

The following printout was generated by Realtime Captioning, an accommodation for the deaf and hard of hearing. This unedited printout is not certified and cannot be used in any legal proceedings as an official transcript.

Date: 12/06/2023

Event: Managed Long-Term Services and Supports Meeting

>> DAVID JOHNSON: Good morning, this is David. Before we get started at 10:00 a.m., is any subcommittee member online able to tell me and test our audio?

>> I can hear you.

>> It appears our captions are working, I will get started at 10:00 a.m.. Thanks, folks.

>> DAVID JOHNSON: Hello again, this is David Johnson put I will start by taking attendance, first want to verify that the Captionist is online with us. Seeing that they are, thank you. Michael Greer, present in person. Ally Crumley? Anna war -- -the?

>> I'm here, thank you.

>> DAVID JOHNSON: Hi Cindy, good morning. Neil Brady? Gail Weidman? German Parodi? Jay Harner?

>> Present.

>> DAVID JOHNSON: Hi, good morning. Juanita great? Kyle Glozier?

>> I'm here, good morning.

>> DAVID JOHNSON: Hi Laura, good morning. Lloyd Wertz? Matt Seeley, present. Good morning, Matt. Monica Vaccaro.

>> Present.

>> Hi Monica, good morning. Patricia Canela-Duckett. Sherry Welsh. Carried Bach, present. Are there any other subcommittee members that would like to announce themselves? Hi, Allie.

>> This is Gail.

>> DAVID JOHNSON: Hi Gail, good morning could hearing on at this time, I will pass on to Mike Greer.

>> MICHAEL GRIER: Thank you, David. We have some housekeeping talking points that we want to cover. Having some feedback, just give us one moment, folks. Hello everyone, sorry for our technical challenges. I wanted to go over the housekeeping points, this meeting is being recorded. Your participation in this meeting is your consent to being recorded. Please keep your language professional. The meeting is being conducted in person and in the honors suite at 333 market Street Tower as a webinar with remote streaming. The meeting is scheduled until 1:00 p.m.. To comply with logistical arrangements agreements, we will end promptly at that time. All webinar participants except for the committee members and presenters will be in listen only mode during the webinar. While the committee members and presenters will be able to speak during the webinar, we ask that attendees at self-made using the mute button or mute feature on your phone, computer, laptop when you are not speaking. To minimize background noise the honors suite, we ask that committee members, presenters, and audience members in the room please turn off your microphones when you are not speaking. The captionist is documenting the discussion remotely, so it is very important for people to speak directly into the microphone, state their name, and speak slowly and clearly. Please wait for others to finish their comment or question before speaking. This will enable the captionist to capture conversations and identify speakers. Please hold all questions and comments until the end of each presentation. Please keep your questions and comments concise, clear, and to the point. We asked webinar attendees to please submit your questions and comments into the questions box located on the

go to webinar pop-up window on the right-hand side of your computer screen. Include the topic in which your question or comment is referencing, then press send. Those attending in person have a question or comment to wait until the end of the presentation to approach one of the microphones located at the two tables opposite of the speaker and vice chair. We will then call on you. Before using the microphone in the room, please press the button on the base to turn it on. You should see a red light indicating that the microphone is on and ready to use. State your name into the microphone for the captionist and remember to speak slowly and clearly. When you are done speaking, press the button at the base of the microphone to turn it off. The red light will turn off indicating the microphone is off. It is important to utilize the microphones placed around the room to assist the captionist in transcribing the meeting discussion accurately. There will be time allotted at the end of the meeting for additional public comments. If you have questions or comments that weren't heard, please send your questions and comes to the resource account identified at the bottom of the meeting agenda. Transcripts and meeting documents are posted on the MLTSS meeting minutes listserv. These doctrines are normally posted within a few days after the meeting. Thank you, I will turn it back to David.

>> DAVID JOHNSON: Hello everyone, this is David Johnson could going to review the emergency evacuation procedures for those who are dialing in today, I am pleased to see so many folks here in person. So there is some outsized importance for these emergency evacuation procedures but in the event of an emergency or evacuation, we will proceed to the assembly area to the left of the Zion church on the corner of fourth and market Street. If you require assistance to evacuate, you must go to the safe area located right outside the main doors of the honors suite. OLTL staff will be in the safe area and stay with you until you are told you may go back into the honors suite or you are evacuated. Everyone must exit the building, take belongings with you, do not operate cell phones and do not try to use the elevators as they will be locked down. We will use stair one and steer two to exit the building. Forster one, exit honors suite through the main doors on the left side near the elevators, turn right and go down the hallway by the water fountain. Stair one is on the left. Forster two, exit honors suite through the side doors on the right side of the room or the back doors before those exiting from the side doors, turn left and stared two directly ahead of you. For those exiting to the back door exit, turn left and turn left again, stair two is directly ahead. Key to the inside of the stairwell and head outside, turn left and walked down Dewberry Alley to Chestnut Street. Turn left to the corner of fourth Street, turn left to blackberry Street and Cross fourth Street to the train station. In addition, just wanted to check to see if there are other subcommittee members that have joined the call and would like to announce themselves.

>> Good morning everyone, this is Patricia Canela-Duckett.

>> DAVID JOHNSON: Thank you, Patricia. Floyd is present as well. Is there anyone else that would like to introduce themselves? Great, thank you.

>> Thank you everyone. We will move on to the November 1 2023 MLTSS meeting minute follow-up. Gabriel, are you online?

>> I am here.

>> Okay, great. Gabriel will be reading the responses. We will go ahead and get started. Relating to the MA on Whiting X partake, audience member Jeff Eiseman asked how many of the 76,000 cases that were identified as potentially impacted by the Ex Parte issue in MLTSS categories are we looking to reinstate? Carl Feldman from office of income maintenance responded that once the Department of human services completes the effort to determine what the final scope of the pool is, DHS could provide this information to the subcommittee. Gabriel, do you hear that?

>> GABRIEL: Sorry about that. As of November 30, DHS will still the process of reviewing this population for reinstatement. There are currently 40,000 cases which may require reinstatement and work continues on the evaluation of who will need reinstatement. When this process is complete, DHS can report on their categorization.

>> Thank you. Related to the staffing at the Philadelphia area County assistance offices, audience member Elizabeth Piazza asked how the staffing at the Parkside Avenue district office designated for the individuals who have long-term care services compared to other offices in Philly could Carl Feldman said he would look into that and bring it back for response.

>> GABRIEL: Carl responded that the long-term services and supports Philadelphia CAO has a vacancy rate that is below the average for the Philadelphia CAO districts.

>> Related to the my compass website, audience member Cynthia asked what to do since the my compass website is not accessible for someone with visual impairment. Carl Feldman said he would take that back to OIM to look at and provide a response.

>> GABRIEL: Carl responded that applications and renewals can also be completed over the phone or on paper whether remotely or in the CAO. More info on these alternate methods are on the DHS apply for benefits, was like a hyperlink here we can put in the child. The apply for benefits page on the DHS website. Related to the documentation required, audience member Cynthia Gibbs-Pratt comments that providing documentation for the five-year look back period is difficult for people. Carl Feldman said he would take that back to OIM to look at. Carl to provide a response.

>> GABRIEL: Carl responded that the look back period does not require a full five years of information. Workers are generally to request the following info to ensure assets were not transferred for less than market value. Monthly financial statements for the most current two years of the look back period, two months of financial statements for the additional three years, for example January and June or July and December, and five years with tax returns if filed if the applicant is unable to provide verification of resources during the look back period, the CAO will authorize and visit the clients did on the application that no asset -no assets transferred occur in the asset verification system shows that there are no undisclosed accounts, no questionable deposits, withdrawals, and no questionable account balances per workers are instructed to not be "fishing" for information and to run eligibility when everything received is sufficient to the process.

>> Related to the nursing facility and eligible redetermination's, audience member Janice Miner asked in the chat if the MLTSS subcommittee is considering including (word?) recommendations on a future meeting. Juliet Marsella, Deputy Secretary of OLTL responded that OLTL would prepare that for future agenda topics.

>> GABRIEL: Those responses will be provided today during the meeting.

>> Related to the personal assistance services PAS reductions, there were several questions submitted related to the information on the data trends, examples of reductions and notices, and how the appeal process works related to the PAS reductions.

>> GABRIEL: For the PAS reductions that will be covered today during the meeting.

>> Related to nursing home transition, NHT, audience member Faddy Sahar asked if there was an application process like there is for food or housing supports? Sheila Hoover referred the question to OLTL or the NHT program. Rachael Sink from OLTL to provide a response.

>> GABRIEL: Rachael responded there is no application for more process needed in order to receive assistance with coordinating a transition from nursing facility to communicate in one in a nursing facility may suffer for by contacting the nursing facility social worker and/or their CHC MCO service Cornet if they are in CHC, or contact center health if they are not enrolled in

literacy literature that is important for an individual involved in the life program they will contact their life provider. The CHC MCO's can be contacted via the respect of participant support numbers and NHT health can be contacted at 1888 204-8781 or by email at PANursinghomeTransition@kepro.com. OLTL also has a NHT help line for questions about NHT which is 1-800-833-5196. Additional information is also available at the hyperlink we can put in the chat.

>> Thank you, Gabriel. We are going to go ahead and move on to the item on our agenda today which is the OLTL updates. Juliet, we will turn it over to you.

