistance, you know, PHW is here to help, you know, let us know how we can do that. When you speak to a customer service representative. We will also have scripting for our call centers and we have the most up-to-date information and again as PHE unwinding rolls out we will be doubly sure that we are capturing the most up-to-date information and explaining to folks why we are capturing it. We want to make sure that as the renewals come up and determinations come up that we have the most up-to-date information for you so you can have the information you need moving forward. We will also be doing letters, e-mails and I know that I believe germane talked about texting as well. And we will be doing that. And again, using the social media channels that we have to also bolster our communications activities. Finally we are going to be leveraging some of the stuff that we already do with our government relations and legislative activities. And that works to the constituent counterparts in local legislator offices. And so folks who may have contacted their legislator also know about the steps that PHW is taking to inform folks about the end of the public health emergency. And resources available to them to continue either MA or look for alternative types of coverage. And again, you know, we will provide that information globally from the perspective of, irrespective of what or of which the constituent may call in, the general information about the PHE as well as then if they are a PHW participant the resource is available to them. Next slide, please. And finally as germane explained, this is a six-month timeframe and just wanted to give folks sort of a visual of what activities will occur in the six-month timeframe and we receive a 60-day advance notice that the PHE will end. At that point, that triggers our outreach activities and so between that notice and the end date we are already working with our participants to ensure that they know what is going on and the resources available to

them. When the date hits, we will go live with our website information as well as IDR and call center messaging. And as we move through, 0 to 3 we will continue our outreach and outbound notifications, working with SCs and SCEs. As we get closer to the end date, we will continue with some more messaging primarily steady state and shifting towards resource referral messaging for folks. And so that's my presentation. If anyone has any questions, I'm more than happy to answer those.

>> Are there any questions from committee members or audience? Or for PHW?

I think we're good. Thank you.

>> Thank you.

>> Next up, AmeriHealth Caritas? Keystone First.

>> Okay, can you hear me?

>> Yes we can.

>> Thank you. Thank you for allowing me the opportunity to present on the strategies for AmeriHealth Caritas Keystone First and talking about unwinding and focused on engaging participants, stakeholders, educating them and ultimately escalating if there are issues for further interventions.

>> As far as engaging, AmeriHealth Caritas Keystone First will be involved in various activities. We will have a call and text campaign for both NFI, nursing facility ineligible be a and NFCE, nursing clinical eligible participants p we will have live agent outreach for NFI and for NFCE participants. There will be a special emphasis on participants flagged as not returning a prior renewal for redetermination paperwork.

We will update our website to perform participants and providers and how to access and update compass appropriately.

We will also include in future participant committee meeting agendas, actually that will be starting with our meetings tomorrow.

We also have initial outreach and discussion for independent living, SCIU to determine messaging strategies in the participant directed model of care. We have organizations to see how we can partner and have a very broad messaging strategy.

And educating. Well be leveraging service coordinators, call center and stakeholder relationships to educate participants, caregivers on various elements of unwinding of the PHE.

You know, what is the PHE? I think all of us on the call today understand what that is but I don't know if everyone does. In fact I'm pretty sure they don't.

Although there are statements sent out over the last two years we still have to provide information on the importance of and process to update information to the Congress or statewide customer service center.

I don't believe that everyone is updated their information over the last two years and that is certainly an important part of the process. We will educate how to sign up for texts, for e-mail alerts from compass or through compass. And give them information on the local

county assistance offices.

And information on how service coordinators can address the questions they may have regarding their renewal paperwork.

Next slide, please.

And escalation. There will be participants, care givers, stakeholders who have questions when renewal paperwork does come up or why they may otherwise not be eligible for Medicaid. We are creating an environment where participants can receive additional assistance with Medicaid renewals, call center staff, and we will have tools and scripts to assist with inbound inquiry is. Calls will be routed from the call center to assigned service coordinators. And if individual attention is needed. And we are creating a tier 2 increase environment or team for NFI participants so their questions can be addressed and triaged and certainly service coordinators are available to conduct in-home visits to assist with the completion of renewals.

