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Date: 02/01/2023

Event: Managed Long-Term Services and Supports Subcommittee Meeting

>>SPEAKER: Good morning everyone this is David Johnson we are testing our audio [indiscernible] [audio distortion.] Is anyone able to announce themselves on the webinar.

>>SPEAKER: This is Jay I can hear you.

>>SPEAKER: Great and I can hear you. We will get started in just a minute.

>>SPEAKER: Good morning everyone welcome this is David Johnson speaking welcome to the February 1st by taking attendance. My career is present in person [indiscernible] KatrinaColman.

>>SPEAKER: I'm present.

>>SPEAKER: Good morning Katrina.

>>SPEAKER: [Name?]

>>SPEAKER: [Name?]

>>SPEAKER: Laura [name?] [Name?].

>>SPEAKER: Right here present the in the room.

>>SPEAKER: Matthew.

>>SPEAKER: Good morning everyone Patty here.

>>SPEAKER: Good morning.

>>SPEAKER: Jerry Welch. [Name?] Are there any subcommittee members on the call that would like to announce themselves that are not account TD for.

>>SPEAKER: This is Monica I must have missed my name.

>>SPEAKER: Hi good morning.

>>SPEAKER: Good morning.

>>SPEAKER: This is [indiscernible] I wasn't unmuted for mine as well.

>>SPEAKER: Good morning Anna. Anyone else? Okay. Thank you. I will turn it over to Michael Grier PHAOEUP we will be checking the attendance as we go through this. We will uncover some housekeeping points. Please keep your language professional. Point of order is this meeting is being conduct ed in person at the department of education building the webinar is remote streaming. This is also being audio recorded. The meeting is scheduled until 1:00 p.m. to come ply with the logistical arrangements and we will end promptly at that time. All webinar participants will be in listen only mode during the webinar. While the committee members and presenters will not -- will be able to speak during the webinar, to help minimize background noise and to improve sound quality of the webinar, we ask attendees to self-mute using the mute button or mute feature on your phone, computer or lap top when you are not speaking. Please hold all questions and comments until the end of each presentation as your questions may be answered during the presentation. Please keep your questions and comments concise, clear and to the point. We ask the participants to please submit your questions and comments to the chat box located in the Go to Webinar pop up window on the right-hand side of the computer screen. To enter a question or comment type into the text box under questions and press send. Audience members who have a question or comment will wait until the end of the presentation to approach one of the microphones located at the tables here within the suite. Vice chair will then call on you. To minimize background noise we ask the committee members

presenters and audience members in the room to please turn off their microphones while they are not speaking. Captioning and audio recording and captionist is documenting this remotely. It is very important for people to speak directly into the microphone. State their name and speak slowly and clearly otherwise the captionist may not be able to capture the conversation. That is something we wanted to highlight today. In the event -- please identify yourself as you are speaking and if we have folks that are having challenges with that, we will stop the meeting and ask them to identify themselves. We discovered that the captionist they are having a very difficult time as people are talking. It may seem okay to us, but it is not to them.

This is also -- this will also aid the captionist in recording who has asked the question and whom the responses need to be sent when submitting the question or comment in the chat box it is important for people to include their name in chat box as well. Before using a microphone in the suite. Please press the button to turn it on. You should see a red light indicating the microphone is on and ready for use. State your name into the microphone for the caption TPHEUS and remember to speak slowly and clearly when you are done speaking press the button at the base to turn it off. Red light will turn off indicating that the microphone is off. It is important to utilize the microphone around the room to assist the captionist to transcribe the meeting discussions 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 that weren't heard, please send your questions and comments to the resource account located on your agenda the transcript and meeting minutes documents are located on the list serve MLTSS meeting minutes these are normally posted within a few days of receiving the transcript. The 2023 MLTSS meeting dates are available on the department of human services website. I will turn it over to David.

>>DAVID JOHNSON: Before we proceed with the emergency evacuation proceed years. Want to do another [audio distortion.] Are there any other subcommittees on the call that would like to announce themselves?

>>SPEAKER: This is Gail.

>>SPEAKER: Good morning Gail.

>>SPEAKER: Okay. Thank you. The follow are the emergency evacuation procedures in the event an emergency for evacuation we will proceed to the area at the left of the Zion church on the corner of 4th and market F. You require assistance you must go to the safe area located right outside the doors. MLTSS will be in the same area and stay with you until you are told to go back into the seethe or evacuated everyone must exit the building take belongings with you. Do not operate cell phones and do not try to use elevators as they will be locked down. We will use stair one and two to exit the buildings. Turn right and go down to hall way by the water fountain. Stair one is on the left. For stair two exit honor suite on the right side of the room or the back doors for those exiting from the side doors turn left and stair two is directly in front of you. Keep to the sin side of the stairwell and head outside TRPB left and walk down dewbery alley. Turn left at blackberry street and cross 4th street.

>>SPEAKER: Good morning. This Wanatia gray.

>>SPEAKER: Good morning thank you.

>>SPEAKER: Good morning.

>>SPEAKER: Thank you we are going to move to the next item on the agenda which is the meeting follow ups from our December and January minutes. Are we ready? Related to the cost impact to the state subcommittee member Loyld asked if the light program posed tomorrow and

all individuals can now be served under the CHCMTO does is cost impact of the state go up or down? Jonathan Bowman from OLTL to follow up. However Jamie mentioned the light OLTL would have to take into account the behavioral health services. It is harder to say -- it is -- excuse me. It is harder to say KAFation to KAF and OLTL would not which plan the individual would chose. There are many factor that is take into account. Jonathan Bowman to follow up.

>>SPEAKER: Good morning. This is Jonathan Bowman responded while those [indiscernible] long term service options [indiscernible] they do operate covers and for those who are medicaid only cover acute care services may [audio very faint.]

Is the this better?

>>SPEAKER: Maybe pull the microphone close to yourself.

>>SPEAKER: I'm going to repeat the response. Jonathan Bowman from OLTL responded that while both the light program and [indiscernible] [audio very faint.] They do operate differently and cover different services the CC programs covers long term services and for those who are medicaid only cover acute care services [indiscernible] [audio very faint.]

Mandatory enrollment while the life program [indiscernible] based on state and federal criteria. [Indiscernible] [audio very faint.]

>>SPEAKER: Excuse me please pull the mic closer because you are missing everybody other word so they are not catching what you are saying it says indiscernible or audio very faint so I am missing most of what you are saying.

>>SPEAKER: I'm not sure at what point people heard but I'm going to say the independent fiscal office website released a report that shows comparison cost and the link to this report will be posted to the chat as well as the list serve meeting documents.

>>SPEAKER: Before you proceed I want you to pointing out that the captions are not picking anything up I want to encourage anyone if the captionist is not able to capture what is being spoken please let us know and we will make sure it is captured for the record appreciate you bringing this up.

>>SPEAKER: [Indiscernible].

>>SPEAKER: That's a good question. We can follow up on that.

>>SPEAKER: Yep.

>>SPEAKER: Okay. Thank you.

>>SPEAKER: Thanks Jerry.

>>SPEAKER: Thank you for pointing that out to us. This is Michael. Relate today the life enroll Lees [indiscernible] asked if OLTL has an estimate of the percentage of individuals enrolled in life program that receive services Jonathan Bowman stated [indiscernible].

>>SPEAKER: He responded the number of life participant that is received behavioral health services state wild during the month of November 2022 was 1,199 individuals about 15 percent the total over all program consensus for the month of November [indiscernible] [audio very faint.]

>>SPEAKER: Related to data for the life to CHC and CHC so life audience members Janice asked through the chat if OLTL has data on the members of people who have switched from life to CHP or CHT to life over the past two years Jonathan Bowman said if he thought he would be able to get that data Jonathan Bowman to follow.

>>SPEAKER: This is David I can see we are continuing to get some notice that audio is faint or otherwise indiscernible, perhaps we can try speaking slower particularly for figures that may help make sure we capture everything.

>>SPEAKER: Um -- looks like it is really hard to hear you on both you guys on audio. The people trying to listen to you on the phone, whatever.

>>SPEAKER: Thank you for that. We encourage audio on the webinar is difficult to hear, we will investigate to see if we can improve that.

>>SPEAKER: When he is speaking everyone else turn their mics off.

>>SPEAKER: Yes, I will reinforce that. If subcommittee members speaker or guests will please ensure that is the only mic on, thank you.

>>SPEAKER: You want to read the question again.

>>SPEAKER: Could you read the question again, please.

>>SPEAKER: This is Mike related to data for life to CHC and CHC to life audience member Janice member asked if through the chat if OLTL has data on numbers of people who have switched from life to CHC or CHC to life over the last two years Jonathan Bowman said he thought he would be able to get that data Jonathan Bowman to follow up.

>>SPEAKER: Jonathan Bowman responded that on November 2020 to November 2022 time frame 428 visuals were transferred from life to CHC the average time for transfer was 28 days it should be noted the [word?] Did not process life to CHC prior to early 2021 any [indiscernible] [audio very faint.] 351 individuals were transferred from CHC to the life program the average time for transfer were 20 days.

>>SPEAKER: Thank you. Related to the reasons for switching from life to CHC and CHC to life subcommittee member Matt asked if OLTL could provide reasons as to why an individual would switch from life to CHC and/or CHC to life. Jonathan Bowman responded that the individuals that disenrolled from life do not always provide a reason. Randy Nolan stated for a transition from CHC to life you will have to check with the IUD. OLTL should be able to provide the top three reasons Jonathan Bowman to follow up.

>>SPEAKER: Jonathan Bowman provided the top three reasons why an individual would switch from life to CHC in no particular order. Provided by the IUD preference for another provider or doctor. [Indiscernible] service plan and prefer CHC waiver services such as care giver. [Indiscernible] individual would switch CHC to life in no particular life provided an dotedly by the IUD [indiscernible] such as the day care center MCO has cut hours or not been able to set up services or they do not agree with CHC waiver service plans.

>>SPEAKER: This is Mike Grier related to the land line versus cell phones centers for medicaid and medicaid services compliance with EVV [name?] Said that she could take back to the EVV steering team to look into how other states have made cell phone use work with EVV and remain compliant with CMS mandates. She stated she would send a response on what she finds out if or if a meeting call has been scheduled to find out what other states are doing.