>> JULIET MARSALA: Thank you, this is Juliet. Full house today. So going over the OLTL updates, if we move to the next slide. Items we're going to touch on today. We're going to touch on procurement as we always do, some operation reports, some CMS approvals, memos, and data we will go through these fairly quickly, because we want to get to really great topics today. So we go to the next slide and the next slide there are no updates on the following procurement that can be shared at this time. So the CHC RFA in the updates with that, as well as the independent enrollment broker. The safe for service procurement process has occurred, at this time as you know for OLTL public partnership remains the vendor selected for the (indiscernible) services. All right. We also have the following operational reports and updates for you. So CMS has approved the state plan amendment related to the nonpublic nursing facility case mix rates for fiscal year 2023-2024. So for folks who are aware of that, that was somewhat delayed due to changes in legislature but the assessment fees have been approved and those go retroactively back to July 1. So that process is ongoing. We also wanted to highlight two operational memos that impact community health choices, that is the CHC HCBS act 150 operations memo that has been posted to the public site and the health choices extranet. The had an issue date of November 15. The purpose of that act 150 transfer memo is to outline the CHC managed care, the PIB, and the PIB response abilities in assisting participants with any transfers needed between the CHC and the state act 150 program and that application process. The additional memo that has been published that was published on November 15 and is now active is the street medicine ops memo. You have heard me talk about that in the past. That operation memo explains the new place of service code that the CHC managed care organizations must use for medical assistance cover services, outward and not memo that are provided to participants experiencing unsheltered homelessness when those services are delivered in their environment. And if we go to the next slide. Just wanted to touch on the Data Dash just so folks over the enrollment Data Dash numbers in the September 2023, 414,245 individuals that are served through the CHC program. The total CHC HCBS enrollment increased 124,342 per the community health choices long-term care enrollment, these are individuals residing in facilities, decrease of 42,279. So wanted to update folks on that pretty next slide again, just letting folks know that in the enrollment Data Dash for folks that have questions, and a lot of information on here. Good information with regards to how many people are served in each region. As depicted here, I'm not going to go through all the members. It really is just a reminder that we have different ways that you can slice and dice the data, or how the data is presented online. We have enrollment by zone and MCO. We go to the next slide, we have an image here showing everyone that we also have CHC enrollment by county. So you can see where the population -how people are being served across the counties and where they live in their communities. We go to the next slide, wanted to update folks that the low income Home energy assistance program or the LIHEAP program is open for enrollment for the 2023-2024 season. You can apply via compass or by paper, or by visiting your local County assistance office be we have included the household size and income limits chart requirements

for 2020. For example, for a household size of one of the income limit is \$21,870. It goes all the way up to a household size of 10, where the income limit is \$91,260 for eligibility. We hope folks will take advantage of that, and for all the providers in the room and community organizations we hope you help us share that information. Very excited about this next one, as of Saturday, December 1, the Department of human services has released for public comment the public notice related to an 1115 waiver demonstration. Department of human services, across all of our programs has made available for public review and comment the proposed federal section 1115 demonstration application which is entitled urges to success: keystones of health for Pennsylvania or in short, keystones of health. This application proposes Medicaid coverage for health related social needs, reentry supports, and multi-year continuous eligibility for young children. And the purpose of this demonstration is to further the objectives of Medicaid, to expand access to care, to improve health outcomes, drive innovation, and engage partners and communities through targeted, time-limited interventions to address the health related social needs. If we go to the next slide, in Pennsylvania's notification, the goals include addressing Pennsylvania's Medicaid beneficiaries health and related social needs. Provide health related social need services to support beneficiaries, especially those with raising the transitions to reduce avoidable hospitalization and medical utilization and increase recommend or preventative care. We also are looking to reduce churn and gaps in coverage for children enrolled in Medicaid, and expand Medicaid coverage to improve services to beneficiaries as they prepare to leave incarceration and provide resources and communities and provide continuing support as they transition back into the community. This public notice was published on December 1 and it is in print now as of December 2, the public comment will end on January 2. So for folks, that is a really, really important public comment period could really encourage people to apply. In addition, there are public forums related to the 1115 waiver that are being held throughout December. If we go to the next slide, I have them listed here for they are also available on the website there as part of the public notice. The first forum is on Monday, December 11 from noon to 1:00 p.m.. These are all virtual. The second public forum is on Tuesday, December 12. These are all happening next week between 6:00 p.m. and 7:00 p.m.. And the third public forum date is December 14, Friday, December 14 from 9:00 a.m. to 10 entered the public form is not doing time you consummate comments from you and also submit comments through draft publication through January 2 pretty using the public comment form that is online on the webpage. I have one more public comment opportunity that I wanted to share with folks to make sure that folks were aware of all of the available public comments for them. We wanted to talk about -I will put it here so I can get the dates) there is a public comment period open for Pennsylvania statewide digital equity plan, that is through the Pennsylvania broadband development authority. They are implementing a statewide digital equity plan. This is really important to us in our workforce as well because digital equity is an opportunity for workforce development. And digital inequities are barriers to workforce injury and success. There are also barriers to access for people with disabilities in our programs in more rural areas. There is the December in person public comment sessions for stakeholders and more of our regional counties, and their public comment period is open through January but if you go to our DHS website, have an interest in commenting on the digital equity statewide plan I would encourage you to do so. Any questions on any of those updates?

>> Since we are talking public comment, I wonder, will there be an opportunity to know when we will have an opportunity to review the quality update for managed care programs that were submitted? With the comment period that ended fairly recently.

>> JULIET MARSALA: That process is led by OMAP, the public comment period is close,

they've gone through the public on the end adjusted them. My understanding is that is going through executive review could I can certainly bring that up to Sally, Jen is not here. His Jen on the line?

>> Morning! I'm sorry. Good morning everyone, this is Jen Hale, I am on the line. I don't have anything additional to what Julia just stated but I think I also heard Joe may be on the line as well.

>> Good morning Jen, hi, yes this is Jill Pritt I was going to add that OMAP intended to post a summary document so that folks could see what types of comments that they received. I think that is underway.

>> JULIET MARSALA: Thanks, Jill and Jen. The last thing on the update, oh. Tom, was there another question on any of the updates?

>> We are pretty excited about the 1115 innovation waiver and as it pertains, does that cover some people with disabilities experiencing homeless situations?

>> JULIET MARSALA: My understanding is yes. Homelessness is a broad category, but I would take a look at that for this specific detail.

>> Excellent. Adjust with the holidays, we wish the timing of the comment period is supertight, if there is any way to extend that pass January 2, that would be wonderful. In Philadelphia particular, this issue has come up with respect to liberty resources work in our advocacy in Philadelphia working with the homeless population and people with disabilities and want to make sure that people in shelters who need an attendant are allowed to receive attending care in a shelter scenario and also service animals and oxygen have been an issue with some shelters saying no, you can't bring service animals in or you can have an attendant if you are in the shelter or you can have an oxygen tank if you are on oxygen, etc. We are very excited about this opportunity and looking forward to commenting. Thank you.

>> JULIET MARSALA: I appreciate that, Tom could I find it troubling that we are still having issues with regards to having attendant services in shelters. David.

And Stephanie Myers are the leaving the 1115 waiver effort so I will certainly bring this up. I think we need to connect on that larger conversation, topper there are no restrictions to providing attendant care in shelters today. Not within our programs. In practice, if these shelters aren't aware, that is a different thinker that is why I welcome a larger conversation because I remember having this conversation years and years ago as well. That is to say I don't think that is directly impacted by the 1115 memo. We could talk about that. The last thing that we wanted to talk about and chat about, for a while now, certainly several years there has been discussion and thinking about the MLTSS subcommittee. The subcommittee has been a very valuable forum for many, many years but has been valuable throughout this location of community health choices. It was additionally to be a temporary subcommittee for that purpose, for that system transformation to have a form that is really focused entirely on managed care and the MLTSS together. There were moves back with Kevin Hancock at the end of this limitation to move this committee and these services into the managed care services delivery system, that is a mouthful subcommittee could but it was extended through the public health emergency under Jamie (NAME?). At this present time in terms of having been able to be here to evaluate all of our stakeholder engagement sessions, all of our meetings, what my staff spend their time on, and in speaking with the chairs of MAAC, Mike Greer and Kathy Cuban, we are looking to move the MLTSS meeting to the LTSS subcommittee meeting. Some of the reasons for that is LTSS is a full continuum of systems, right now we have this system that is separated out from the LTSS. We are pulling them together, we are talking about the system all in the same place. The MCO's will still be asked to present on any topics that the subcommittee asked them to read the

meetings will still be held monthly throughout 2024, so as not to significantly decrease the access elements of the MLTSS agenda such as the public comment period will remain. In addition, my hope is that we will achieve a majority representation of participants who are receiving services. Right now on both committees, that is not the case. That is one of the goals that I hope when we bring those committees together we truly do have that majority representation from participants served or receiving services or advocacy groups. Our expectation with that, if that is being reviewed with the MAAC it will still have a robust number of seats representation between as it stands now, which is up to 26 members. We wanted to present that here to let folks know in advance that January will be the last MLTSS subcommittee meeting, then February will be the start of sort of the combined agenda and combining the committees to their will be discussions with each of the committee members for serving on the MLTSS subcommittee and OTSS committee as we bring those committees together could wanted to share that today at this December meeting for folks. Our intention is also to keep them hybrid, so there is in person and virtual opportunities.

>> Thank you. Go ahead, Sean.

>> Question, is the new combined group going to be in an accessible location where people can participate?

>> JULIET MARSALA: All of our public meetings will be held in accessible locations for the LTSS subcommittee. That would be the plan. Our intention for the LTSS subcommittee is that they will be held here in the same location.

>> Is there anyway we can get the first floor?

>> JULIET MARSALA: I don't know. We just put the request in.

>> How are you choosing the people that are going to be part of it? I have a problem with that, we already have a hard enough time getting our voices heard here. Of what we need, what we want. This is more where we come, you talk, we don't have and we might have an opinion on it but it doesn't get to change anything good was going to happen when we are thrown in with nursing homes, too? Other long-term care? I have a real concern with that. So what is the answer? Who is being picked? Is it our community picking the people we want to be on not? Or is it OLTL choosing?

>> JULIET MARSALA: As has always been within the bylaws of MAAC, it is OLTL's decision and the appointments are made by the deputy secretary per that has been the case since the inception of MLTSS and LTSS. That is not changing.

>> So the people are not being given the ability to change the bylaws committee to change a lot of them. But I don't go -- don't see going into LTSS, how's it going to benefit when we are already struggling with so many issues? We have so many issues, then you will put us in with another group of people, another population that we care a whole lot about, we do, but they are going to have their own issues that have to be heard, too. So putting it all together, how is that going to help our community?