I believe that's the end of my presentation. Thank you for your time. Does anyone have questions on our activities ?

>> Any questions from committee members or audience for frank?

AmeriHealth Caritas? Thank you so much, Frank.

>> Thank you so much.

>> You're welcome. Next up, UPMC.

>> Yes. Can you hear me okay?

>> We can.

>> Hi, this is Mike Smith. Thanks for having us present on this topic.

A lot of the ground is covered by other MCOs as well as the state of Pennsylvania, OLTL in this call. Next slide, please. So basically we just want to lay out here and this allowed folks to remain receiving services during the public health emergency unless there is a, they moved out of state or passed away or asking for their MA benefits to end.

So they have the ability to stay on and in the end what we want to have happen is people to maintain their coverage after public health emergency ends and so we will be working closely with the state office of income and income maintenance who really handles eligibility piece of this and OLTL to educate participants around the process.

So this is just a step, walk through as we look to work through public health emergency and as it unwinds and really you know continue to do renewals and we are also receiving information from OLTL about who could be potentially in or effected by the public health emergency and I of follow-up on their applications so we are continuously we will be looking for those folks in this round when the PHE ends.

And we look at not participating in follow-up that we might have attempted with that.

And we have teams and as well as service coordinators and a team of eligibility experts who support our service coordinators and basically will help us make sure that we get that extra bid of assistance to folks that might be impacted and as well as eligibility in general.

This is the same as engaged slide that Frank had up here and in working with our community outreach team and worked with organizations in the community as well as packs and eligibility team and telephonic care managers to support the need for NFI folks that may be for folks that are not, that are duly eligible for Community Health Choices and Medicare and Medicaid but they are not receiving NFCE and all of these are levers that we use and service employees and participant directed folks and there are a lot of team players here we are talking to and as we work through this engaging folks around this issue.

Next slide, please.

>> So again, much of the same as my predecessors in speaking about what MCOs are doing here. E-mails and text and letters, and pro bro showers and the at trying there is just to remind me to tell you that we will do them in multiple languages to make sure that we are covering communications with all different ethnic groups and cultures and languages that are out there as well as we will be working with TTY as well as anything you need to do for the deaf and hard of hearing and visually impaired participants we have a resources for that. And we have telephonic outreach and robo calls sounds awfully electronic there, doesn't it? So really robo calls is just we will do outbound calling and if participant says yes you know I need assistance with this, they can actually access a person. This just allows us to touch a lot more people's lives in working together with you know, the efforts of the state of Pennsylvania to engage folks. We will have the ability to connect with somebody and connect with a person once they acknowledge that they need assistance with their eligibility. That is what that is about.

So we talk about multiple materials and different languages and things I mention on the previous slide and also working and thinking about engaging and in additional resources if needed. And to outreach to populations that you know, we might identify as not engaging you know, if there is for instance, pockets of groups that ethnic groups or something that are not seem to be renewing we have a strategy for that if we need to. So lots of activities that are you know, have been already talked about here. We will be connecting folks with the Marketplace and Penny as well as part of this effort as well and ultimately last slide, please. And we will have our you know our ability for folks to contact us through our hub as well as our service coordinators and our eligibility specialist to support the effort along with the engagement team that was previously mentioned in our slide deck.

So a lot of similarities between what the state is doing and what we are doing and yes there is going to be, we would prefer to augment what the state is doing but you know, as we outreach there is going to be the possibility that people will get contacted twice. Try and keep that to a minimum and understand who it is we need to contact and target those resources those individuals but there is going to be a lot of effort, I think, from everybody to make sure that we minimize this across the board including what the state's effort are and what the MCOs are. I will stop there and see if there are any questions.

>> Thank you, Mike. Any questions for Mike from UPMC? From committee or the audience?