>>SPEAKER: [Indiscernible] [audio very faint.] In order to tie the locations to visit the 21st century [indiscernible] 7 required service element as a [indiscernible] in the way and application can. A land line is require today meet the CMS required for capture service locations [indiscernible] reached out to our CMS representative about allowing for the use of those devices but as of now the policy remains the same.

>>SPEAKER: This is David I can still see the caption TPHEUS is reporting that audio is either indiscernible or too faint. Can we get clarification whether we need to speak louder slower or both.

>>SPEAKER: We will do as best as we can and I apologize for these interruptions we know if we are to have a hybrid meeting we need to ensure we are all audible for the captionist to get an accurate record. Thank you everyone for your cooperation.

>>SPEAKER: [Indiscernible] slow their reading down a little bit.

>>SPEAKER: Moving forward I will try to speak louder on top of the mic and more slowly to the best of our ability, thank you for the feedback.

This is Mike that was our December follow up. Now we will move into our January follow ups. Related to behavioral health services audience member Carrie asked what inpatient nonhospital BABS service substance abuse disorders are available for people with disability who need personal assistance services support.

>>SPEAKER: Duncan Bruce from community care behavioral level four medically in patient programs are available to for individuals with disability who need personal assistant services support or have con PHREBGS medical needs for Level 3.7 [indiscernible] these programs may be able to support individuals past support but would be assessed by medical staff on an individual basis and depend on the level of support needed in addition to in patient out patient substance abuse disorder programs do not have staffing or additional resources to support someone with past support. Outpatient programs may allow past staff to attend a program to support the individual. Which will be based on agency policy and confidentiality guideline. Most programs they offer tele health as an option as well.

>>SPEAKER: This is Mike Grier speaking. Subcommittee member Lloyd asked what would be an avenue to use or deck at a time a little bit of time to try to figure out for services offered? Is there awareness and are participants satisfied with the results of those services?

>>SPEAKER: Kelli from office of mental health substance abuse services responded that [indiscernible] does not collect data on satisfaction for services specifically in their facilities as a question from Lloyd [indiscernible] each primary contractor [indiscernible] community satisfaction team as for their agree with CHS the primary behavioral organization and the contracted consumer family satisfaction team need to determine the level of care providers and members to survey so they would need to be addressed with each primary contractor.

>>SPEAKER: This is Mike speaking related to the strengthening of the work force portal audience member Raven I'm sorry Robin asked if the portal site were reporting the strengthening the work force money was spent could be shared?

>>SPEAKER: I'm sorry Robin this question was answered directly with Robin through the mailbox no other follow up is necessary.

>>SPEAKER: Related to the new subcommittee members e-mail addresses. This is requested e-mail addresses. I received the new subcommittee e-mail addresses and that is all the follow ups from our December and January meetings. John.

>>SPEAKER: I'm not sure what [indiscernible] apparently it wasn't in December or January but I got a follow up e-mail from Jamie regarding my request to have participants and providers on the EVG committee that OLTL was forming to discuss cell phone usage issues. I have to say quite TPRAPBTly the e-mail response I received was insulting to a large majority of us with disabilities who use the services and Jamie, I understand that you function from trying to mitigate like anyone. [Indiscernible] problems come from 10 percent of the population and I understand there are consumers who maybe commit fraud but I'm in the talking about those people. I'm talking about those of us who use the system every day and are capable to address our own concerns. The e-mail that I received from Jamie said that and I'm going to paraphrase because I don't want to take too long to read it. Basically the reason that we can't use consumer cell phones or EVG is because attendants don't have access to our bank account information sensitive information and -- let me just get to that. [Indiscernible] bank account information [indiscernible] on the mobile device the worker would have regular access to it. And I'm going to tell you as a user our worker versus regular access to our information whether we use EVG or not. I mean, I have been using attendant care for 30 years and I have been robbed 13 times in those years and I've prosecuted 13 individuals in 30 years and they didn't get my information from my cell phone. They got my information by taking out my trash. And stuff like that. Stuff

that is every day task that attendants use and yes they were prosecuted and some of them were even put in jail and I assume consumers who use these services can't do that for themselves is unfair. It takes the dignity and respect away from those of us whom use these services. We are not children. And my cell phone like hundreds of other people I know is fingerprint protected. They can't take my thumb and open my bank account. So, I think we need to rethink our [indiscernible] for a lot of our decisions the people receiving services are adults. And I understand there are people that might need supportive through some of these processes. Then let them do that, but don't throw the whole system away because there is some people that need support. I still think that you are limiting people's ability to use these services in the way they were intended to be used. The way they were intended to be used it is taking a [indiscernible] community services and I [indiscernible] kept on the agenda because I think you need to hear more than just me about this issue and I'm working to get you to feedback I think you need to hear and I would like to do that in subsequent meetings and I want to go on record saying that I understand that you are looking at it through a very narrow lens and you may be picking out people that have abused the system. Don't hurt the rest of us because of that. Use the system the way it is intended. Give us the dignity to live our lives and saying that, you know, in another portion of this e-mail it says we should put up to five addresses into our EVG system. As a mom with two kids I'm in five places every day and there are times when I call my attendant at pretty much a dojo where my son takes karate to go to the bathroom. [Indiscernible] it is just not right. If you think about where you go on a given day, you probably stop [indiscernible] maybe more throughout the course of your day. I'm asking you to treat the recipients of these services the same way you would want to be treated if you were all of a sudden [word?] Into this system. Thank you.

>>SPEAKER: I did respond directly to Shona with some of outstanding captioning is good? Can everybody hear me okay? I apologize if my e-mail offended you. It was the response I received when the EVV internal DHSY committee got together and obviously it is the DHS staff people not the stake holders that are part of that committee and talked about what the policy was for EVV. If you recall, I said when we original talked about this issue that the policy on using a participant's cell phone was not an OLTL specific preclusion it was something that DHS had set forth in their policy and before OLTL committed on it we wanted to understand the rationale behind the policy. The OLTL policy or particularly CHC and CO policy. The other thing I will comment on is the last part of the e-mail about checking if the system will accept up to five check in locations. I will go back and say that you can see this follow up and they have an unlimited number of check in places that you can load into their EVV system so it doesn't cause a manual edit and please understand this doesn't mean if you check in at a place that's not in the system that it is not going to be paid. It just if it is not in the system, it is a manual edit and you have to go in and obviously do the documentation that come plies with a manual edit. But, they did clarify there are unlimited. You can put an unlimited number of places in that system that you can check in and it will not cause a manual edit. The only other thing I will say is there is an EVV stake holder meeting that is held, I don't know how often it is. I'm happy to get the information and provide it to this group. I will also follow up with the leads in human services and encourage them to put this issue on the agenda particularly around the use of participant's cell phones.

>>SPEAKER: [Indiscernible] I'm sorry I thought it was on. I wanted to be sure you understand that, that's why I specifically asked that a participant and a provider be include ed in the conversation. I understand that ifs not an OLTL decision. I understood from your conversation early that it was a DHS decision. I get that. But all the more reason why the users of this system

should be included in that conversation and DHS stake holder committee there is a lot of voices and I know sometimes when there is a lot of voices people that don't use it get confused. That's why I asked if we could have even some time to discuss it so that those making the decision understand how it plays out on the other end. The other thing I will say is that and in your e-mail you did mention MCO issue. This is because I understand that the MCO is [indiscernible] I'm not singling out any one MCO. This is not about that. This is about state policy on EVV. This is about making home and community services truly home and community based services. This is not -- I have no -- they are following your rules. The MCOs are following your rules. This is not an MCO specific issue. Yes, we had an MCO come to us and say because we have 177 consumers using cell TPOPBs that they don't have land lines so they may have to pay back some money. That's a separate issue. That's because of the OLTL and DHS policy on EVV. We need to get the policy so that it is there for the consumer there for the worker and quite frankly fair to the provider. For every single provider to provide a direct care worker a cell phone that is sufficient enough to carry an app, that's an expense we do not get reimbursed for which leads to the question of insufficient reimbursement rate. I want to be sure you understand this is not MCO specific. This is a DHS, OLTL policy that has to be changed. Thank you.

>>SPEAKER: I agree. I agree. Thank you.

>>SPEAKER: If you could hold that and we will go ahead and go to Jamie with the OLTL update as getting back to our schedule.

>>SPEAKER: Good morning, everybody. I jumped in and didn't say good morning. Happy January. Actually it is February. I'm still stuck back in January. It is actually cold out this morning which anybody who had to come in the building I think got that feeling. We are finally getting that cold air that I want to say too much the holidays is following us into February. I have a couple updates for the group. We are going spend the majority of the meeting talking about the MA medical or medicaid unwinding obviously because of the new federal actions that were taken and I want everybody to understand the consequences and what the state is going to be doing and then what the community health choice MCOs are going to be doing. Just a couple of updates related to federal actions and then just a couple of things I want you all to know regarding the office of long term living. So the first if you go to the agenda is about the SNAP emergency allotment reductions. We have done a lot of press regarding what is happen happening to SNAP I want to make sure this group is aware as well. I want to update the group on the open TKEBGS K waiver flexibility [indiscernible] flexibilities as we go forth. Our plan has changed a bit and making sure this group is aware as well. So if you go to the next slide, just so everybody is aware, SNAP is the supplemental nutritional assistance program. Due due to some federal actions which you can see up there on the screen is emergency allotment of SNAP will end as of February 2023. The emergency allotments were on top of the regular SNAP benefits participants were receiving. It started at the beginning of COVID and has continued for almost the last three years. So many individuals may not know that they are receiving their regular SNAP allotment and their emergency SNAP allotment. It comes I want to say mid month. So it is SHRAEULTed to end the last emergency allotment they will receive in February. In march, they will receive that regular SNAP allotment and for many house holds they are going to see a pretty significant decrease about \$95 per month. That's pretty significant at a time when groceries you know the groceries have increased significantly. All I have to say is look at the price of eggs.

So, this is coming at I want to say a particularly bad time. The other piece I just want to let everybody know is that the cost of living increase that many received as part of O their social security benefit. They did a SNAP look at else gentleman ability based on the new cost of living

increase and about five to 20,000 SNAP recipients will be disenrolled from receiving their SNAP benefits there is two pieces to this. One people aren't going to get their emergency allotment and two some might receive or some might lose their SNAP benefit entirely. So, just an FYI the office of income maintenance is doing mailings right now to those impacted individuals. We do know there are many older adults that will be impacted by these changes.