>> JULIET MARSALA: I think there is a little bit of a misunderstanding here, Pam. ITSS has always been long-term care and HCS. That has been the same here. Having attended both for the majority of this year, many of the themes impact both systems. They are not a separate system. LTSS is the system. MLTSS is only a part of the overall LTSS system, I think there is a lot of benefit to pulling all of that together and having the conversations together. It is just as important for nursing facility providers to hear from this community about nursing home transition, but they are also not hearing directly because we are not person meeting and if these LTSS meetings.

>> That was actually going to be my question, who gets to make the agenda for this meeting?

As a secondary part to that, all of the issues surrounding MLTSS like transportation, like home mods, assistive technology. All if that is still going to have equal footing on the agenda for the long-term services and supports committee?

>> JULIET MARSALA: Yes, that is the intention.

>> In the people impacted by the systems will have a voice?

>> JULIET MARSALA: Is a public meeting could we would want people to come and give public comment and engage in that meeting. That is not changing. That is also why we are holding them monthly.

>> If the community has an issue in between sessions, too. That has to be part of it. How many times over the years, while a couple times we actually filed with CMS because they never got time at the end. There is never enough time come in the beginning there wasn't a lot of time. Now there is some time, but what a battle we had to have to make sure our consumers could speak today, just to get on the agenda. What is it going to be like when we are with another group? It is all who drives the agenda. So who is going to be leaving that as well? Who were going to be the leaders?

>> JULIET MARSALA: Currently, Kathy who is an advocate is the chair of the LTSS subcommittee. She has been for quite some time, it is my intention to appoint someone who has lived experience or receives services directly to chair that committee and cochair fashion with Kathy initially as the committees are coming together. So the chair works on the agenda with our team, as it has always been for MLTSS and LTSS. That is not changing could I understand that change can be difficult and I am happy, Pam and Shawna to talk with you more, but I have already talked with members of the committee, I have talked with participant advocates, I have talked with the consumer sub MAAC, there has been a lot of thought going into this process, I see (indiscernible) may want to speak.

>> I'm just curious about will it's still be three hours? I think initially at least well things are being adjusted, you're going to have a lot of issues from everyone. It would have to be more than three hours.

>> JULIET MARSALA: Yeah. We're going through those details, it is certainly not going to be any less than three hours. That is for sure. Again, as stated, it will be a monthly meeting as well. At that frequency isn't changing. Yeah.

>> I get that, but you are adding LTSS could I know it doesn't work that way. You are adding LTSS basically to this.

>> JULIET MARSALA: We are folding this back into a general system. We can look at the timing and have them extended.

>> Missy, we will go to you then after that comment we have to move on in the agenda. We have a lot of people here and I want to make sure they get their voices heard.

>> Thanks, Mike. This is Misty. I just wanted to ask, Pam had mentioned about the difficulty in getting individuals here and or online to be able to make comments. Today we have a couple folks online who are unable to make it, will they have time to make comments?

>> JULIET MARSALA: That is my hope.

>> Thank you.

>> JULIET MARSALA: It all depends on how much time we take to go through all of the agenda items.

>> MICHAEL GRIER: Thank you, Juliet could we will go ahead and move on with the agenda. The next topic is diversity, equity, and inclusion. We will start with Jill, then we will go to UPMC, then Pennsylvania health and wellness, then AmeriHealth Caritas would also want to encourage everyone to please stay on point, probably more so today than any of our other committee

meetings we have had recently. We need to do our best today to stay on task and sensitive to the time so people's voices can be heard. Thank you.

>> JILL VOVAKES: Thank you, good morning everyone for this is Jill Vovakes, it is my pleasure to kick off the community health choices presentation on diversity, equity, and inclusion in their network provider community who serve our community health choices population. Today's presentations will provide some background on expectations the department has for the managed care organizations with regard to health equity accreditation and the stops that each of the MCO's take to ensure health equity for our CHC participants. So today, like you heard, we will be starting off today with UPMC, moving to P what HW, then finally hearing from AmeriHealth Caritas prudent with that I would like to introduce Mike Smith, associate vice president of LTS clinical operations, Mike did you get access to present?

>> MIKE SMITH: Yes, can you hear me?

>> JILL VOVAKES: Yes.

>> MIKE SMITH: I was a little concerned, I did get a presenters link solo safely in the chat heard me. It was go to the next slide here, I know we have a lot of presenters today. This wanted to thank the leadership at OLTL for bringing this important topic to the agenda as well. UPMC as well as UPMC CHC is really dedicated to sort of embracing diversity among our staff and the approach of delivering services. This is a great topic and I am glad we were able to push off to this month so we could get into this, because health equity is about helping everyone obtain their highest level of health and eliminating preventable disparities for our participants in the program. UPMC's efforts or our effort to address the differences in healthcare for everyone is really what we want to make sure, healthcare and ITSS services but I do want to make it just about healthcare. You will see on this slide we talk a little bit about our health equity accreditation for there is a lot of information on these slides, I will try to really summarize them so we don't go over time. You can always go back and reflect on these points as well for we have a standardized framework under our NCQA accreditation when they evaluate us around our framework for diversity, equity, and including Pete how we are collecting information in our population and demographics. How we offer language services and provide networks that consider cultural and linguistic needs and identifying opportunities to reduce health equity. Just as a matter of course we won't get into a lot of the detail on this, almost every data set that we look at we are almost -- always looking to make sure we are maintaining that diversity, agree, and inclusion lens on that. We see this accreditation in 2022, particularly the plus designation you see there but it really is reliant that we have this plus designation is based on things like we have a health plan diversity and inclusion council. It helps us focus on our approach of helping people who live in the community and this inclusion council really gives us some direction as part of that designation. Next slide, please. So training plays an important role, information is necessary to tackle issues of cultural competency and making sure that we have disability awareness as well. In October, we had a second in a series of culturally informed and fitted approach to LTSS supports and services training that was developed in conjunction with a local organization.

>> I don't know if Julius left, pretty disappointing if she left.

>> She has a meeting with the secretary. She will be back.

>> MIKE SMITH: I'm sorry, should I continue presenting?

>> Usually she would have announced it.

>> Sorry Mike, just one moment.

>> You corrected us, telling us to follow the agenda. I have a hard time right now listening to a conversation about DEI, about diversity, equity, and inclusion and how you are including it there

is a whole lot of people here waiting to speak about how they are not being included in their own processes. They are not being included in how their services are being formed. They are not being included, a lot of people, especially the people who are having their services reduced, they are not being heard. DEI is about having a voice, being part of it all and we are sitting here talking about this stuff but we can read in a PowerPoint at any time. But we need to try now to make sure that all the people that came here to be heard about service reductions get heard. (indiscernible) It truly is an insult to these people to leave just a little bit of time at the end of an agenda for them to be heard when that is what they always have, when that is what they always have. I think now is the time. You can send everybody these power points and whatever else that has to be done, or you could push it to another day. Today has to be the day that people get heard. It's unfortunate that Juliet had to leave. She left during the meeting, this is important to Westford there is a whole lot of people here who want to make sure that the voices get heard.

>> I have a comment about that, this is NCQA Mattix.
>> Can I make a motion that we put the agenda aside and hear from people that we don't hear from?

>> We will look for secretary (NAME?) to come over and hear us.

>> My name is NCQA Mattix, I'm not going to be too long and I was a consumer whose hours were slashed by have, I was able to get those back to the full amount. But there are others here who are currently going through the appeal process, if SC was really on our side not managed by the MCO, they would be able to do the assessments the way we asked them to do it in the questions not be so broad. I shouldn't have to go through the assessment process twice and gives such personal details about what my attendance has to do with forming day in and day out just so I can get out in the morning. They can help me get up in the morning so I can help my son get to where he needs to go every day and to make sure all my services are met throughout the day. We do have a member here, she is currently going through the appeal process. Dominique, do you want to speak?

>> This is Carrie black, may I take a moment? Matt Seeley had just motioned that we push the agenda officially for today so we can hear from those who have joined us in our expanding this in their everyday lives. I would like to second that motion.

>> We will get to you in just a second but we have a motion and a second on the table. Randy, you came up to the table. You wanted to interject anything about us being able to move the presentations along so we can hit people speak?

>> I'm fine if we skip all the presentations and have an open forum for question and answers could the MCO's are here to answer questions, the department is here. Juliet will be back, folks realize that we answer to other people paid when the secretary calls for one of us to come speak with her, that is what we do. Does it mean Juliet takes the meeting lightly or anyone else in OLTL takes this meeting lightly. Understand that she will be back for this meeting. But when we are called by the Secretary of the governor's office, we respond. So understand that. I'm fine if we turn this meeting over to public comment, I will ask you to try and follow the rules of the committee and make it as professional as possible, but we are good with that.

>> Thank you, Randy. Go ahead.

>> And honestly,

>> I'm sorry for the interruption could we have a motion and a second on the table. I'm going to call for a vote and I'm going to have David call for a vote to make sure we can continue on in this process.

>> DAVID JOHNSON: Good morning everyone, this is David Johnson. The request is to suspend our current agenda on topics including diversity, equity, and inclusion with its health

initiatives and pass reductions in favor of an open public comment period for the remainder of this meeting could I'm going to go through the attendance list for those I have announced themselves in person, please announce your vote when called. Ally?

>> I vote yes.

>> DAVID JOHNSON: That is a yes from Allie. I apologize, if you could leave that microphone off so subcommittee members can turn theirs off and on. That was a vote in favor from Allie. Cindy?

>> Yes.

>> DAVID JOHNSON: Thank you, Cindy. Gail? Gail, can you hear us? I will put that as abstain. Jay Harner?

>> Sure, yes.

>> DAVID JOHNSON: Thank you. Laura?

>> Yes, thank you.

>> DAVID JOHNSON: Thank you, Laura. Lloyd?

>> DAVID JOHNSON: In favor. What, thank you. Monica?

>> Yes.

>> DAVID JOHNSON: Thank you, Monica. Patricia?

>> Yes. Thank you all for being here today.

>> DAVID JOHNSON: Thanks, Patricia. Sherry Welsh.

>> Yes, and recognizing that these topics that are being suspended are also important and I hope they will come back again to resume.