>> We have a few questions in the chat. For numbers on reported on the CHC and participants not getting --

[ Indiscernible ]

>> This is germane. So the data as of July 13, 2022, approximately 314,000 cases have not completed the renewal process. And the additional numbers I had for not completing the renewal process, total in CHC, 14,897 had HCBS. Other 6,546 have --

[ Indiscernible ]

>> I hope that answered your question, Cindy.

>> Yes. Thank you very much.

>> Welcome.

>> And follow-up question. How many people are at risk of losing services due to redetermination per MCO?

>> I don't have that data in front of me. That is something I will have to bring back.

>> Thank you.

>> As we move into the next agenda items, this is comments from committee members or the audience.

And before we move forward, I want to check with Paula and germane. Do we have any other questions in the chat we should be addressing?

>> We have some questions in the chat and they go back to the beginning presentation. First question I have from Katherine Weaver. Why would participants lose eligibility? What makes their eligibility different in the PHE versus after PHE?

>> I would like it ask Carl.

>> Can I respond to that. Can you hear me?

>> Yes.

>> I okay. I understand the question to be, why is there a need to redetermine eligibility once the public health emergency ends. The reason for this is that during the public health emergency under, I think, family first coronavirus, there were federally matching funds as long as they maintained the eligibility of people enrolled in Medicaid regardless of their actual eligibility status.

So even if you are overincomed, overresourced, or if you don't respond to a renewal request, which we have continued to send out throughout public health emergency, we are required to keep you enrolled in Medicaid despite those changes.

When the public health emergency ends, that requirement will no longer be in effect. CMS require states to complete a renewal on everyone who is not in eligibility period and people who have failed eligibility, people who did not return their renewal and then take action appropriate matily following that renewal. So no one will be terminated immediately when the public health emergency ends. Everyone has the ability to have it reviewed but

that's the reason to determine eligibility and potentially take negative case action.

>> Carl, if you would, I think the next question can be answered by you. The next question is also by Katherine Weaver. She is asking if you think a lot of individuals will lose their eligibility after the PHE.

>> The state doesn't have any way it precisely anticipate that.

Because while people maintain eligibility, continue to have eligibility now, despite the fact this we know they mighting overcome or resources or something like that, that could have changed.

And the same that haven't returned a renewal. We don't want to speculate that people will be eligible for not after it ends.

>> Thank you, Carl. This is for you, Jamie. This is from Elizabeth. Are home care agencies eligible to apply for money for 2022 under the budget act 54 funds?

So home care and home health agencies that provide personal assistant services are eligible under act 54 as long as they are in, they have to be, I want to say, in business as of July 1 of 2022.

And funding is based on units of service provided in the third quarter of 2021.

So they had to provide units of service in that quarter of 2021 to be eligible for the payment. That's how the payment is calculated according to act 54.

>> Next question is from Amy Tompkins. The question is, is there a process for someone in CHC that becomes financially ineligible due to employment to be moved from CHC to act 150 program?

>> You p.

>> So I'm hoping someone who is much more well versed in eligibility can answer the question.

But yes, there is a process. So obviously if you lose eligibility, that can act to the act 150 program.

>> Anyone from OLTL on the line that wants to speak specifically to that process?

>> As we are waiting for that, do you have a question?

>> Yes. From Pennsylvania. Just to go back to the question an related to what you are talking about, is employment funds and act 54, the state budget for either CHC waiver or OLTL recipients, I know there are targeted funds for providers in the last state budget, trying to get people with disabilities, is there anything in the current state budget that would, that are incentives to help people? Numbers from CHC from what we heard for people that are employed. Thank you.

>> I think you asked me this question before, Jeff. There is no specific funding imneum rated in act 54 or in the budget that will be for employment providers.

>> Thank you.

>> For PHOT evals done in nursing home or in the individuals homes?

And I guess that would be from CHC-MCOs.

>> Hi, this is Joe from PA health and wellness. When the participant is in the nursing facility, the OTPT would meet with participant on the facility and do an evaluation of the home? So the answer is both.