So, if you are getting a letter, if you know somebody that receives SNAP, they are likely getting a letter and they are impacted. One of the things that we have asked our community health choice MCOs to do for their participants and they know who they are who are receiving SNAP. Do an out reach. Do that community based participant a home delivered meal if they are not already receiving one. Obviously there will be an impact. There is also a website up there on the screen and those of you at home can see it too. DHS has put together a website of resources that are available to individuals that will be impacted by the SNAP emergency allotment reduction or the SNAP else gentleman ability I want to say clip at this point.

So, that we have done a lot of media. I have seen it on social media and newspaper articles and I know our acting secretary has been talking about it as well. Please, if you know somebody impacted, point them to those resources and CHC MCOs if they are having trouble buying food and groceries. The next item I want to give everybody an update on is our appendix K waiver flexibilities. I believe this was at the January meeting we went through all of the open TKEBGS K waiver flexibilities in our programs. At that point we were the office of long term living plan's was to end the waiver flexibilities as of April 1st of 2023. I want everybody to note here we have backed up those waiver flexibility end dates you can see there on the screen, we are now looking at April 30th of 2023. We did some I want to say time lines internally and recognized that we wanted to give people 60 days notice and had to meet some internal time lines in terms of getting official communications out. We have backed up that April 30th date. On the slide, you will see all of the open TKEBGS K waiver flexibilities it is just a review I know we went through them in detail at a previous meeting. I wanted everybody to have the information again just in case you were questioning the flexibility that is due to the appendix K waiver that we currently have in place.

If you go through the next couple of slides, it outlines all of those flexibilities once again. So our plan at this point for the appendix K, we are going to move forward with ending the flexibilities as of April 30th. We hope to put out a communication that would formalize this the end of the February the beginning of March. Giving impacted individuals 60 days notice that we would be ending those appendix K flexibilities.

And that, that is all I have to share with the committee. I'm happy to take any questions that anybody has. Actually, I'm sorry. I'm sorry. I think when we originally had our last January meeting, I'm now recalling it was January 4th coming fresh off of the holiday we were talking about the change in administration. We do have obviously a new administration. Many of you may have seen the inauguration live on TV or actually the inauguration. We have a new acting secretary it is Dr. Bau we have given her the dates for the meetings we are hopeful at one of the next couple of meetings she can come to the meeting and meet the committee members and others that attend and talk about her priorities. I don't have a date yet, but I'm hopeful she will be able to attend one of our next couple MLTSS meetings.

>>SPEAKER: Good morning this this is David. I appreciate the acknowledgement of the upcoming SNAP reductions and their disproportionate impact on older adults. It is a great idea to have a managed care plan and have proactively active out reach to individuals that are going to be effected and introduce the prospect of a delivered meal. Is it being paired with any other check ins like for [word?] Or things of the sort?

>>SPEAKER: That's a really good question David, I would assume it is but our managed care organizations are in the room and, you know it may be a really good question to ask them how they are messaging it in terms of renewals or when they are reviewing some messaging about the MANY thing.

>>SPEAKER: Great I will reserve the question for our Q and A later. Thank you.

>>SPEAKER: I just wondered if there were any updated time lines or target dates for the RFI or any other publicly shared information.

>>SPEAKER: Thanks very good question. We do have the RFI drafted. It is currently going through our review process. As we suspected would happen the new administration came in and gave us some things they would like to see highlight ed in the RFI so we pulled it back and made some changes. I don't have a target date it would be released I'm hopeful it would be released before the springtime. Obviously some of the review is going to take some time.

>>SPEAKER: I guess I want to follow up on what Shona was saying [indiscernible] is from a [indiscernible] that could be addressed?

>>SPEAKER: So, what I think -- I hope I said to Shona is that I will take it back and bring it up with our staff and the other staff that head up the DHS EVV stake holder committee. I think that is a topic that should be talked about with those that are, I want to say over seeing the EVV implementation. OLTL is happy to put the issue on the agenda for them. I'm not sure when the next DHS EVV stake holder committee meeting is. I don't know if anybody knows in the --.

>>SPEAKER: [Indiscernible] find out and let us know.

>>SPEAKER: Sure we have staff on that monitors and sits on that committee with other stake holders. I don't know if they know and could [indiscernible].

>>SPEAKER: I'm sorry Jamie, do you have the name of the person within DHS who leads that committee? And can we get contact -- can we get an e-mail address to at least give feedback on the process?

>>SPEAKER: So, Shona it used be a person in OMAT that has since left. I believe it is still Tarquino with the office of medical assistance programs but I would have to confirm that's who I converse with. He is claims management within the office of medical assistance programs. I know he was heading up the EVV project, I'm not sure that he sets the policy for the program. I think it is set with all of the other program office input.

>>SPEAKER: [Indiscernible] at least say it again.

>>SPEAKER: Tarquino.

>>SPEAKER: [Indiscernible].

>>SPEAKER: No he is in the office of medical assistance programs. And he is the staff person that is assigned to EVV to head up the project. It may be more that he is on the technical side and not necessarily the policy side. That's why I'm saying EVV policy has been historically set with input from all other program offices. Everybody that uses EVV has been historically working on the policy side.

>>SPEAKER: Is there a way we could find out who [indiscernible] on top of all of that.

>>SPEAKER: Sure. As I'm saying it might be a better conversation for an EVV stake holder meeting because those individuals would already be attending that type of meeting.

>>SPEAKER: I wanted to like [indiscernible] thank you for preparing ahead for the [audio very faint.] I wanted to go back to EVV I had a couple of concerns. So if the people have to I saw faint audio. If the people are to have a home phone to already just use their cell phone who is paying for that. Consumers are already the lowest of the lowest income and they are trying to budget whatever they can. Now they are being require today have a land line. Who is helping them pay for that. I got rid of it because I don't use it, I can't afford it and then, another question:

This is based on [indiscernible] I'm sorry. It is just my mind. Who else receiving services other than people with disabilities are required today give the names of the places that they go to so that they can check in. You know? Or the phone numbers or whoever they are required to do it through EVV. Who else? To me it feels disSKREUPL any for REU you have to tell people where you are going to be for people to check in. And one last question. The EVV stake holder group. They are people with disabilities on there and was there anybody in that one big coTKPWHROPL rat that makes this decisions [indiscernible] that know what it is like to have to be monitored wherefore you go. Is that -- and it is a question it may come out rude sounding who in there has the lived experience to say this is right and this is wrong? I don't -- I go to the grocery store after work but I need help there. I will meet my aid at the grocery store I haven't made up my mind which grocery store. And then I have to figure out on my phone to tell them where to call from or what line to give or what information before they can come to me. It is a lot of extra time on their part.

>>SPEAKER: So Pam I'm sorry there were a lot of questions in there and I might not be the right person to answer all of those. I don't know exactly who is on the DHS EVV stake holder meeting. My assumption is when I saw the announcement go out any interested party could join the conversation regarding EVV. It was not to my knowledge a closed meeting it wasn't by invite only. So if individuals wanted to attend they had that opportunity to do so. But, I can definitely check on that.

The one thing I will say about, you know, putting addresses in the system. The requirements for EVV my understanding is the federal requirements are that obviously you are capturing a GPS location for check in and check out. And so, making sure that, that GPS location is hitting, again something in the system to say that is a legitimate location. And wanting to make sure that obviously we are in compliance with the federal RAOEUPLT. If the individual -- my understanding is if the individual is not at a regular location, that's fine. It is a manual visit and there is just a requirement to put a notation in the system as to why, you know, it is hitting a GPS location that is not logged in the system meaning a participant's home and the visit is paid. It is a federal requirement. It is not something that obviously DHS has made up. The other issue I will say is there is no requirement the participant has a land line. The participant can do what they need to do EVV wise if they are approving visits on their cell phones via an app or via, you know, however their system is set up. There is no requirement that they have an actual land line unless they need to phone in that is my understanding.

>>SPEAKER: A follow up on that. [Audio very faint.] That is something the agency will have to do; right? If I go to 20 places this month that are not on that list, it is going to cause more work for the provider not me so I really don't care. I'm just trying to -- am I understanding correct?

>>SPEAKER: I would assume. I'm seeing shaking heads.

>>SPEAKER: [Indiscernible] [audio very faint.]

>>SPEAKER: Obviously the worker would have to let the agency know and whoever is putting that information into the system. I didn't clock in and clock out at a normal location I was with my participant at the library or church.

>>SPEAKER: [Indiscernible] for the agency.

>>SPEAKER: Yeah.

>>SPEAKER: This is a real important decision EVV discussion. Tom I will let you ask one question and if we could kind of hold all of the other comments about this until the public comment period I would greatly appreciate it. I would like to get somewhere close to being back on schedule.

>>SPEAKER: Thank you Mr. Chair. Jamie, I think you are right this is a federal requirement that

DHS is trying to come ply with. I think this is a good example of how the state whether it is OLTL or DHS is misinterpreting what the requirement is. There is no specific requirement from CMS that a land line be used as a basis for an EVV. And there is a pretty good directive, I think August 19th of 2019 where in Section 3b of that direction or bulletin CMS weighs in and they are primary concerned about whether services are delivered in the home or community. That's it. They don't need any type of GPS coordinates, address or so on. It goes on to say using the term and/or community as the designation in the EVV system. The location data element transmitted to the state is indicated as either home or community depending on the location of whether it is in the home or community. The community location example given the coordinates address, et cetera will not be transmitted. So, it really is unnecessary and we are talking about generally self-directed care here. And it sounds like it is almost monitoring of an inmate with an ankle bracelet that DHS is looking for to tie things into a land line. I think this committee definitely needs to be stake holder input for consumers and providers. Not one consumer or one provider but a couple so they get this interpretation right. This has been [indiscernible] DHS is saying on this policy. I recommend that DHS and its legal counsel carefully look at what CMS actually requires and make sure they are not over extending or over reaching on what -- you should be making things simpler not more complicated than what CMS is requiring. Just wanted to get that on the record.

>>SPEAKER: Thank you, Tom. We will be moving on to the next item on our agenda which is the medical assistance unwinding update Mr. Jermayn.

>>SPEAKER: Good morning. I'm hoping people can hear me better? [Audio very faint.] I'm the director of division of communications management and also the and I'm also the lead on the public health emergency and medical assistance unwinding efforts. My presentation today is an update to [indiscernible] [audio very faint.] Of the COVID CHE this one had to do with medical unwinding. You may see on the agenda that it lists Carl Feldman as the presenter today. Unfortunately he is unable to attend I was asked to give a presentation instead. We also have two other staff on the line to assist with questions that may fall into their area of expertise. We have Nicole from office of [indiscernible] and [name?] From [indiscernible] health and dental coverage exchange. Thank you both for being here and we can go to the next slide, please. I'm not sure if people on the phone can hear looks like the caption TPHEUS is doing okay. [Audio still very faint.]