>> DAVID JOHNSON: Thank you, Sherry. Mike, in favor. David Johnson, and favor promotion is approved. As a reminder, much like the follow-up items we have that are posted to the listserv after this meeting, if we could request that these presentations are also posted there as well. These will also be available online on the MLTSS webpage. Just want to echo Sherry's comment, the topics are important and I think the managed care organizations and OLTL staff for preparing this information and appreciate your recognition that we are placing priority on open forum to discuss MLTSS and the merger with the LTSS subcommittee.

>> MICHAEL GRIER: Also a reminder, as you approach it will be very important to state your name clearly and have a fairly succinct presentation so we can get as many people as we can on the record. Thank you.

>> Do we know when Juliet will be back?

>> MICHAEL GRIER: She said she had a meeting with the secretary and she will be back after that. She did not say what time.

>> GABRIEL: David and Mike, we are getting a lot of comments from the attendees that they cannot hear the audience members. If everyone can get as close to the microphones as possible when speaking, that would be helpful. Also in the questions, with a few people that were waiting for the PAS presentation to ask questions, how do you want to handle those?

>> MICHAEL GRIER: What we are going to go into is going to be right on that.

>> GABRIEL: Just let me know when you want to get to them and I will unmute them.

>> MICHAEL GRIER: We will go ahead and start here.

>> Good morning everyone. For the record, my name is Leola Dominique Powell and I am a past recipient and I am here to discuss my experience of my recent appeal hearing. Oh, it is Howell. I am here to discuss my recent experience. Back in October, my SD put in a request for a change of life event for 24 hour care, which would have been 168 and I am currently at 112, because of a change of life event. Instead of them reviewing that, they came back and decided to slash my hours. So when I went through the appeal process on November 22, the physician

for P and H wellness, she was particularly invasive. Particularly around me using the bathroom. Her exact statement was you should have to get a catheter so you don't have to worry about having incontinence issues. Then, I have a daughter, they kept focusing on the fact that my daughter was able-bodied. She could be my support. My daughter is nine years old. My daughter has her own disability could how could she be in formal support? Then she said there has to be informal support. I said there is none. So between the fact that she kept focusing on my daughter who is nine years old as informal support and the fact that I have had cerebral palsy for 33 years and there has not been one doctor, one specialist to say to me, you need a catheter. For her to say that and to keep the conversation going on that, it was just very disheartening. And you know, I don't really know the decision yet, and it's okay. I just feel like if we are talking about home and community-based services then we are talking about independence. For her to say that, it just impedes on what we are trying to do as members of a community, as advocates. For her to assume that that is the best way. And also, why don't I have a list in my apartment to get transfers on and off the toilet could I just wanted to make sure all of that was noted, I have had many appeal processes, actually I have had one every year since MCO has been implement it, I have never been asked these lines of questions. Thank you.

>> MICHAEL GRIER: Thank you.

>> We didn't introduce ourselves when I came up here. We want to make sure that everyone knows why we are here, I am Pam Hower, I am with central PA adapt and NCQA Mattix is going to speak next, then we will get back into our people who need to be heard.

>> So it is Latoya Maddox. I am with Philly adapt pretty PA adapt came all the way up to this MLTSS meeting because we have some demands that we are here to speak out to you, play by the end before we leave we can get a signature saying we will work on these. Our first demand is that members involvement in the contract negotiations of services between the office of long-term living and managed care organizations, it demands that for the past five years Pennsylvanians with disabilities receiving home and community-based services have dealt with inadequate services, service options, hospitalizations, service termination and their services have shifted from the social model of disability to a medical model of disability under the oversight of OLTL. Demands that at minimum OLTL regards each tragedy to include persons with this abilities receiving community health services in their service reception of PO processes having a person with a disability who has lived experience going through the appeal process when the appeals are going on. The community health choices participants should not receive - wait, yet. Reimbursement for the time from managed care organizations where their parent should be facilitated through OLTL. We also want our consumers, the ones that are on the appeal board to get a stipend from the state, not necessarily a MCO because that is a conflict of interest. Lastly, due to the significant amount of consumers losing eligibility because their determinations were changed from nursing facility clinically eligible to nursing home facility ineligible during July and August of this year, demands that they halt the redetermination until explanations can be determined to ensure -to assure - determine and assurance can be made that the nursing home facility clinically eligible/nursing facility ineligible determinations will be accurately -will be accurate moving forward. A lot of our concerns were becoming nursing home clinically and eligible no going back into the nursing facility and having to go through the nursing home transition process over again. We want the (indiscernible) that MCO's are using to do assessments to be halted right now, it is not on an individualized level. It is probably just MCO doing the same assessment process, it is not based off of the individual prude as I said, my hours -they try to slash my hours by happened like Dominique, this that I have a person in my

home. The person in my home is 12. He cannot do the things that I need done to just get up out of bed. He can't tell me go to the bathroom. He wants to help me do those things, but he can't. He shouldn't have to. You know, it is inhumane for us to have to sit down with the letter C is who we barely numbered we used to know our letter literacies, they would advocate with us, for us and do all of these things and now they are not allowed to prodigious come in our homes, do the assessments. I was asked if I could get a service animal, I use my mouth to write, I use my mouth to use utensils to cook. A service animal wouldn't help none for me because I still need the utensil, whatever, wiped off. They also asked if my doctor had given me any options for any services. I have ortho fibrosis, in order for me to get use of my arms, they have to surgically do everything. But then I have to go through years of PT and all that. I am too old. Not to say that it wouldn't like that from the way things are going I would be better off having use of my arms. But we shouldn't have to go through all of these things could if we have consumers that are online, they need to speak as well. They are going through the same thing. Again, nothing without us about us. We need to be included at the table for everything when it comes to these managed-care organizations. These are our services, not yours. Thank you.

>> So who would like to speak next?

>> Pam, as people come up I will introduce. Yes, sir.

>> Good morning. My name is guy Anthony Brooks. I am a part of adapt advocacy we are wearing our teachers. We are activists who are fighting for our civil rights to live in the community. I am a person who lives in West Philadelphia. Last year, my hours were reduced. Two years before that, my hours were increased to 12 hours. I have had eight hours for the past eight years before the pandemic. My hours were increased to 12 hours a day. Last year in July, this was reduced to four hours a day. I have appealed for it. I went in for the appeal process, they give me a date for my hearing. The day of the hearing, the MCO mentioned to me that I need to have a new reassessment done before my determinations of resetting my hours to the 12 hours. So I did it in less than 15 days. I am waiting today for my next appeal because I was denied. I have been waiting for a whole year. Is this one the MCO's want us to be in? That we are being denied of our independence in the community. I live in an accessible, affordable home which was integrated into the community. I have been living in the community for the past 10 years since I got out of an institution. My PCA has less hours now, so she cannot help me that much. What has caused me to have anxiety and stress could I don't sleep well no more. I have to think about how I will get my assistance. To cook in my home, to clean my home, to even have a conversation with somebody. It has been reduced. My independence has been reduced. It has impacted me so much, my PCA has to go and look for a new job. Do you believe that I am growing old, or my disability is vanishing? That is what the MCO think. I don't believe any MCO is at this table, are there any MCO's at this table?

>> They are all behind you, Tony.

>> That's not right. Why do they sit behind me when they are supposed to be speaking to me? I have the denial letter saying I have been denied my services, for what reason? I have been with this MCO for the past 10 years of my life. My disability is not reducing. I am regressing to an older age. Age is a disability, I believe everybody knows that. One day you are going to be needing medical equipment. Who knows what will it be. What is happening to me is not just me. We have people in the north, in the east, in the West, and in the south of Pennsylvania who are going through reductions which are causing them to go back into institutions. That is not living independently. That is not having freedom to live in the community.

>> Tony, what MCO are you with?

>> Keystone. We have met so many times. I have been in this room so many times. Ask me

today, has she contacted me to say well, this is what is going through? No. It is not happening that way. I am still waiting for my next appeal process. 90 days. Do you believe in 90 days I will be able? I have to go through this recertification every year? You have reduced my hours. Do you know what is going through me? You have no idea. You have no idea. You have caused a lot of independence to be reduced. My independence is no more. I need help, and it is my PCA who helps me. How is she in 24 hours is supposed to give me four hours of care?

>> (APPLAUSE).

>> Thank you, Tony.

>> Yes, all three of the MCO's are here in the room with us today. I will ask all of them to make sure they follow up with individuals on their concerns, but they are hearing your concerns right here in the room and there is a number of them on the phone as well. Yeah, AmeriHealth, Keystone we have Missy Weakland in the room. Missy, who else is with you? John is in the room. Can you all stand up? So there is AmeriHealth team, Keystone team, pH W, Anna who else is with you? Jen. Okay, they are all in the room. UPMC? David (NAME?) is in the room.

>> Mike Smith is on the phone.

>> Mike Smith is on the phone for UPMC. There is a number of other MCO individuals on the phone, too. They are hearing all of this.

>> Go ahead.