>> This is Karen from UPMC. Same. OTPT meets in the facility and with the participant in the home or evaluates the home if the participant is not able to meet there.

>> This question is also for CHC-MCOs, this is from Janice.

For each of the plan, is more than one bid required from the home mod contractors?

>> Hi, this is Joe from PHW. We try to get three bids whenever possible.

>> How about other MCOs?

>> We often have one or two bids and if there are items that are what they are supposed to cost so as long as the bids are within the scope and the dollar amount that is acceptable we can go with a single bid in some cases.

>> Thank you. UPMC has an answer for that.

>> Sorry, I didn't recognize.

>> AmAAmeriHealth.

>> The response from AmeriHealth on that?

>> Apologies, this is Teresa from AmeriHealth. We, as well, attempt to get three bids and similar to the other plans based on availability of those providers.

But that is our goal.

>> Thank you, Teresa.

Any other questions ?

This is from Bridgette Lowry. Lots of focus on issues p but what is did for cognitive behavior and teaching staff about services and support that may be available to support a transition out of the nursing home?

>> Is Joe from PHW. That is really where the service coordinator and their knowledge of both services available and NCHC and just medically in general come into play. Who assist those participants that need those additional supports and would be added as part of the charge plan to help the participant remain safe in the community once the transition occurs.

[ Indiscernible ]

Services that would be necessary for them to have safely within the home of their choice.

>> And again this is Teresa from AmeriHealth. Similarly the comprehensive assessment of the individual would then inform the plan upon transition taking it into account each person's unique needs. And looking at not only what LTSS benefits they would benefit from, but what are their other community resources that they need assistance being connected to.

>> And if you don't mind, if we go back to the act 1 program, Amy high will be able to comment on that. The question was is there a process for a participant currently in CHC that becomes financially ineligible due to employment to be moved from CHC to the act



150 program.

>> Good afternoon, this is Amy high. Yes, in the event that a participant loses eligibility due to changes in their financial circumstances and is not eligible for MA or the mod program, they can be assessed for the act 150 program.

With the enrollment unit or IEB for that consideration and transfer.

>> I have questions from committee members. Lloyd?

>> I think you will ask about what behavioral health interventions are employed in nursing home transition or in the potential of losing benefits but I'm not.

>> In reality, even if legislator were to understand that, and there is a need to have to remove burdensome regulations and survey requirements so that limit ability of us to serve people we hope to serve by having more individuals in step positions that are necessary. And I'm thinking that we really need to find a way to develop a statewide office to address this work force issue.

During these dire times.

And the fact is I'm bringing it up everywhere. This is too big an issue to not be addressed by each and every part of our system as far as psychiatric leadership council we are trying to find ways to increase the number of participating psychiatrists and within psychiatrists but there are many many more things that are needed across the common wealth and I just think that has to be part of what we write down and put out as part of our meeting today. Thank you.

>> Can I ask a follow-up question on that. When you talk about a stit wide office for direct care work force, is it specifically focused on behavioral health or are you focused on licensed providers unlicensed providers like direct care work force staff or all of them? All of the above?

>> I think we need to have a comprehensive approach. We tried to did it individually with here are behavioral health needs, here are other needs for child care and for older adult care and it ain't working. We need find ways to stay together where there is a respected authority that develops a plan to move forward and address this hard condition in our workplace. We have a great resignation. People don't want it leave their houses to go back it work. We need to find a way to address this and sooner not later or we will lose people in the process. Not workers against consumers.

>> Good afternoon, I may be asking this question off the grid.

But I have a concern. We are a home health care agency.

And we are Medicare certified and licensed provider. However, is the process of contracting with MCOs are a from 160 to 120 days to process to I prove we are losing a lot of participants that we can actually service because of the lengthy process. Can any of the MCOs or tell me why the process is so long to actually get contracted?

>> Great question.

>> I will ask, you are enrolled in Medicaid program before trying to get contracted wit CHC-

MCOs.