>>SPEAKER: This is David, yes I can see a few indiscernibles here want to reiterate and thank everyone helping for the captionist capture everything in the room and on the phone I recommend as a soft spoken person if you could speak a touch louder that will help.

>>SPEAKER: Thank you. As I said my presentation in September 2022 was in the context of the end of the CHE and how MA would be effected by PHD unwinding. Going forward. We are talking about unwinding from the PHDDHS will refer to the unwinding and the end of the MA continuous [indiscernible] appropriations act of 2023 was signed into federal law on December 29, 2022. You may have heard it referred to in the news aZ the [word?] Spending bill before it was signed. The act separates the continuous MA requirements from the DHE. [Indiscernible] [audio very faint.] Continuous MA coverage has been in effect since early 2020 and requires us maintain [indiscernible] MA recipient ins exchange for increased MA funding at MA level that Requirement Ends March 1. MA renewals process can result in an MA closure for those who have had their MA maintained. As of April 1st. DHS is require today return to normal operations. Next slide.

[Indiscernible] [MA will loose their MA coverage as was the case before early 2020 and be referred to other medical coverage options [indiscernible] health and dental coverage exchange

or [word?] Which is specific to children. [Indiscernible] will receive coverage they qualify for. Primary goal is maintain health coverage no matter where it comes from and [indiscernible] navigate this transition they covered. Also want to point out that the MA unwinding doesn't happen all in one day on April 1st. DHS has 12 months to complete and get back to normal operations. 12-month time line aligns Pennsylvania with the majority of the country and with [word?] Recommendations it will help DHS better manage work volumes and reduce potential issues that result in disruptions and coverage in care. MA [indiscernible] should expect to receive a renewal sometime in March therefore it is very important for those in [indiscernible] recipients to make sure their address and phone number are update with DHS so that they receive information DHS will send them about their coverage and receive their renewal. Contact information can be updated online through account by using the my [indiscernible] app or calling the customer service app. Link to the website to my WRD word PA app and customer service for Philadelphia and the rest of the state are found on the main page found at world war w.[indiscernible]/Dhe. DHS has continued to send and process renewals and process these updates since the beginning of the [indiscernible] [audio very faint.] And some recipients are requirement with continued MA coverage because unkinding of the coverage requirement [indiscernible] DHS is communication strategy and [indiscernible] educate them on [indiscernible]. Educate them on what they need to maintain coverage and present options they are no longer eligible for MA. DHS is working to keep everyone informed as much as possible [indiscernible]. The medical assistance and CHIP renewals update public meetings like this internal stake holder meetings, social media postings and informational webinars. Next slide. I encourage everyone to visit the CHIP renewal website for the updates about the unwinding. If you visit the website in the past you will find it has updated [indiscernible] [audio very faint.] As I mentioned before language has been update today refer to the end of continuous coverage there is information on the main page about what continuous coverage is and why it is ending what it means for people and what to do if you have MA. On the side bar there is links to information on becoming a helper to assist those that are effected by the unwinding. [Indiscernible] they serve glossary of common terms frequently asked questions on multiple topic areas, and recordings of webinars by DHS and [word?] To our stake holders including ones to specific long term care renewals. Next slide. Now we have a little more detail on the MA renewal process. 90 days prior to renewal due date DHS will send a letter to recipients to let them know their [indiscernible] and how to report those changes. The month before the renewal is due, and on the revalue [indiscernible] recipient can be automatically renewed based on electronic data sources. Receive their renewal packet through the mail a month before their renewal takes place. Next slide. MA recipients have 30 days to return renewal packet to verify their information. The renewal can be returned by mail using the envelope online at DHS. PA.gov by phone with the assistance of a customer service rep or in person at that time local county assistance office. Recipient have [indiscernible] committee their renewal by the due date. [Audio very TPAEUPT.] WUBS the renewal packet and supporting dock KWROUPLTs are received a caseworker will update the information in a recipient's case and run an else gentleman ability. [Indiscernible] so determined MA ineligible after the renewal will receive an inelse gentleman ability know [indiscernible] and why. Next slide. They will receive [indiscernible] budget and why. The determination of MA ineligible [indiscernible] DHS provides sources like CHIP and word [indiscernible]. Next slide. Individuals whose MA have closed have the option to reapply or they can use their right to appeal to DHS's decision through the appeals process. Appeal rights are outlines in closure notices at renewal if the MA budget was closed because the individual did

not complete the renewal process and individual asks for their else SKWRABLT to be reconsidered. [Indiscernible] without the need of a new application. Questions and answers about the MA renewal process are on the FAQ base of the medicaid and CHIP renewal website in case you have questions after the meeting.

Next slide. I want to focus in on the work OLTL is doing. The MA unwinding and work leading up to it and joint effort across DHS regard [indiscernible] handled by county assistance office staff and OLTL also a role to play. [Indiscernible] participating in DHS wide meetings covering communication. Policy and [indiscernible] topic as well as a number of specific topics related to the unwinding. Our staff also meet internally every month to make sure we are on the same page on what we have heard in those DHS wide meeting. OLTL are staff are keeping stake holders are keeping [indiscernible] MCOs sharing data with these MOC and like providers [indiscernible] providers and discussing the MA unwinding at our MLTSS stake holder meetings. Last bullet on this slide show the top line numbers as of December 4th, 2022. [Indiscernible] MA maintained criteria when their else gentleman ability is processed [indiscernible]. These participants will have [indiscernible] 12-month unwinding period to determine their eligibility. Will have their information sent to Penny to look at other affordable medical coverage options [indiscernible] their MA will be closed at that point MA else gentleman ability will be reconsidered within 90 days [indiscernible] without the need for a new application. Anyone's MA that is closed can appeal the decision or reapply. Next slide. These SHRAOEURDs show the number of participants who has of December 4th, 2022, were maintained despite failing to complete the renewal process. Data was with our CHC and MCOs so [indiscernible] related to the end of MA con tenuous coverage. [Indiscernible] specialty plan will coordinate with CHC MCOs when necessary. Do you want to go to in text couple of slide so people can see the numbers. And then I will take any questions anyone has.

>>SPEAKER: This is David quick question for you. With the knowledge that individuals producing medicaid as their primary insurance. It is important to Penny and [indiscernible] our PA stake holder also involved in this discussion as a help [indiscernible] medicaid to understand there is help available to discuss their medicare options which could be impacted by loss of medicaid.

>>SPEAKER: I'm going to ask if Nicole has any input on that?

>>SPEAKER: Hi this is Nicole can you hear me?

>>SPEAKER: Yes, we can.

>>SPEAKER: Okay. Yes, PA is engaged in the conversations their information contract information and information has been added to that website that Jemaine went over and there will be a letter sent to the eligible recipients about the potential of loosing medicaid and where they can go and about the special enrollment period that has been established by CMS.

>>SPEAKER: Great. Thank you. Are there any questions from subcommittee members?

>>SPEAKER: [Indiscernible] [audio very faint.] Enrollment of the folks no longer eligible over a six month not a 12-month time frame is that still the case?

>>SPEAKER: This is Nicole again. Originally, months ago we had talked about a six month, but the department has changed paths, changed course and are now working on a 12-month unwinding period.

>>SPEAKER: Good news. Thank you.

>>SPEAKER: Yes, very good news for everybody.

>>SPEAKER: I have a question about the people who are 18 to 59 when they are found if they are found MA ineligible will they referred immediately to a plan so they don't loose services they wouldn't need to have an another MA application they have been denied and if they are

functionally eligible that is all that neededs to be determined you already have the financial security that would save people a lot is there a plan to automatic will I get them over there. I don't see IEB doing that in a consistent basis but for this situation, I see this being an immediate need.

>>SPEAKER: Yeah, I'm not sure if anyone on the line from OLTL can speak to what the IEB would do in that situation. Would someone who is financially ineligible for CHC [indiscernible] interest in that.

>>SPEAKER: So Pam we did obviously make sure that, that was a referral that the individual would be given if they were ineligible for MA going forward. We can follow up with them about their process on how the stuff they would take to enroll somebody in act 150 if they were at least coming off of MA eligibility. I think they would still have to formally enroll but I can't think they would have to go through the clinical eligibility process unless it was their clinical eligibility was over due for some reason.

>>SPEAKER: Hello. Hi it is Amy [indiscernible] from the Pennsylvania [indiscernible] project. I wanted to follow up with that if there is a referral to act 150, how does that happen. It comes from OIM or is there some kind of other communication?

>>SPEAKER: So Nicole I don't know if you can speak to the letter obviously indicates the individual may be eligible for act 150 services. I know from our CHC MCOs and we can verify with them that if an individual is no longer eligible for home and community based waiver services provided through OBRA or CHC the service coordinator would be making a referral to act 150. It is it wouldn't be a seamless process in my mind [audio lost.]

Meaning I think the individual still has to go through the enrollment process for act 150.

>>SPEAKER: I don't know of any automated process that has been talked about in that scenario. It would be the same process that happened prior to the pandemic.

>>SPEAKER: Right, and this is Amy again. I'm not sure there is -- what that process looks like that's why we are asking. [Audio lost.]

>>SPEAKER: Is anyone able to announce themselves on the call so we can ensure.

>>SPEAKER: Yep.

>>SPEAKER: Amy my apologies can you repeat yourself.

>>SPEAKER: This is Amy from PHLP let me know if the captionist is not picking up because I can't see that far. So what I was saying is it is not clear that there is a formal process or to refer people to act 150. We are going to see a large number of people loosing waiver eligibility. This is the time to get the that in place and that the service coordinators are probably not where people can turn once people are disenrolled from the waiver the service coordinator is not involved in the case anymore. So their responsibility has ended. I would encourage OLTL and OIM and happy to be part of these conversations and other chair probably do as well to figure out a method at least during the unwinding to make that smoother. Thank you.

>>SPEAKER: This is Nicole and we hear you Amy and we will -- I'm going to get together with operation staff and whoever we need to pull in from ODP so that we can explain what the process is and see if there is any, you know, points of attention that are needed.