>> ,Hi, my name is Diana Mitchell and I am a home care worker with the home care union. I take care of my mother, Jane Mitchell. I have been taking care of my mother for the past five years. My mother is 92 and dealing with a host of health issues. She has extreme arthritis that leaves her in constant pain and prevents her from getting around without assistance. Her legs and feet are swollen, her knees constantly hurt to the point she is sometimes immobile. Because of her ailment, she needs help with everything except eating. She cannot cook, clean, wash herself, use the bathroom or move more than a few steps without assistance. She needs help at night, too. She takes water pills to help with the swollen lower extremities and the pills make or use the bathroom seven or eight times per night. She can't get into or out of bed or onto and off of the commode by herself. I'm the one who helps her with the process, because I am the caregiver on the night shift. So I know what it is like. On a bad night, my mom will also get excruciating cramps in her legs that brings her to tears. And I will need to rub her legs until the cramps stop. It is not hard to understand why my mom has 24 hours of care in her care plan. She can't take care of herself during the day, and she can't take care of herself at night. Right now, my two sisters and I split up the shifts. My sister Mary does days, I do nights, and Gloria does weekends. That is our system. But now, Keystone is trying to reduce my mother's hours by 50 percent. From 24 hour care per day to 12 hours. We have appealed the decision three times, but we keep running into a wall. If our appeal fails, we will need to leave my mother alone much more than she would be comfortable with. This would seriously reduce her quality of care. If someone cannot take care of my mother at night, she will be soiled by morning. We have tried using adult diapers, but it causes her skin to break down. She doesn't want to wear adult diapers, should we force her? It is incredibly challenging for her to get into and out of bed and onto and off of the commode seven or eight times per night, but as a 92-year-old woman she would rather take on that challenge than wear diapers. I think she should have the right to make that choice for herself. But this freedom will go away if she loses her hours. You might be wondering, why would Keystone cut my mom's hours if her needs are so extreme? First of all, the evaluation process is flawed. My mother's service coordinator came out to our home and asked her, can you eat by yourself? My mother said yes. They budgeted 15 minutes into her care plan for her to eat a meal. In reality, it takes about an hour and 15 minutes for my mother

to eat a meal. The service coordinator also asked my mother, do you bathe your self? When she said no, they budgeted 15 minutes into her care plan for bathing. What any of you be surprised to learn that bathing a 92-year-old woman in 15 minutes is not possible? Usually takes between 45 minutes to an hour to bathe my mother. Another question the service correlator asked my mother really surprised me. Have you fallen in the last six months? She proudly told them no. Only to find out later that her answer counted against her number of care hours. It's not falling proof that my mother needs less care, or proof that my mother's care is working? The service coordinator was with us for about 15 minutes before she left. That is all the time she took to determine that my mother's care should be cut in half. At first I felt confident about initiating the appeal process, especially because three of my mother's doctors, her primary care physician, her cardiologist, and another specialist all wrote letters testifying to my mother's need for constant care. But the people making decisions about her appeal don't seem to care what my mother's doctors think. We have received one note after the next, which leads me to the other reason I think my mother's hours are being cut. I think the insurance companies care more about cutting costs than taking care of the elderly and disabled people. I ask each of you to think about your mothers, if they were disabled. What kind of care would you want for them? Would you want them to have the attention they need to live a dignified life? Would you want them to be treated with respect, even if they didn't have much money, or you didn't have much money? My mother's hours get cut, she will spend more hours alone, more hours in soiled garments, and more hours scared. We don't think it has to be this way for us or for any family in Pennsylvania with disabled relatives, but we need your help to stop these needless cuts. Thank you.

>> From the chat as we get our next person that is going to come up.

>> Good morning everyone, hello, my name is Rosemary Martin and I am a participant of a caregiver and I'm also with direct care union. Right now I take care of my sister's husband, Philip. I arrive in the evenings, cooking dinner. Get them into his pajamas and into bed, and read him his Bible scriptures. Immediately after he goes to bed, he starts going to the bathroom every half an hour. Even though he is technically in bed, he constantly wants to get up. I am there until morning. We recently heard his hours are getting cut. We quickly filed an appeal. The service coordinator took all of the information and the doctor called on the phone to say he needs his full hours. Nevertheless, they denied the first appeal. When filing our second appeal, if this goes through, it is the night shift that will get cut. I have no idea what he will do. We have to use the diapers because there would be no one to take him to the bathroom throughout the night. That goes against the whole point of this program. Home care exists so people can live in their homes with dignity, living the life they want. He doesn't want to use diapers, he gets really frustrated anytime he has to use them. Plus going often to go to the toilet is really good exercise for him. And of course, this would take a toll on me. I currently work 32 hours in evenings every week. If they cut these hours, I will only get eight hours per week if I do the night shift. I am on disability that pays my rent in healthcare. This is not really about me, it is about Philipp and his hours getting cut. I probably have to move back from where I am living because of the hour because to my pay cuts. But mostly, I hate to think of Philipp not getting the full care he needs. I'm asking you to stop making these needless cuts. I don't know where the money you are taking is going, I know it is going to having qualified bedside care. Thank you.

>> Can you tell me Philip's last name, please? Thank you.

>> Hi. My name is (NAME?) from West Philly. Your mom is getting older and older. She's not old, because she is not 100 yet. All right, well you heard what she said.

>> Go ahead, Lauren.

>> Thank you. Good morning. My name is Lauren (NAME?) with PA adapted we did had a few folks come up here and specifically talk about the Trinity reductions that have clearly deeply affected the consumers and attendance. I think each consumer in attendance that come up here has mentioned an appeal process. Adapt has a demand that transition has read, stating we would like at a minimum OLTL to require each MCO to include persons with disabilities receiving community health choice services reductions in their service appeals process. This is really important to us, because we have seen a lot of people receive notifications saying that their services were cut because they are not medically necessary. I say that". As the demand states, we are seeing more of the home and community based services move from a social model of disability to a medical model, like Tony said he is not getting cured anytime soon. These services are services that are for people who are not changing in their needs, they continue to need the same hours but they are being cut. In the appeals process are physicians and other MCO folks that are making the decisions to continue with the cut or reduce them to a lower amount, whatever it is that the decision is being made. It is not being made with a person really receives the services in that deciding group is that is one of our demands and we would like to see if we could get an answer on that today. Thank you.

>> Thank you for your comments. I'm not going to give you an answer today, but it is and they will take a look up and I will talk to Juliet about this, will take a look at the process could we will not make a change at this point in time.

>> Do you know when Juliet is coming back?

>> No, I do not.

>> Part of the problem we are also seeing is what we call Band-Aid fixes. Right? People taking names Pete I have emailed you, I have emailed some folks here in another role of mine. Things will get fixed. We are obviously seeing systemic problems among all of the MCO's with these service cuts. The reason why we are all here and have been coming to these meetings as we are trying to make a bigger change than just having each one fixed on their own. We don't want to see this happen in the first place, we don't want people to get their services cut in the first place but if they do get cut, we want the appeals process to be fair and easy. When Juliet comes back, I will ask her the same question I asked you. Thank you.

>> She should be on her way back in just a moment.

>> Hi, my name is Brittany Pearson and I am a caregiver for my grandmother she currently is in a home and I am currently literally homeless. So pretty much what happened was my grandmother requires a lot of care, 24 hours. For three years we got 24 hours worth of care. That puts us at 168 hours. Suddenly, this January, we started getting overutilization letters but that is how we found out that they were going to cut her hours to 150 hours but they didn't give us any morning, when they did the assessment we felt as a family and her caregivers that their conclusion was very inaccurate. We filed an appeal, that didn't work. In fact, they dropped her hours to 84. We filed another appeal, they went to 105. We filed three more appeals and none of them were successful. So now she is 63 hours short of the care she requires. What is crazy to me, it seems like the sicker my grandmother got, the less hours they wanted to give her. So because of that we had to move her into a home, a home where she is not getting proper care, a home where she is likely to see her occupational therapist or physical therapist for they are drugging her to keep her out of pain, quite honestly. It has been hard to find help. We already only made \$12.21 an hour, finding someone to do it for free makes it even harder. Since then, it has taken a negative poll not just on her, but others. The thing that frustrates me is in my experience, the insurance companies are making the decisions and not the healthcare professionals. We had three doctors tell us how much help my grandmother needs, but an

insurance company that doesn't have to deal with this, or no, or appealing care is the one that makes the decision. Overall this is a pressing issue. As she said, every time we put a Band-Aid over it is one more day my grandmother has to fight for her life and not get proper care, quite honestly it is one more day that I have to find a place to stay prayed I asked you go about this with a sense of urgency, it is one of the things we just cannot brush over. Thank you.

>> What MCO is she with?

>> My name is Selma Sanchez West.

>> Excuse me, Miss Westford sorry to interrupt you. The question was, which managed care organization does your mother have?

>> PA health and wellness.

>> Printer. Sorry to interrupt you.

>> Let me say, when you do this again, please have the people sit where we can see them could I have a very hard time not being able to look people in the face to say what I have to say. Thank you.

>> MCO's, can you please come to the table?

>> My name is Selma Sanders West. I have been a caregiver for my mother, the same individual that Brittany was referring to. Brittany is my great-niece. I was working as a full-time newspaper reporter and I had to quit my job so I could take care of my mom on weekends because we couldn't find enough workers to take care of her. She was getting 168 hours of in-home care. We needed people who could work on weekends. Not only is my mom, she's a 90-year-old African-American female who is legally blind in both eyes but she uses a walker to walk just a few feet in a manual wheelchair to go anywhere else in her residence, which is basically only to go to doctors appointments and occasionally to church. Not only is she 90, blind, and in a wheelchair but she also has very limited manual dexterity could she needs assistance to use the bathroom, to dress, to eat, to use the telephone, to take her pills. Let's talk about the pills pick she's on 34 different pills a day. She takes 14 in the morning, two later, two again, two more than 10 at 8:00 p.m.. She is blind. She cannot do any of this for herself. Her hours were cut from 168 down to 150. Then down to 84. We filed four different appeals. She was finally brought up to 105 hours, that is still not enough. 105 hours basically means we are being told, leave her by herself every night and all day Saturday, all day Sunday. That is ridiculous. For these two years, we have worked with four different service coordinators. We were originally with AmeriHealth when she was granted the 168 hours. We switched to PA health and wellness in order to keep the same service coordinator to stay with bridge independent. I don't know if that is the mistake we made or not. Had she stayed with AmeriHealth, I don't know if she would have continued to have the 168 hours. I don't know. Each appeal caused us to have another assessment. When the service coordinator, I came to a union training and learned that we should have been getting copies of the service plan. I did not know that. I went back and asked for a copy of the service plan. When I read it, there were things in the service plan that were incorrect. There were questions that had been asked that we gave an answer to. The answers were not correct. There were some questions that were never asked, but there were answers given. And the answers were incorrect. For example, one question was is your mom on that life-sustaining meds? She definitely is. That was listed as a no on the service plan. There were things that I don't know how they came about, but my point is, yesterday on the way driving here I had to stop at the rehab facility where my mother is located and drop off paperwork to commit her to a long-term facility. You don't understand what that does to me. My mother, no one in our family has ever been in a nursing home. My mother was the one that took care of people so they didn't have to go into nursing homes. My mother was a civil rights fighter because she was

executive director of two human relations commissions. She fought discrimination. I have had to file complaints with the Health and Human Services office of civil rights on behalf of my mom, because I don't know she is being discriminated against because of her race. If three years ago she needed 168 hours of care, how can she not needed three years later and she has declined in health? She is three years older. We worry about her safety where she is. A nursing home will never take care of her the way that her loved ones will take care of her as a participant directed employer. Why would an insurance company want to put her in a nursing home when it's going to be an additional \$95,000 a year?