>> Yes. We have contracting and right now I have 20 participants pending. We can't service them.

And some of them need speech therapy, trach, we can't do anything because we have no contract.

>> And you're a home health provider, not home care provider.

>> I'm home health care.

>> Okay, I think that's a question for CHC-MCOs.

>> Who wants to go first?

>> AmeriHealth?

>> Thanks, Jamie. I'm not sure how to reply. There are two things I'm focusing on. One is the contracting piece which is the direct question.

But more importantly I think is the participant piece where there are 20 participants who quote unquote need service but may not be getting it.

I don't believe a name was given. Can I see who that is sitting with. And if that is in our internal credentialing department, if the caller would or presenter would like to send something to me, or otherwise give me her information, I can connect.

But for those that need service, can we explore that a little bit more? Many times PCOTSGR are covered by Medicare primary. Would that not be the course of action here?

>> Well what happened is, I will take for instance I have about 10 participants with Keystone that I'm called in reference and need of services. However we can't take them on as an agency because we don't have the contract.

And we are processing and it is taking so long to get processed that they are calling everyday. Now I have a home health care business as well. And I have a home care business which is okay but on the skill level we are pulling teeth getting contracts so we can serve the consumers on a skill level.

So that is the situation.

>> Y just a question in a vacuum without anything else going on, how long is that process supposed to take?

>> AmeriHealth?

>> I will have to get back to you on the exact timeframe of credentialing.

>> This is Mike Smith from UPMC. I don't think our network folks are on today.

But we would have to get back to you as well. I will say that you know, we have quite a number of home care agencies in the state. I think skill care is something that would be helpful to learn more about and find out what is going on with your application and we have representative there who will, David Gingrich is in the audience. We can get you connected with our network team and find out more about the situation. Thank you so much for bringing it you.

>> I would assume they are not the provider in the situation.

>> How about PHW?

>> This is Joe from PHW. I have to follow up with our contracting department to determine what the timing on that process, how long it normally takes. I'm not sure myself. But similar to what Frank and Mike are saying, if we can get the name of the agency or participant either via e-mail afterwards or however they would like to communicate, we can definitely look into the contract and see where it stands.

If there is anything pending.

>> This is Randy. I gave her my information. She will give me her information and we will make sure to follow up with her.

>> Thank you.

>> Thank you, Randy.

>> Committee members. Questions. Audience. Questions?

Anything in the chat?

>> And what about the question, I don't remember who asked that.

I would hope that someone getting employment or having the financial, their change in finances that would make them ineligible for, that would be anticipated. That's pretty smooth transition.

>> I would agree with you. It just hasn't come up as an issue since I've been here in the two years. Ways looking to some OLTL help. I would have thought it would be a seam less process prior to the public health emergency. You have changes and people have maintained their CHC eligibility from March of 2020 now all the way until we're not sure yet.

It is something we haven't had to deal with in quite a long time.

Any other questions ?

I do have a question.

In reference to home mods and I know this is a completely loaded question.

But I would like to know, like, I know every situation, every situation is different. Some take longer and some take shorter.

But on average, how long does it take from the time the person asks for the call mod until it is complete. Just very average time.

>> This is Karen. We tell our participants to expect about eight weeks. As you have said, and as I said in the present takes, there are some quicker and some longer depending on the delivery of equipment.

>> Same, it could take up to 60 days.

>> Is Joe. On average around 60 days, understanding that some may only take a week and others may take more than that. So but on average, around 60 days.

>> Thank you.

>> Anything else, Paula?

>> No, there are more comments.

>> Okay, I think we can call for adjournment. Second. Thank you all for coming. I appreciate everyone that came to the honor suite. Our next meeting will be October 4, 2022. It will be at this location in person or hybrid. So for all of you op the line, thank you very much for handling our audio problems at the beginning. We will try to get that straightened out for you right at the beginning next time. Thank you all for attending.

>> Have a great day.

>> Have a great day. You're welcome.

>> Thank you. Thank you.

>> Good-bye.