>>SPEAKER: Good morning this is Amy. I can provide a little bit of background on what we have been discussing with the IEB in regards to the referrals and process for potential transfers to the act 150 program. If an individual is referred following financial -- if they are determined ineligible for medicaid and have been enrolled in the OLPL waivers if they have a current eligibility, they will not need to go back through the functional eligibility and they will work with them to select a service coordinator and review by OLTL to see they for the act 150 program. So we have been having those conversations and can continue and provide additional detail at

the next meeting if that's helpful.

>>SPEAKER: This is Jamie, just to clarify though the individual would have to make some type of out reach or communication or contact the IEB and let them know they were interested in participating in the act 150 program and apply; right?

>>SPEAKER: They would have to go through the IEB in order to confirm they meet the criteria and they can get connected to a service coordinator at -- for that service plan to be developed. Obviously, they are aware and we are working with as much information that we can that exists for the participant to make it as short a period of time and to promote continuity of care as much as possible.

>>SPEAKER: Can I just make one more comment.

>>SPEAKER: Pam can you announce yourself.

>>SPEAKER: No, no you are loud enough but say your name so the captioner can caption that.

>>SPEAKER: Sorry this is Pam for center of independent living of central PA. The consumers [indiscernible] I'm very concerned that you have to make it really clear for them and sometimes it takes a couple times to explain it. Why isn't there a process the other way around once you know that person is not financially eligible a referral made to IEB and they make that one call to that individual I'm pretty sure they will make outgoing calls. Say I don't are no longer eligible for this is a program you might be eligible for do you want to start the process. Something like that. I just know how confused things get and then if it is not [indiscernible] them several times or explained in different ways. It is a stressful time. So there is a way to make it easier coming from the other end where they call you and say, you know, you could be eligible for this can we start this process for you the consumer can say yes or no. I see it better that way.

>>SPEAKER: Echoing Pam's point consumers are not [indiscernible] understand the process so stressful time also want to highlight as mentioned before there is folks that qualify for medicaid during this period and may be completely unfamiliar with other alternatives given their limited experience.

>>SPEAKER: Any other questions from committee members or audience on this particular topic? Great, we will be moving on to LIFE end of MA continuous eligibility out reach plan Jonathan Bowman.

>>SPEAKER: We are checking to see if Jonathan is unmuted and available on the line.

>>SPEAKER: Thank you.

>>SPEAKER: Hello, good morning can you hear me?

>>SPEAKER: Yes, we can.

>>SPEAKER: Okay. All right. Good morning this is Jonathan Bowman with the office of long term living. I am the division director for the division of integrated care programs and responsible for the over sight of Pennsylvania life programs the life providers function a little bit differently than traditional MCO and they act as the MCO and service provider it is part of the regular practice they worked very closely with their participants to maintain and renew their MA eligibility. Historically the office of long term living has sent a life providers quarterly application reports which lists their participants who will be due for renewal the following quarter. And life providers also receive any notices from the county assistance offices for their participants which they act on accordingly OLTL has also been sending the life providers participant level data as issued to us by the DHS policy team and they are utilizing this information in addition to their normal reports to work with their participant to maintain that are MA eligibility. Due to this regular maintenance performed by the life programs and working closely with their participants they don't have specific out reach plans in place for the unwinding. So, that's all I had on that topic.

>>SPEAKER: Are there any questions from committee members? Any questions from the

audience? Jonathan, you may have broken a speed record there. Thank you for that.

>>SPEAKER: Thank you.

>>SPEAKER: Thank you Jonathan. We are going to move on in our agenda to community health choices CHCMCO end of MA continuous eligibility out reach PRAPB programs and we will start with AmeriHealth.

>>SPEAKER: Good morning this is [indiscernible].

>>SPEAKER: Followed by PA health and wellness and UPMC I'm sorry for the interruption.

>>SPEAKER: No worries thank you this is frank director of plant operations for AmeriHealth Caritas and Keystone First thank you so much for allowing us the opportunity to present today on our out reach plan for the end of continuous medicaid eligibility. We are calling it stay covered for all of your health care needs. And the next slide, please. So AmeriHealth Caritas community health choices plans have created a stay covered out reach campaign. And it is really a three focus areas to out reach and educate participants, to connect with providers community partners and legislature later, and certainly engage and train our associates throughout the organization.

Next slide, please.

So, the out reach campaign encompasses various strategies and methods to engage all stake holders. We have direct service coordinator out reach to participants for education and assistance. We have engaged a vendor to conduct out reach to identify participants who do not have a service coordinator and may be at risk for continuous eligibility. We have developed materials for all associates who have participant contact including service coordinators, the call center, our wellness centers throughout the common wealth provider relations, et cetera. We have created information regarding continuous eligibility which will be posted on our websites and we continuously discuss eligibility at our participant advisory committee meetings. The next meets are scheduled for March and the dates are here north west and east are scheduled for march 9th. Lehigh is on the 14th and south west is on the 15th and south east is scheduled for march 16th. Discuss continuous eligibility with direct care providers, and at provider forums. For example, we mentioned this and had this discussion at a quarterly meeting or meetings we had with Pennsylvania home care association and their members.

We are including an insert in the participant newsletter regarding continuous eligibility. This is scheduled for March and it is going to be like a tear out of the newsletter they can easily tear out and put on their refrigerator or have at their ready. And we are also partnering with dual eligibility special need plans or the D-SNPs to inform them of their beneficiaries who were flagged by the state as having medicaid issues. As mentioned earlier, we want to make sure continuous eligibility does not effect a participant's D-SNP enrollment. Next slide, please.

So I thought I would show you or describe some of the resources or the resource material that we have created these note materials are in varying degrees of development review and approval. No materials required OLT reapproval would be disseminated before approval is received by OLTL. First up is stay covered talking points for our internal associates and give us background information and resources associates can use to assist participants with what they need to do and how. We have a stay covered mailer for participants it is intended as a precursor to redetermination start date. Reminds participants that they need to keep information up to date with the DHS and the different ways to do that.

We have a quick tip checklist which is a reference guide for dissimilar nation to participants regarding what they need to do and how. Provide today participants at events, wellness centers, et cetera and we will give hard copies to our community partners, legislators and providers for distribution and it will be posted online as a reference.

We have our notification to providers which gives background information and resource that is providers can use to assist participants with what to do and how.. next slide, please. And we have our notice for community partners and legislators that gives background information on resources that community partners Legislators can use to assist participant windshield what to do and how and we have text messages which are quick reminders to keep information up to date with links to information and resources about how to do that.

We certainly have web copy and that's the information we will be putting on our websites to give background information and resources to assist participants and we also have a mailer for participants intended to alert them their redetermination paper work is coming. They must complete it and what to do once they know whether they are eligible for MA.

Next slide, and here are -- I just wanted to show you what the documents kind of look like. Here is a sample of our letters or material with their head lines if you will.

And, next slide. I believe that's it for me. Would you like to have questions now or after the other two MCOs present?

>>SPEAKER: Let's start with any questions for AmeriHealth on the presentation.

>>SPEAKER: This is David thank you for the presentation and I will review comprehensive overview of the out reach campaign here. Leave no stone unturned. Want to focus in on the direct service coordinator out reach to participants for education and assistance. I'm going to ask each of the MCO's this question this also ties to data reported here in the OLTL medical assistance unwinding update the figures for maintained CHC participants. Not fair to ask that question without sharing it with you. In short the key figures reported for December 2022 for individuals who have not completed the renewal process broken down by population those receiving [indiscernible] services those receiving skilled nursing facility and those who are nursing facility ineligible. We have had three sources of data from April 22nd to August 22nd to December of 22 in short we can see the percentage for the change in the number of folks over due for renewals has increased across the board between August to December. I guess tied to that question is can you expand upon specifically what staff direct service coordinates are taking not only to educate folks on the unwinding process but also specifically with the renewal process which is related here.

>>SPEAKER: Thanks for the question. The service coordinators are conducting out reach and will conduct out reach not only on medicaid renewal but certainly on SNAP. I know that was a question. And there are really two general buckets where they fall into. Those who did not return their renewal. And, those participants I think the first question is have you updated your information or when was the last time you confirmed your information. Mailing address, with DHS and going on to Compass and making sure that information is accurate. You know, my view is that they may haven't returned it, because they did not receive it to begin with. That's the first step in the conversation. And, then for those participants who are in ineligible, I think of ineligibility as twofold. Participants who are truly not ineligible or are not eligible because they have resources or something of that nature. But, there is another cohort of participants who may not have returned all of the information that is needed to complete the medicaid application. For example, they did not return a bank statement or possibly a social security award letter. Those are the things the service coordinators are discussing with their participants to kind of fix the information that may have made them ineligible or address that issue.

>>SPEAKER: I appreciate the response. Quick follow up question. Figures are reported here I apologize you don't have this in front of you. This is the maintain CHC participant figures in the medical assistance unwinding presentation update. [Indiscernible] renewal process to service coordinators make record or is there something that could be tracked to indicate a service

coordinator had discussed renewal or taken any affirmative action or is that is that something that could be tracked and reported on.

>>SPEAKER: For AmeriHealth Caritas, yes.

>>SPEAKER: Great. Thank you.

>>SPEAKER: Amy did you want to ask a question.

>>SPEAKER: Yes, this is Amy from the Pennsylvania health and wellness project. This is something I would be interested in hearing from all of the MCOs I'm kind of reacting to the issue of people maybe not having an address up to date and that's why they didn't send the renewal in. The CHC [indiscernible] requires service coordinators to assist with renewals. So I'm trying to understand the situation where somebody service coordinator I'm trying to understand what happens with renewal date it is MCOs receive. Even if somebody has a bad address the service cord TPHAEUTDer should be on alert there is a renewal pending and make out reach and offer assistance. Throughout these presentations I would be interested in hearing how that is happening and, you know, outside of the unwinding that's a duty that existed before, so it is the MCOs can speak to how their service coordinator affirmatively engage participants to ensure they make it through the renewal process and get their information updated. And, I guess, seeing I'm somebody -- have I the numbers from April [indiscernible] to December and there was a decrease we were very happy to see between April and August the number of waiver recipient windshield [indiscernible] and then there was a 20 percent increase from August to December which suggests to me that out reach to ensure people are renewing is not happening. That is a concern going forward. We want to make sure it is happening during the unwinding. Thank you.

>>SPEAKER: Thank you, Amy. Any other questions? Next up is PA Health and Wellness. You guys ready.