[No Audio] You will answer to God. Because what goes around comes back around. My participants told me, do whatever you can do. She said if telling my story sheds light and helps, please tell it, tell it, tell it all. That's what I am here for good we have letters from three doctors including a cardiologist stating that she needs 24 hour in-home care. Those letters fell on deaf ears, how could that be? How could that be? Thank you.

>> (indiscernible).

>> And I forgot to say .

>> I forgot to say that I am 70 years old and my husband is 72 and we have been caregivers for my mom.

>> Thank you. Like to see if we can get some information from the chat.

>> We have a chat member, Annette branch who would like to speak.

You are un-muted. Training team, you will need to unmute your self. Annette, we can come back to you. In the next person is Christine Miller, Christine did you have a question?

>> Hello, I have been muted before. Can you hear me now? Can you hear me now?

>> Yes, we can hear you.

>> Okay. I understand how these other callers and presenters feel. I don't know whether there is a plot here, I don't mean to say it that way. But we know that United states is heavily populated. Is this a plan to get rid of the seniors that are requiring more money now in their old age, because they are sick? These are people that have helped build America. These are people who have made sacrifices for many of you who are now being our presenters. I am 83, and too many of us are having the same problems with our hours being cut and as usual, most of the organizers have females as their case coordinators. Is this a corporate effort to blame the poor coordinator for a formula that is being used to determine whether a person is eligible or not, and if they don't fall within this prearranged, I guess you call it type program, then it is easy to say we justify the cutting of these people just because. But it is too many of us of this age, I am 83 and most of these people are in the elderly age range that are being systematically taken off, causing great financial and emotional hardships to the families. I understand America is a corporation fashion type country could without the poor, many people won't have jobs. But it is unfair to have the poor, sick, elderly people who are at the mercy of those who are supposed to be taking the Hippocratic oath to care for them. Something is very wrong here, and I am limited with my ability to dig deep enough. Maybe if I were a few years younger, I would have some answers as a trained organizer. Thank you.

>> (APPLAUSE).

>> Thank you, Annette. Next we have Christine Miller, Christine if you could unmute your self.

>> I don't have any questions, thank you. Sorry.

>> Thank you. Next up we have Gwenda (NAME?), if you could unmute your self.

>> Can you hear me?

>> Yes. Okay. My name is Gwenda Forker and my mother is Marion Johnson make screens with long-term support and services begin in March of this year but when I enrolled my mother's

into community health choices, my mother needs care to allow her to live in the community, we are led to believe that enrolling in the waiver was a solution. What I learned in the past nine months had made me greatly question the Department of aging. And how it deliver services to people that are aging and have a disability. I know now that this system is greatly biased to favor long-term care facilities such as Williamsport North, a deplorable facility owned by bed rock care where my mother has been left to sit in feces until she can transition back to the community. In August of this year, the office of long-term living approved my mother for 24/7 care. I will note that this was not an easy process. It took me reaching out to the director of OLTL, Mr. Nolan to get that accomplished. This was exactly what we need, mom could live in a community with support and services. Mom needed and accessible apartment, so she was admitted to the facility for respite while I work to find housing. At no point in this process did my mother or I plan for her to remain in a facility while she was on respite, I was notified by PA health and wellness that she needed to be switched from respite to long-term care because she had exhausted all of her respite hours. It was after that, it was after she was changed to long-term status that the 24/7 care plan was approved. We began working with roads to freedom Center for Independent living to transition my mother from an institution to an apartment in the community she had lived for over 10 years. At the start of this journey I believe the greatest challenge would be finding and accessible apartment for my mother. Much to my surprise and delight, we are able to find a unit in Williamsport that is accessible per we saw progress and we are looking forward to my mother going back to community living. Imagine how I felt when we learned that the transition was not going to happen because her informal support is not adequate. Before my mother had a chance to transition, she was denied the opportunity to pursue it for less talk about the care that my mom gets. Keep in mind that her insurance pays for her to receive for the facility to take care of her. The facility is only able to bathe her twice a week, that is if staffing permits. I pick her laundry up each Thursday, some weeks the only item in her laundry are soiled items covered in feces. Where are the clothes she wore during the week? On November 30 2022, my husband picked up laundry this consisted of two PJ shirts, one pair of pajama pants and a fitted sheet. The clothing was covered in dried feces as what she could I called and emailed the social worker and have yet to have a response. I have now since gotten a response since I wrote this letter. The facility was notified that my mother would be visiting my home on Thanksgiving. I asked that she be clean and designated at -if and when I picked her up she was dirty, disheveled, and sitting in her own fecal matter. I have met with facility admin, social workers, managers and directors but no one is able to explain why my mom is continuously neglected and possibly abused in a facility that is paid to provide 24 hour care. Nothing about her stay has been positive. This entire experience has been detrimental to my mother and our family. I have secured housing, but because of the need to appeal the denial this could take more than 30 days. We may lose that apartment before my mother can leave this facility. Can you say institutional bias? Keep my mother in a facility that causes taxpayers -- today I ask the OLTL, how we understand how does my mother get the opportunity to transition when she is told before she leaves the facility that her plan will fail? My mom was approved for 24 hour care in August of this year, and in less than a four months she is not eligible to transition because PA health and wellness denied those hours. As Marion's daughter I am devastated, frustrated, and infuriated with this entire process. The red tape short staffing and all of the other excuses thrown at us are not acceptable. Why can't my buckler --mother be treated with the dignity and respect that she deserves? I would also like to add, by denying my mom's transition and past hours because of the obvious arbitrary assumptions and expectations that she doesn't have a backup plan, she does have a backup plan. This apartment is less than two

miles from my home. My daughter is less than one mile from this apartment. And my brother, my half brother lives in the same building and is the managing maintenance person there. They are telling me that she can transition because her backup plan is not safe. How is this fair? Can anybody answer that?

>> We are fixing our microphone issues. Bear with us just one moment, please.

>> JULIET MARSALA: This is Juliet, Deputy Secretary for the office of long-term living. First, I want to thank you for taking time today to share the story and the challenges that you are currently having with your mother. Getting people out of nursing facilities into the communities of their choice is what this meeting is all about. We cannot go into details into what is occurring with your mother at this time. Randy no one is here, representatives are here. We have heard your stories, rest assured that my team will be following up to ensure that the appropriate steps are taken to resolve it.

>> Okay, I know you can't discuss it, individual stuff. I just have to sit and wait and pray that I can keep the apartment? I don't know where to go from here. I don't.

>> Thanks, I agree with Juliet's comments. We need to find out what is going on here. I have Olivia Martin on the call, she leads our long-term care and service coordination team. She has your information in front of her and we will be reaching out to have Olivia take a really close look at what is happening there. I can assure you, personally, we will have someone reaching out to you today to address this as that is not okay. Let me take personal responsibility for ensuring you get an outreach today, and let's get a team meeting, team meeting with the family and find it when used to happen to get your mom home.

>> I appreciate it.

>> JULIET MARSALA: Juliet again, I want to encourage you, whenever you observe issues at the nursing home to call and reported to the Department of Health.

>> My daughter did file a formal complaint. I did want to. My daughter, honestly she got tired of seeing me upset all the time and she got pushed to her breaking point could she did file a formal complaint last week.

>> Thank you for doing appeared for the purposes for anyone who is listening on the call, I wanted to put out that 1-800 number for the Department of Health who licenses and monitors nursing facilities or that number is 1-800-254-5164. You can also go to their website at www.health.pa.gov to submit a complaint electronically, and you also are able to submit complaints anonymously.

>> I appreciate you said that, we have been to so many meetings and hearing the same stuff over and over from OLTL and MCO's. Everyone getting their stories and comes everyone gets their voice heard, just take names and get back to these people could we know that is how it gets done. But what we want to see here is the voices be heard so we get systematic change. Systemic change. You want systems change. We don't want piecemeal, where one person's issue gets fixed, another persons issue gets fixed or we are showing that it is a bigger problem. Just so we can keep this going. That is what I recommend, thank you.

>> Is there anything else left in the chat?

>> No, I'm done. Thank you for your time.

>> Next up in tact, we have Claudicia Clark. Claudicia, if you could unmute your self.

>> Hi, if you can hear me, I have Margaretta Williams that would like to read her statement. Can someone unmute her, please?

>> Yes, we are working on finding her in the chat to unmute her. Did she register for the call or did she call in via a phone number? We cannot find her name in the chat.

>> She registered for the call. I can read her statement.

>> Could you spell her first name again? Just so we make sure we are trying to look up the correct person.

>> Margaretta.

>> She is not showing up in the chatline read maybe she had to drop off. There are two people under your name, we will try and see if we unmute the other person if Margaretta is with us. Can you say something just so we can see if it is you?

>> Margaretta?

>> My apologies. Margaretta. Margaretta, you have the floor.

>> I can read her statement if no one can hear her.

>> I did hear her for a second, then she stopped talking.

>> It says in March of this year, my home care hours decreased. A representative of my MCO called to conduct the verbal interview with me. This was the second time a call like this happened, I thought it was just to check in. She questioned me about whether I would be able to perform different activities around the house for myself and she did not inform me that this assessment would impact my personal care hours good before this assessment I had a total of 86 hours. Afterwards, I received a notice from my MCO that my hours had decreased to 56 hours. During this time, I was also fighting with my MCO to approve a lift feature for my wheelchair. All of this angered me, because all my services keep my environment accessible to the change in hours affected my meal preparation and some doctors appointments. It made it bad. I had to turn to family and friends for help. This had a negative impact on my health and finances because I had to wait for them to finish work and did not get food in time to take my medication. I also had to pay them out-of-pocket. The effort to appeal my hours took about three weeks to complete. The two appeal hearings were via phone. My first appeal was denied twice. The first appeal was denied in April 2023, the second appeal was denied in August. I appreciate the services that I have, but the healthcare system that provides these services needs to improve for others coming behind me that rely on this for their daily care needs. Thank you.