>>SPEAKER: Thank you Mike my name is Jay [indiscernible] [audio very faint.] And also communications out reach for the -- I'm sorry. Audio is faint I'm not sure, sorry. Today we will talk about PHWs out reach plan for the end of continuous MA. If we could have the first slide E, please. Thank you our target audience is the community health choices participants their authorized representatives and/or [indiscernible] I will go into that a little bit further on in the presentation. We want to tell our participants and those around them that it is time that they take action, prepare for the end of continuous MA eligibility and take those steps they need to to ensure they can continue beyond the end. That is making sure their information is up to date. That means pointing them as Frank said as well the Compass website the my Compass PA app. Et cetera. To make sure that their information is up to date. They will be getting contacted. We will tell them that as of April 1st, DHS is going to return to the normal eligibility processes and that if your renewal does not show you are eligible there are options for you to stay covered whether that is through MA, another waiver program or on the insurance marketplace. If you need help with doing that PHW has the opportunity to help you with our service coordination folks they are more than happy to assist you in accessing those resources you need. Whether it is as simple as gathering the information, the dock yuan menation, et cetera. Or, actually showing you how to log on to the My Compass website or downloading the app on to your phone and working it that way.

Next slide, please. The tactics are multichannel. We will be leveraging the existing OLPL and DHS communications activities and working closely with Penn and leverage their activities the most important thing is everybody is hearing the same message regardless of which MCO they are with and what type of program they are in. Out reach activities will include phone calls and we will be working with both our nursing facility ineligible folks our home and community based

folks and nursing facility folks. For our NFCE and HCBS and with nursing facility folks service coordinators will be engaging with them directly for other NFI participants we will be doing a number of multichannel out reaches including e-mail, telephone phone calls social media. Texting et cetera.

Next slide, please. We will be also sharing on our website information, resources, et cetera. We will have a banner and pop up that will come -- that will pop up every time a visitor shows up saying hey the end of the MA continuous eligibility is here. Take steps now to ensure you remain eligible. Any time somebody calls in to the PHW help line, our service center line there will be an IDR that lets them know that the end of the eligibility is coming and offer assistance for that person when they get a representative on the line to work with them to go through the process of ensuring that information is up to date and moving forward. We will also have scripting for our call center folks that will explain the end of eligibility and talk to them about the importance of reenrolling. Again, when they are calling in, they are having at least two touches and message instances about the importance of the reenrollment and making sure your renewal takes place. We will also be doing letters, e-mails, and outbound texting. As well as, working with -- as Frank said in AmeriHealth's case our stake holders.

Next slide, please.

>>SPEAKER: My name is Angela [indiscernible] [audio very faint.] In the next three slides we would like to share with you the time line and how all of this out reach is coming together for each group of membership. So you can see here we are focused on home and community based service participants and this is high level time line assuming a 12-month end of the MA continuous eligibility period. On these slides you will see reference to April 1st. That was before we heard the April 30th. Indeed our process is aligned with April 30th as well. We submitted communication plan to the office of long term living and all of that gets us to a state where all of our communications are approved including any material and in content and then we are ready to begin communicating with each of these membership groups in January through February we are making website updates adjusting our messages and call centers and making sure that queues are available and ready to go. 60 days prior to someone's eligibility the end date of their certification period meaning when they are due for renewal. 60 days prior to that we are mailing a flier to participant that is just reflects all of the messages that he just deSKREUBed to you and additional 60 days prior our service coordinators are making three [indiscernible] [audio very faint.] To make sure contact information is updated and accurate and see what the participants need. Do they need help with an assessment? They would be working on scheduling that and [indiscernible] they would also find out if they need any help else gentleman ability package whether they are doing that by mail or Compass if they need that assistance they will provide that as well. They doing another round of calls 30 days prior if they have not been successful. It will be the same kind of focus and content and they are also coordinating of [indiscernible] home care provider. If they know there is a personal assistance provider they will reach out to them and coordinate a visit if all of their other attempts have not been success: Service coordination will be sending letters to participant if they have been unable to reach or contact letter that is appropriate. Finally if all of those efforts have been unsuccessful a certified letter will be sent to the participant. And then, again we end date of 4/30 of 2023. [Indiscernible] [audio very faint.] If we could go to the next line please. This is the support we are providing to our nursing level participants. Same TAOEUPB line with a website update and these instances our service coordinators did Kated to the nursing facility will be working with those points of contact and doing on going coordination to make sure that everything that needs to be done to help the participant [indiscernible] eligibility gets done. Additionally we are working with our

provider teams and awareness building with provider and facility nursing facility provider included and that will be within routine channels and with association meetings, et cetera. We also are having our service coordinators to con ten you this out reach on the 60 days prior and on going basis throughout this unwinding period. Again our call center will be available. And I just want to Jay could you clarify I think I am not understanding something.

>>SPEAKER: We want to clarify 4/30 was the end date 4/1/23 is the end date.

>>SPEAKER: Super thank you for that. Finally on the last slide we are going to focus on our nursing facility ineligible participants same start communication plan a lot of similarities there with website communications call center messaging. Accepting that flier 60 days prior. Here we are having a dedicated outbound call team and out reach to these participants because they don't have a dedicated service coordinator. So they will have call center out reach that will begin 60 days prior with recall. Very similar approach three different calls three different days and times and we will repeat that if they have been unsecond SESful and we will continue to provide the on going call center support working towards [indiscernible] [audio very faint.] Renewed on time.

And that concludes our presentation. We are welcome to take any questions.

>>SPEAKER: Great. Thank you. Any questions PHW from the committee members or audience? Fantastic job guys. Good job. Next up UPMC.

>>SPEAKER: Can you hear me clearly.

>>SPEAKER: Yep, we sure can thank you.

>>SPEAKER: Very good. Good afternoon my name is Tina I'm an associate vice president of medicaid financial services with UPMC and I over see a dedicated eligibility team that we use to actually help or participants complete their applications in Compass I will continue the conversation about the end of the medical assistance continuous coverage period. Next slide, please. What does this all mean and mean to our participants we have heard it already let me emphasize starting April 1st, all of our CHC participants will need to complete and submit their medicaid renewal application. These are the same renewal applications our participant versus been completing prior to 2020 as part of their normal annual renewal. Nothing new, no surprises. And you also heard if our participant does not submit their renewal there is a chance they may loose coverage and we don't want that. You have heard that from all of the MCOs and OLTL everybody in this room it is our goal to make sure our participants know what is if going to happen and be prepared to take action. So no surprises. Next slide, please. So, UPMC hasn't ever stopped encouraging our participants to perform their annual renewal. We knew this day would come we encouraged it throughout the last three years. What we have been doing lately is actually preparing. We have been educating a lot of our service coordinators, a lot -- I'm sorry can you go to the next slide. Okay. What we have been doing is educating our providers and internal teams some of the one I don't say you see on the screen are service coordination. Telephonic care managers, community out reach team, eligibility team and those are just a few that will be available to our participants to help them. We are also connecting with our external providers. Providers such as nursing facilities to educate them on what their responsibilities will be to help our participants and also community based organizations we want to make sure everybody internally and externally is prepared to educate our participants but also help them with their renewal. Next slide, please. So how will we be communicating, we are going to leverage many different channels to make sure we are getting the message out. We want to make sure that everyone is hearing the same message. We are going to use telephonic out reach you may get a telephone call. Written communications such as letters, news litters, fliers will be sent out. If you haven't opted out we will be using electronic communications such as e-

mail or text. Definitely social media UPMC will use social media to get this out as well. Facebook and Twitter are two examples of that. We have in person contact. Our community engagement team is very active in the community and they will also be having fliers they can leave behind at community events or visiting high-rise communities and also at our PAC conferences. Next slide, please.

So materials are also being translated into languages other than English and we are developing and making sure the TTY capabilities are available. We also using an outside vendor I will call community influencer. To communicate through their own channels such as faith based organizations or other community based organizations.

The last point on here is important. If for whatever reason our participants loose their medicaid eligibility we will be there to help you find coverage and a plan you qualify for. That may be something like the CHIP program or the marketplace plans. Timing is important I did touch on this earlier and I wanted to make sure I emphasize this a little bit more. It is possible that your neighbor may get or receive a notice on a different date than you. That's intentional. We are trying to send out our reminders closer to each participant's renewal date. So starting April 1st, you can expect to receive around a 90-day prior to your renewal date you will receive a renewal letter that will specifically ask you to update your contact information. So that will include your phone number, cell phone number, your e-mail address, home address the home address is important. That's where renewal packet will be mailed it is very important to make sure that is current. 60 days prior, we will start to receive phone calls or fliers on how to complete your application. And 45 days prior you will get a remainder letter. In addition, I think it is 60 days prior you will get your actual renewal packet.

Next slide please. The message I want to leave with people today is we want our participants to be prepared and know that they need to take action. So please update your contact information, your address, e-mail, phone numbers to watch your mail, letters, instructions and E newel application and when you receive it, complete it, don't wait. There is lots of resources to help. If you need help you can reach out to your service coordinator or call the HUB at UPMC and ask to talk to an eligibility specialist. Thank you were there any questions.

>>SPEAKER: Any questions? [Audio very faint.]

>>SPEAKER: This is David speaking. I will direct this question to AmeriHealth as well. I was [indiscernible] out reach plan as a last resort a certified letter would be mailed is that the came case of UPMC.

>>SPEAKER: It is it is part of our normal unable to reach process.

>>SPEAKER: Thank you I will save that question for AmeriHealth.

>>SPEAKER: That is the same for AmeriHealth. It is standard procedure.

>>SPEAKER: Thank you very much.

>>SPEAKER: You're welcome.

>>SPEAKER: You're welcome.

>>SPEAKER: Any other questions, audience members or committee members? Hearing none, we will move on to the additional public comment portion of our meeting. And, before we get started with that, I wanted to let you guys know about something. A couple months ago we had a motion here that carried at the MLTSS that we voted on and it has passed and that was in reference to being in opposition to [indiscernible] with choice. And there were reasons for that. Since that time, since that has passed I received a lot of questions from the group here.

Questions that on the collarty of the motion and other additional items with that. I brought it to the [word?] And I received a whole bunch of questions prior to the meeting there. Based upon the questions I received I made a decision not to move the motion forward. I just wanted to let

everyone know that, that had happened. We do have part of the questions was I thought we already voted on this. We voiced opposition to it. It passed here and at the very first motion that we made passed here and at the [word?]. I made a decision to -- not I made a decision. A decision was made based upon talking to a number of people that, that wasn't going to be on the agenda for the MAT to vote on. So I would like to open it up for discussion if anyone wants to talk about the motion, but I did receive a number of calls and questions and concerns about it.