>> Thank you. Can you tell me which MCO she is in, please?

>> Claudicia, could you provide Margaretta's MCO?

>> Hold on one second, please.

>> As we are getting that, Tom?

>> Yes, Juliet trigger for returning. PA adapt is here, we have some demands that we read earlier that I will go over right now. We really want you two of these two the other few we have already come would you know about. PA adapt is here today to demand that member involvement in the contract negotiations of services between the office of long-term living and managed care organizations. Number two, for the past five years, Pennsylvanians with disabilities receiving home and community-based services have dealt with inadequate services, service reductions, hospitalizations and service terminations as their services have shifted from the social model of disability to the medical model of disability under the oversight of OLTL. PA adapt demands that at minimum, OLTL require each MCO to include a person with a disability receiving community health choices services -weight. Yeah. In their service reduction appeal process. That is meaning we want a person with a disability on the appeal board when the consumer has to call in over up to the appeal office to do their appeal. The CHC participant should not receive any reimbursement from the managed care organization as a conflict of interest. However, the payment should come from the office of long-term living. All consumers should be compensated for their time in the appeal process if they are on the board. Number three, due to significant amount of consumers losing eligibility because their determinations were changed from nursing facility clinically eligible to nursing facility ineligible during July and

August of this year, adapt demands OLTL halt re- determination process until (indiscernible) can be determined and assurance can be made that the nursing facility - have been in a nursing facility ineligible determinations will be accurately moved. We are here today to get a commitment from Juliet that you will work with PA Adapt on these demands as well.

>> JULIET MARSALA: So a couple of things been one is that I appreciate the demands and I appreciate the open communication with Adapt and your willingness to have our ongoing meetings together that we have had since I have started. I would love to try to give commitment, unfortunately there are some demands on here that I cannot commit to. That being the first one. That demand of member involvement in the actual contract negotiations between the office of long-term living and community health choices MCO as part of that process is just not possible. Because that is part of the contracting regulations and process of the Commonwealth but I'm not going to go in a back and forth, please let me explain.

>> (Away from Mic).

>> DAVID JOHNSON: This is David, we please respect all comments be made into a microphone and each speaker has the opportunity to finish their response.

>> I have sat here and listened to everybody's stories. Everybody's. All of you sitting there with a dumbfounded look on your face, like you don't know what they are talking about. This is their lives. You are sitting in a chair, you are sitting in a chair, you are sitting in a chair. If y'all would like, we could all switch to that side of the table and use it on this side of the table. How about that? This lady sat there and talk to her mom being in it a nursing home and the care she gets. I have friends in nursing homes, to my language for saying this, but they get bullshit care. Period. They put people in the tub to take their money. What do they get? \$35 To survive on. Why? Why? You can't even answer the question.

>> JULIET MARSALA: I am going to finish my response. I appreciate your feedback. I am answering Latoya's request and ask. In terms of \$34 a day, that is the regulations as written in the nursing home regulations for the personal care allowances. Some of these questions that you bring up are outside the scope of the office of long-term living. I have worked with Adapt and I am working with Adapt to set up meetings with those departments to work on those issues and demands that they have already put forward. The process for changing the waivers and the process for changing the agreement, as you heard earlier today when OLTL makes those changes and those processes as we did with the RFI process and a public comment period, that is a significant time to get official input on the changes. In addition, Pam, I meet with Adapt and have made myself available to meet with Adapt ongoing every month as needed unless canceled by them. I have engaged and the secretary has engaged in these demands. Not all of these demands can be done. Not all of them can be done immediately. If I can get back to answering Latoya, is it okay if I get back to answering on the list you have here?

>> I mean, you already said no to one. There is nothing else that needs to be said. Unless we get a seat at the negotiation table and inside the MCO, there is nothing else. Yes, I have had someone at my MCO helped me internally so that my hours could remain the same. But there is all of these consumers that are going through this. It is not fair, it is unfair. Not everybody can speak for themselves. We are overworked and underpaid.

>> JULIET MARSALA: As to the recommendation process when we get the comments and,
>> We make regulations that we know are important to our people, we don't see them in there. We don't see them in there. We need to be at the table. Nothing about us without us. The things that are important to us that are not changing with the MCO. We need to be at the table. Just like the DEI we were supposed to talk about today, where are we at? What do you do with DEI? We are stakeholders. Stakeholders need to be in the negotiation process. So you hear, what is

the ground-level stuff that really needs done? Not just what you see and what you think, you guys are too high you. You don't see the nitty-gritty, we are bringing you the nitty-gritty of what's happening with our people. Our people are going into institutions, you missed those unfortunately, those three in a row of people that had their hours because of the had to go into nursing homes. We heard a couple on the phone. There is a lot of people pure just because we don't have a number here, we have a good number, assuming that represent a whole lot of other people on the way. We need a system change.

>> JULIET MARSALA: I can assure you I will be going back and reading the transcript so I will hear the record and read the record of those I missed and I had to step out for a call.

>> Thank you, Pam. Go ahead.

>> Can you hear me? Okay. I am Cory Singer, I know my peers are here today to talk about hours cut. My story is also about hours could come up but in reason of eligibility. I am 24 years old and I have been caregiving for four years. During the pandemic, caregivers were considered essential workers and now people at McDonald's make more than us. I had the honor of working with a couple during the pandemic, 95 and 100 years old. I worked long hours every week with them so that we only one person was coming in and out of the room so they wouldn't get COVID. I really got to know them and manage their basic, everyday life. The woman I took care of past this number 30th of 2020 and my dad had a stroke on generally second, 2021 could I have been with my father ever since and today I'm here to advocate for him but my father suffered from a right MCL stroke which left the left side of his body paralyzed along with the paralysis he has high cholesterol, muscle tremors and seizures could because of my father's paralysis, because my father is paralyzed he relies on me for everything. I do my father's lawn care, help him with his medications, organize and pay his bills. I do his housework, I shower, bathe, and dress him. I helped him walk, I help him toilet, I do his laundry, I am his barber. I help him with all his personal hygiene care needs. I prepare and cook his meals. I do his grocery shopping. I manage and taken to all of his doctors appointments. Home care is really important to my deputy he is just 66 years old. He doesn't want to spend the next 20 years of his life in a nursing home facility, not to mention this is a less expensive option for the state. My dad prefers to stay at home because his family is there. It is more comfortable there but if you want to walk around in his underwear, he walks around in his underwear. It is private. He has one person showering him, not multiple different people coming in and out of his room all day long could I got him a hunting license this year so he can sit in his truck and hunt. Nursing homes do not offer that type of personalized care. I asked my father, why is it important for him to stay home? His response was that the one-on-one care offered at home is more attentive and comfortable. He said he is in less pain, staying at home is where everything can be adapted to him. Big home also lets him exercise his mobility in a safe manner. Home care is so essential to my family, imagine the surprise when we were told my dad is ineligible for all services. They cut his 56 caregiving hours a week to zero could they took \$400 in grocery assistance 1/4 away, along with the medication coverage for my dad. I thought, how is my dad ineligible? I had to call the office to find out this decision. That is when they told me he was cut off of benefits. Then I found out that his income was the reason why. I was shocked. We are living in a trailer. My dad only collects Social Security in which he paid into since he was 16 years old, and a small pension from his retirement. He worked his holy for the city of (NAME?) and was up at three in the morning following the roads and salting. He worked with asphalt, breathing in toxic carcinogens and now he can't even get at home care. During the application process for my dad, I was asked about my personal car. They also base the questions off of his gross income, money we never get to see your spend. When we did appeal, it was denied. Did I mention I am a full-time

nursing student? I'm trying to get us out of the trailer, but my dad getting these services cut is totally disrupting all of these plans. This kind of care takes a village and I'm already doing it by myself. Now with my dad's benefits cut, I don't know what I will do anymore. That cannot afford the support -to support the both of us while I stay with him to care for him. What is next for me and my dad? Should I get a full-time job which leaves my dad home for long periods of time, risking his safety and comfortability? Or do I put my father in a nursing facility, risking the safety and comfortability? Can you guys make that decision? I have heard this is a federal issue, however I filed a grievance, it was denied. What else can you do other than advocate for my father? Tell his story so he can be one of the last people with a story like this. I'm hoping you guys with influence can do something about this issue. We are just one small family from across the state, I hope to speak for all those at risk of living in a care facility and of those who were losing their jobs. In my dad's future along with many others are in your hands. This union comes from all over Pennsylvania. Different races, sizes, income, a dispute will come together to fight for one goal. To create a fair way of living for our participants and those who care for them. Thank you.

>> Thank you. Are you staying for the rest of the meeting? Thank you I will talk to you after the meeting.

>> Thank you.