>>SPEAKER: If no questions, I do have questions for the managed care organization. I wanted to go back to the.

>>SPEAKER: [Indiscernible].

>>SPEAKER: [Indiscernible].

>>SPEAKER: I will have to get them to you in a minute.

>>SPEAKER: No worries.

>>SPEAKER: For the managed care organization and discussion about the SNAP reduction there was mention the managed care plans are making proactively active out reach to members that may be effected and there being some offering of [indiscernible] [audio very faint.] I'm curious if there is an expansion on that. Is that an offering that will trigger a comprehensive needs assessment and is it being offered [indiscernible] and what is the out reach look like specifically?

>>SPEAKER: Can you repeat the question, please?

>>SPEAKER: Absolutely mentioned earlier, there was discussion that the managed care organizations are making proactively active out reach to members who are identified as being going to be effected by reduction of SNAP benefits there were mentions that a desinantee would deliver a home delivered meal as a benefit or offering it is my understanding [indiscernible] required to be approved and authorized in a person centered service plan is the out reach being made to these members what does that look like and is it contingent on a new comprehensive needs assessment.

>>SPEAKER: David in is Anna with PA health and wellness. SNAP benefits are a regular part of assessment process as well as visits with the service coordinators [indiscernible] when we are looking at home delivered meals it is an individual has [indiscernible] services for making meals and would prefer to go to home delivered meals that is a service had to determine which they would prefer. It may result in a change in their in home support. [Phone ringing.]

On our website for our community site for participants, if meals, food are put into our community connect site it will pull up the SNAP application for participants to fill out. Service coordinators also access that area to help participants complete SNAP applications from the site. And then, additional as we are going forward with all participants regardless of HCBS or not. In the CHC program that would benefit from SNAP when we are making calls for them to other benefits they may have access to them that we could assist them with and tie them into our website.

>>SPEAKER: Thank you very much Anna. That makes a will the of sense the [indiscernible] [audio very faint.] Presenting home delivered meals as an alternative I understand that. Thank you is that the same for the other plans or are there any differences?

>>SPEAKER: This is Frank from AmeriHealth Caritas. I do not know of any differences from us but can I bring that back to the service coordination team.

>>SPEAKER: That would be great for confirmation and follow up. Thank you.

>>SPEAKER: Hello David from UPMC and same process it would be a conversation with the participant to identify [indiscernible] [audio very faint.]

>>SPEAKER: Understood, thank you. Allen.

>>SPEAKER: Yes, Mr. Chair, circling back to your announcement about withdrawing the last motion by the sub MAC [indiscernible] proposals putting aside whether procedurally that could be done that way after a motion is made, discussed, acted upon, and passed. There may be a process I don't know what it is within the sub mac for that thing. Putting that aside, is it your understanding that because -- that the previous motion from the sub mac approved by the full mac is still valid and standing as far as the opposition to the AWC.

>>SPEAKER: Sorry. Yeah, because some of the questions that I got we have already voted on this why are we voting on it again? And, so I said well let me bring it back to this group to have further discussion on it. If we want to continue going forward.

>>SPEAKER: It is our understanding that it was necessary to have the renewed motion done in order to officially count for the new public comment period that I think ended in December 14th before the holidays. I thought that was the representation the deputy secretary had made. There was discussion the prior comments and opposition would not count until the official public comment period was opened and closed. And that people had to renew their opposition [indiscernible] home care association, SILC, et cetera and many other stake holders going on record to oppose. So that was not the case, I guess and just want to confirm that the formal motion that was approved at the sub and full mac is still valid.

>>SPEAKER: It is my understanding it is still valid, yes.

>>SPEAKER: Okay. Thank you.

>>SPEAKER: This is David again. This is a data request, circling back to the previously reported on data on the number of folks who have not completed renewals with each plan. Pairing that with the presentations from the different managed care plans about what contacts are made proactively by service coordinators to talk about renewals with participants. I guess I'm interested in this nonrenewal figure and trying to tease apart how many folks have, you know, people that have receivable verifiable contact from their managed care plan about renewal but may not have taken any action themselves. Is that data that plans can report on. [Indiscernible] made by service coordinators. Ideally it is not e-mail and letter certified. We have spoken with the participant either by phone or in person or they responded to a mailing request about renewal. Is that possible?

>>SPEAKER: This is Angela in response to your question. We are building our process to be very reportable. We anticipate being able to report comprehensively on any communication attempts [indiscernible] [audio very faint.] And AI has also [indiscernible]. Everyone's best interest is served by being able to do that. I anticipate being able to do it [indiscernible].

>>SPEAKER: An appreciate that, do you have an approximate time line.

>>SPEAKER: It is probably the one month category. We are pretty strong now, but there is still other things we are still tightening up and there has been some other process enhancements that we have been doing as well just because we see them as complementing these efforts for example making sure CAO notification forms are sent by all parties that may receive notification say call center service coordination. [Indiscernible] so we see these as opportunities for us to make sure that DHS and IEB have the correct contact information from participants. We are working on all of those things to help structure.

>>SPEAKER: That's great thank you and your point is well made and it is in everyone's best interest to help understand what is happening with this out reach and process [indiscernible] all plans is AmeriHealth Caritas [indiscernible] [audio very faint. To provide that type of data?

>>SPEAKER: This is Frank from AmeriHealth. We will be able to provide back member specific data as well as we have modified our system to capture out reach calls for eligibility issues.

>>SPEAKER: Thank you.

>>SPEAKER: Is the same true for UPMC I'ming an affirmative, yes. Thank you.

>>SPEAKER: Hi this is Amy. I have a few questions about the unwinding again one thing. This is just because the MCOs are in the room or phone [indiscernible] [audio very faint.] I wanted to flag some important developments that I know you are aware of, but I want to emphasize one is we talked a lot about addresses and making sure people's addresses are up to date and the service coordinators can actually make that address change for a participant if they talk to the participant about it and there is a memo on this [indiscernible] 1758. So that will certainly help facilitate getting addresses updated, because if the MCO can be involved it is one less step for the participant. There is also a waiver. It is a waiver not the waiver that allows the office of income maintenance to treat as validated certain addresses that are reported by the MCO's to the county assistance offices and that's a new development. I think I talk today some of the plans about this in the past. Addresses have been reported to be updated and then because of workloads and other things the CAO sometimes don't get to it and the addresses revert back and therefore [indiscernible] the MCOs the new process will allow the office of income maintenance treat the information by the MCOs as validated that's going to actually help get these address changes moving forward more quickly.

So I know there was like an I don't know some kind of electronic notice about this. Since all MCOs are here, I want to emphasize that.

The other thing is I want to -- because most of the people in CHC including most of the people on waiver and all of the people on NFI are on medicare it is important to know about Pennie but Pennie is not available to people on medicare. That is not necessarily going to be a good solution and frankly it is not the best solution for the people on medicaid only they are also on waiver and need more than what Pennie can provide. I encourage the MCOs to work with their staff to make them aware of PA meddie and they provide medicare counselling that is very important new special enrollment people for people that may have missed enrolling in medicare where they can enroll after loosing medicare and that also able to assist people in maybe changing their medicaid plan. Maybe they can find something more affordable or predictable and advise on other options for reducing cost. It is really important to think about Pennie is really secondary for most of the population. It is PAMEDI. It stands --

>>SPEAKER: Medicare education and decision input.

>>SPEAKER: It is an acronym.

>>SPEAKER: PAMEDI. Looks like we have it.

>>SPEAKER: Um. And also I was thinking about when people loose eligibility, service coordinators do have a very small window in MCOs to inform people about these other options they will still be enrolled in the plan until the end of the month but also reminding folks that is also a time people may call their plan when they loose eligibility and there is a reconsideration period where if the person lost eligibility because they didn't get their documents in, then the MCO should be able to [indiscernible] [audio very faint.] Help them get that documentation in and that could be critical to maintaining role. There is a lot of [indiscernible] even though they are eligible because of some problem with the redetermination and then they have to go back on. Reducing that would be critical.

[Phone ringing.] The last thing I wanted to flag I appreciated the presentations by the MCO and all the detail but into the out reach effort. One thing I didn't hear was how people who are not on the waiver, not in a nursing facility are going to be offered assistance if they need it with their [indiscernible]. I was looking at the CHC agreement today and there is a requirement to offer assistance to participant enrolled in the plan completing all the paper work necessary for the participant to maintain medicaid eligibility. There is no qualification in that regarding waiver

recipients or nursing home recipients. It applies to everybody under the agreement. I don't know if that hasn't been planned for. If it has, I think it would be great to hear what the plan is to do that out reach and offer that assistance. I think that would be something that is really critical to incorporate in share plans. And then lastly, I have a quick question for Jamie. Is OLTL engaging the D-SNPs. I heard Frank talk about that a little bit. Is there engagement with the D-SNPs [indiscernible] and they have their care managers who can also get involved. Or Randy.

>>SPEAKER: Randy [indiscernible] are obviously the D-SNPs contact.

>>SPEAKER: Hi folks this is Randy from office of long term living. Did check with our staff on this. Question was are D-SNPs being engaged on the inwinding and how so. Yes [indiscernible] [audio very faint.] Utilize their required deal that sharing agreement to collaborate to regain [indiscernible] eligibility for participants. Second question is what role do they play in helping people retain or reenroll in MA as we said D-SNPs are required provide [indiscernible] eligibility for six months and maintain coverage when a member loses medicaid eligibility. D-SNPs are enrolled as [indiscernible]. So, we are working with the D-SNPs on this they are historically provided assistance in regards to eligibility for MA so we will continue working with them in regards to this.

>>SPEAKER: Thanks Randy. If somebody [indiscernible] medicaid as like the procedural termination like they didn't get the renewal in. Is D-SNPs going to get that in [indiscernible] reconsideration and get their applications back in. Still lost medicaid but still have opportunities to get back on.

>>SPEAKER: Yeah [indiscernible].

>>SPEAKER: Great resource for that the MCOs will lose them -- not that they want to but they will lose them for a little while and the D-SNPs are in the best position to do that out reach.

>>SPEAKER: If I may add a comment. I just wanted to respond to the concern about the nursing facility. What we think of as nursing facility ineligible. And I wanted to reassure you [indiscernible] population we do have extensive out reach for them as and they are the population they are getting three outbound call plus the mailer and call center support and we have a dedicated outbound call team that is doing that and they are 52 percent done having successful out reaches and that was data from about a week. I heard UPMC and AmeriHealth speak to that as well. [Indiscernible] just want to make sure we are reaching out to [indiscernible].

>>SPEAKER: Thanks Angela and I did hear that. I TKPWOESZ what I was not understanding was whether that out reach includes the offer of assistance or whether it is just a reminder these things are due and you have to change your address.

>>SPEAKER: It does include the offer of assistance in person assistance completing a packet if needed and that's one of the loose ends we are tying up. That is a new element to our process specifically.

>>SPEAKER: That's excellent. Glad to hear that.

>>SPEAKER: This is [indiscernible] [audio very faint.] This is Ali with united home care workers of Pennsylvania. Trying to talk slow enough to get caught up. I have an additional public comment I wanted to lift up not relate today the unwinding. I wanted to thank Jamie and the committee for the ask for a future topics for this meeting and so work you Michael and David consolidate that list and get it in. I was wondering what the process is for next steps moving forward in terms of thinking about the topics. We actually put in several that we are really interested in making sure we have a discussion around is the impact on the increased funding the PAS funding the 8 percent increase we had over the last year. In some instances the impact it had on the work force and in some instances we are the union that represents some of the

workers and home care agencies across the state. We have very clear understanding of the [indiscernible] that money went straight to the workers in terms of the rest of the population and universe there is not a lot of data on how that L percent increase impacts things like wages and benefits that's one of the items we put in that we are interested in digging in on and understanding the impacts.

>>SPEAKER: You want to answer or I can. It doesn't matter. Yeah.

>>SPEAKER: If you want me to [indiscernible] [audio very faint.]

What we plan to do is have monthly meetings. [Indiscernible] attend the meetings monthly, we want to have agenda meetings so we can get things figured out. Based on the list that [indiscernible] subcommittee members are also going to consider topic ideas that [indiscernible] CHC MCOs [indiscernible] follow up on the list that was right about specifically you might be looking for or if there is a certain time of the year that is best to present these items we want to look at using the list that we have from the DHS MCOs [indiscernible] want to have covered and plan to meet with Mike and David to get the agenda set that way. Does that help?

>>SPEAKER: I think that's helpful. Yes. And, it would be helpful to get a sense of where you are landing. From our prospective certainly as we are going into another round of budget discussions it would be useful to understand the impact of the last increase [indiscernible].

>>SPEAKER: That sounds like one of the situations where it might be have that discussion a certain time of the year and we can talk to Mike and David about that.

>>SPEAKER: Follow up on behalf we appreciate the feedback received from subcommittee members and look forward in our creation of [indiscernible] and their affirmative interest in getting subcommittee feedback I can continue to ask [indiscernible] for more pressing on going issues and ensuring we have some response or clarity on some routine basis. That's something we can follow up on during the month.

>>SPEAKER: I have a letter that was sent to me by a recipient of service and I'm trying to get her permission to send it to Jamie, because it is expensive. So I don't want to not do it justice. I think at some point it should be read to the committee as a whole, but I'm just going to read page five of five just so that you understand where she is coming in. First I will say she is a woman from here in Pennsylvania her name is Kristine [name?]. She has been [indiscernible] and now serves as an ambassador and [audio very faint.] She wanted me to bring to the committee's attention a number of things. But, her platform focused on [indiscernible] for direct care workers when she was Ms. Wheelchair Pennsylvania. I just want to bring that forward. She is advocating -- I want to do this justice. [Indiscernible] empowering women through education and advocacy I try to help improve the lives of people with disabilities. My platform focuses on the need for higher wages, personal care attendants over the past few years there has been major decrease ins the number of these workers across Pennsylvania. People with disabilities are experiencing a disturbing reality that endangers their health and well being. Pennsylvania needs to take steps to attract and retain workers by ensuring higher wages. The responsibility can require a lot of physical demands and sometimes cause mental exhaustion. Employees are performing at hands on work that other work places do not require and employees feel that their hard work is not being recognized. This leads them to seeking other employment options. Without the help of personal care attendants many individuals with disabilities would not be able to live their lives to their highest potential. Many individuals like myself are not even able to get out of bed without the assistance of others. I strive to bring awareness to the need for higher wages for care givers to ensure that people do not [indiscernible] without the help they need. For many people not having reliable care can cause physical and mental exhaustion. I see firsthand how much work is required by the attendance. Most attendants have median salary of

a [indiscernible] [audio very faint.] Of personal care attendants is increases so they feel valued for the work they do and provide better Cal quality care. I would always fight for change when it comes to this issue. Because I understand the impact it has on on so many visuals and their workers. That's just an exert of her letter. I'm waiting for her permission and I will forward the whole thing to Jamie and hopefully we can include it in the committee documents. Thank you.

>>SPEAKER: Thank you Shona. Additional public comment from the committee members, from the audience?

>>SPEAKER: This is Pam. I just wanted to be clear when it comes to exiting process, if the person is going get their eligibility determination from the county assistance, they still have that same ability that they have office had to appeal and go through the whole appeals process and if they do it within the proper time frame it freezes their services correct even if they are on an MCO?

>>SPEAKER: Pam that's my understanding and Nicole is on the line too and she can confirm from OIM.

>>SPEAKER: Nicole is here. Sorry I was struggling to hear what the question was. So --.

>>SPEAKER: Do you want me to restate it.

>>SPEAKER: Go ahead.

>>SPEAKER: Pam wants to affirm when and if somebody is loosing eligibility and they receive the notification from the county assistance office they have appeal right if they invoke their appeal right within the 10 days their benefits remain intact as that appeal is progressing.

>>SPEAKER: Yes, it will follow the regular policy and procedure on that. If they appeal within that time frame on the notice, they will have benefits continued.

>>SPEAKER: [Indiscernible].

>>SPEAKER: I have to go through the formal MCO appeals process because that's not an agree SREPBS is it? It is a real medicaid appeal? Okay.

>>SPEAKER: Nicole confirm I'm shaking my head through the MCO because it is a county assistance MA process.

>>SPEAKER: If they are appealing the notice and not the service they are appealing an eligibility notice there is an appeals section in that notice that they would return.

>>SPEAKER: Thank you.

>>SPEAKER: Thank you Pam. Any additional public comment TPRS the committee members or the audience? Go ahead Tom when you are ready.

>>SPEAKER: Thank you Mr. Chair. Just one final comment from liberty resources. Sort of piggy backing on public comment submitted by the past Ms. Wheelchair of Pennsylvania. Regarding PAS rates or direct care worker rates. Want to really emphasize the importance that as DHS and OLTL engages in the rate setting process going forward under the new administration with governor Shapero we have a real opportunity to make some change in Pennsylvania and really need to include the cost to home care providers that include over time, some type of health care benefit, and paid time off. None of which are currently included in the current rate. Liberty is facing a huge financial challenge on any given payroll week we sometimes have to pay 17 percent and 20 percent of our total payroll cost in additional over time. There is a short annual of direct care workers and it is a statutory requirement of Pennsylvania. We have to pay over time. So, to not include that factor in the rate setting process and also to need for some type of health care benefit for care givers in the rate is absolutely necessary. It is absurd we expect to sustain a direct care work force to take care of people with disabilities when the direct care workers themselves don't have access to affordable health care as part of their employment with the agency.

So, we really [indiscernible] health care workers of Pennsylvania and Pennsylvania home care association. Pennsylvania counsel on independent living to really engage on a true rate setting process that takes into account these demand for REU expenses. Thank you.

>>SPEAKER: You're welcome Tom, thank you for the comment.

>>SPEAKER: My name is DJ I'm from the [indiscernible] Pennsylvania and I might be mad at myself for saying this later I'm very much looking forward to MCO's [indiscernible] certain plans because I will give you an example we limit the amount of hours that family members can work. Just because we don't think it is safe to have someone work over 16 hours a day 7 days a week. But we fight the battle all the time of participants switching because they say other agencies allow me to do this. I went back through the 2023 waiver last week and the [indiscernible] don't want to pay for informal support when the participants live in the same house hold. They shouldn't be getting paid to do their own laundry or errands. [Indiscernible] have these conversations because it is very frustrating when you reach out to a service coordinator and they say to the participant's son who wants to work 17 hours a day that's not my decision to make the agency has to make that policy. We are constantly the bad guys. We all in the business want to make sure your participants are safe and they are getting the care they deserve and need and certainly we have passed along 8 percent plus to our workers. But bad apples spoil the bunch [indiscernible] and they are doing all the things correctly however it makes it much more difficult to operate a business that way.

>>SPEAKER: Thank you for your comment. Additional comments? Any additional comments from the committee members or the audience?

>>SPEAKER: There is no comments in the chat?

>>SPEAKER: No.

>>SPEAKER: There are, okay. Let's go ahead and start those.

>>SPEAKER: This is for Jamie from Janice does OLTL know how many waiver participants [indiscernible] [audio very faint.] South guardian et cetera as paid workers?

>>SPEAKER: We do. There is 20 --

>>SPEAKER: [Indiscernible].

>>SPEAKER: 22 in CHC and two in [indiscernible] yes, so a total of 24 impacted.

>>SPEAKER: The next one is for Jermayn do you have a sense of the portion of renewals that can be done with the automatic data supported process you mentioned?

>>SPEAKER: So --

>>SPEAKER: This is -- sorry I was just going to jump in if you wanted me to.

>>SPEAKER: You can to ahead I will defer to you.

>>SPEAKER: Okay this is Nicole. The percentage of what can go through automation, we can't -- we can't estimate at this point considering how long information hasn't been received through the process and there are some teases that won't go through automation because of resources that can't be verified through the asset verification system. So, there is a lot of factors that play in as to what can go through the automated renewal process and there is no -- we don't have an estimate on what can be done at this point. Or what the anticipated volume is.

>>SPEAKER: That's all the questions we had in the chat. Any other questions from the audience members or committee members? If none, it looks like I may be able to give you five be able to give you five minutes of your day back. I thank all of the participants today both on the line and in the room. It is very nice to see this many people show up. Thank you I will see you next week -- next month our meeting is March 1st. 2023 right here. Thank you.

>>SPEAKER: Thank you.