>> George (NAME?). I don't even really know where to start. We will go back to quality of life. First we will talk about the regional man and reasonable person law. It goes back to the 1600s, where in the reasonable person and reasonable man law, enacting a reasonable fashion, you do not do things to cause harm. Obviously, that isn't the case here. The state is causing harm, the feds are causing harm. We have a huge issue, we now need to ask the state of Pennsylvania to secede from the United States because we defer to federal regulations that doesn't allow the state of Pennsylvania to function appropriately. Many of us are dual eligible, Medicare and medical assistance. For myself, I am eligible for 36 or 38 hours of in-home healthcare a week under Medicare. Does that happen? Absolutely not. It is an oxymoron in the Medicare handbook. They want to do nothing. They have minors come in who is supposed to install a catheter, only once a month do we want to come in. We want cuts in all kinds of programs. Many years ago, it became very transparent to me, and even after being at the White House for the signing of the disabilities act I realized that day that it was going to take a federal disaster with all disabled people in one place could you have that disaster today here in the state of Pennsylvania. You are living that disaster today. It is a small microcosm of people here that can get here, but it is indicative of a huge amount of people that have a huge problem. What I coined many years ago was programmatic social you the Gen --eugenics is very alive and well in the state of Pennsylvania. When I first got injured, I got blood print five units of blood. Through the units were from the same woman. Because of the antibodies in the blood, I had an instant leukemic reaction that almost killed me. Is only because I was very young that I survived it. Epinephrine, central venous line, all nine yards. Every cell in my body felt like it was hit. I survived it. Then after that, the hematologist wondered, what happened? So for months while I was in the hospital, then they had rehab, I gave blood. I gave blood, and I gave blood. Daily. I gave so much blood, I couldn't give blood anymore Pete and I couldn't get a transfusion because that would disrupt the experiment that the hematologist was doing to put it into a medical journal. So people like us change blood products, so when you all go out and have an accident and you need blood, you live through it. We did something. What did you do? How many lives did you save? How many lives did I save through changing blood products and keeping people alive, when you are in an accident, or your family? More than most physicians

save in their career. To dismiss us and say okay, we are not a valued population anymore. You are losing out on many of the things that disabled people have done for society. Myself, one of the other things I did when I sat on the (indiscernible) industry board for the accessibility legislation, we were asked. We wanted one disabled female restroom and one is able to mail restroom for they said well, at a certain point in time, we can start our mom-and-pop business because we can't afford two restrooms. I said fine. Did make one unisex and have a rough out for the second one and when you can afford the second bathroom, make that a unisex restroom also. So when you take your child into a family room and give them the EpiPen and you can take all of the children in and not have one kidnapped outside because they are different sexes, people like us did those things for you. There is many as issues we could get in and talk about. You need a philosopher here in the office of long-term living, and you need a philosopher in all the departments in Pennsylvania. Philosophers know how to think. They get paid in industry to teach industry how to think. There is some shortfall in the process of the building of these people that are managing things to know how to think and not do harm. That's why many of the people with disabilities want a seat at the table, because even though we may be disabled in certain ways, in your viewpoint and other ways, we have great complement abilities that you don't have. We can talk to many of the issues. Recently, it was reviewed earlier, bed bags. Dollar \$0.20 bedbug print what could you buy for \$1.20? And it leaks. I talked to a person and home healthcare tells me oh, well, even (word?) medical is no longer going to be able to provide colostomy supplies, price point isn't there. When you have somebody who has a colostomy and they don't have a bag, when that person gets very angry, I can't say this they will blame them for being angry in whatever way. To go back to the days where you take a bread sack and rubber cement and use that to paste that on your side to have a colostomy bag, guess what? Somewhere it will affect one of you or your family members. We are going backwards so far, it's ridiculous. Of course, I could take up the whole meeting with this. Thank you. Much of it needs to be explored much further.

>> Thank you, George. Yes ma'am.

>> Good afternoon. My name is (indiscernible). I take care of my godmother Pete she has MS and early stages of dementia in its want to tell you a few things about the day in the life of her. My godmother, several things where my godmother, she is in a scooter but she is up and mobile. There are other days where my godmother is bedridden. That is how MS will do you. With dementia, I have to pay attention to whether she is eating, I have to sit and talk with her while she eats. If I don't, she will need could she will tell you, oh I have eaten but she really has not. I will find her food in the garbage. If I don't sit down with her and eat with her, she will not eat. She will not take her medicine if I don't administer it to her. I have called her and said okay, did you take your medicine, she will say yes I took my medicine, but she really has not taken it. You'll find it right on the table. That's why it is so very important for me to be there at all times and to administer her medicine and for her meals, she has to take breakfast, lunch, dinner. And at those times her medication as well for so that is important, and by hours were cut. I didn't even know my hours were cut. I had a visit with my service coordinator, and I had a service coordinator for 10 years. Same service coordinator. She was excellent. As of last year, she got a promotion. They sent someone in her place. Four service coordinate as I have had so far this year alone, and I had the last visit with the service coordinator and at that time, she saw my godmother go to the bathroom and thought everything was okay and recommended for my hours to be cut paid what she did know was when my godmother went to the bathroom independently, I went behind her after she left to make sure my godmother was clean. But my godmother, I didn't want my godmother's dignity to be broken at that moment. I wanted her to be

gracefully shown, that is what it should have been. It was just a terrible situation and I got the information that didn't have a pay, it was cut. I didn't even know my pay was cut until my paycheck came and I called PPL and that is when I found out. I didn't even get a call or any information about that. My godmother's quality of life is on the line right now on this day with the hours being cut. That is why I am here today, and her independence, her dignity. I am looking for justice on this day. Living independently is not easy, and it is impossible for her. It takes time, it takes patience. Living with dignity, having her medicine properly administered to her, her food properly administered to her. It takes knowing grace, patience, kindness. And that is the one thing that service coordinators, the insurance companies, they don't see. We need these hours. It is not just the hours, 60 minutes a day. It takes time. There may be a day where I could give her a bath in an hour, there may be a day where to take an hour and 1/2 because I have to do wound care. There are days where my godmother is bedridden they have to turn her every two hours and that is why we need these hours. It's not because of anything else but her needing her care and her having her dignity at the end of the day. And she deserves that. She was a librarian for the Carnegie library for 35 years. It diligently. And all she needs is the respect, she deserves respect. I am here to make sure she gets her respect and the care that she needs. I ask you all to search your hearts. Search your hearts on this day and know that these people are here, it is a bond together. Service coordinators. It is to be a whole network. The service coordinator needs to be in tune with the patient and the consumer. We all need to be one network together, working together like a well oiled wheel. Until we do this, we are just divided could this is here, that is there. We'll never get it just right for our people. I come here, petitioning that you just search your hearts. Search your hearts on this day, knowing that there are people that are hurting because of these hour cuts. There are people that are lacking because of these cuts, and there are people that they don't deserve it. They are human. They are parents, they are mothers, they are daughters and they deserve the just care they deserve. And you have a good afternoon.

>> Thank you. Can you tell me what MCO she is with? Can you tell me what MCO she is with?

>> She has Aetna home health insurance.

>> (indiscernible).

>> We will still look at that.

>> DAVID JOHNSON: This is David Johnson, I just wanted to interject for a moment. The calls for systemic reform and change are not lost on me, and office of long-term living staff and managed care organizations that have made themselves available for these individual resolutions and problem solving. Want to also make a plug for individuals who are receiving notice of a denial or reduction in their services to contact your local legal aid for assistance with appeals as well.

>> My name is Karen (NAME?) I am part of Philadelphia adapt. Although this happened a couple of years ago, they cut my hours and I didn't know about it. Until I got a letter in the mail. I had to work with Keystone and whoever else to get my hours back, when it comes to arranging those hours besides the service coordinators coming out to see us -- so my coordinator comes out and someone from Keystone comes out with her peers we can make those decisions together. Even though that is how they make the hours up, unfortunately the way that I got my hours, I had to have two major accidents in 2019. Last year, I got hit by a car that added some more on. I should say that I am lucky in one way, but I am unlucky. I had to have an accident just to get more hours. That shouldn't have to happen, it shouldn't be that way. And any of the (indiscernible) that are out and whoever is in charge of paying the agency to carry you should have more money going into that pot. My attendant is sitting over there, she is also my

daughter. I am her only case. If I get sick or whatever, she doesn't have a job unless they give her somewhere else. I was in the hospital four months before I came home, one of the demands that Latoya was asking for. You all should include someone from the service to come out with the coordinator, so that way they can see what is going on. Keystone, health partners, or whatever plan. They don't see us. That is what I asked over the phone. You are not here, so you don't know what I'm doing. They don't see us. Then after they make it, we have 30 to 90 days to appeal. You can do it over the phone or in person -- could change tomorrow, next week. I don't know. I mean, they could cut my hours. I don't know. Nobody else is going to be your own advocate when it comes to that. So I am on the phone every single day. I have right now more hours, but the thing is I shouldn't have to have that because of the accident that I had. Thank you.

>> (APPLAUSE).

>> Thank you for your comments. Can we check on the chat? I will get right back with you, Shawna, in a minute could nothing in the chat? Go ahead, Shawna.

>> Just a couple of points of clarification. Juliette, I don't think anybody who has talked so far has meant to come across as if we want to be involved in individual negotiations with MCO's and contractor to think the issue is not individual negotiations coming but have OLTL sit down with the disability community to work on the agreement before it is negotiated with the MCO's soap pieces and parts that are import into the disability community included in the agreement that is then being negotiated privately with OLTL and the MCO. That is one piece. The other piece that I think it is also about what gets included in the waiver. When things get sent to CMS for approval or things get sent to other places to get approval for moving ahead, people with disabilities who use these services aren't asked for input. We haven't been. And I think that is what people are getting at. My last comment is something that has to do with eligibility for consumers. We are seeing a lot of people who have to have an aging well assessments done lose eligibility because aging well said they were ineligible, and when they file an appeal, we have been told on the western half of the state that it is a two prong appeal process that they have to file not only with CAO, but they also have to file an appeal with aging well. And we have a few consumers just in our agency that have lost eligibility not with the County assistance office for benefits, but for waiver services because of aging well. I think that is a problem that needs to be looked at. I did, because it says aging well, I thought it had to do with the aging office and the Department of aging. So I talked to Kevin Hancock, because he is with the Department of aging. He passed the ball back to you and said it's not Department of aging, it's OLTL. So when people are denied eligibility because of an aging well assessment, I learned yesterday they appeal to you. Is that correct?

>> Let me try and explain this process a little bit. Some parts made in the program, they get the every year. The NRI comes into the system electronically, it is reviewed by aging well. They review those questions, if they find a person based on the questions, that is a determination. It is not really aging well making the determination, is the information on the NRI. We have taken a look at that process, we are working through that process right now with the MCO's internally, with aging well to create a process so it is more seamless to the participants. What happens when a person is found to be Annette, the request is done for a new recertification for pre-we are finding that we are not getting this back from physicians. I'm not sure how correctly they are filled out when they come back in from physicians. So we are taking a look at a process if we don't get these PC forms back we're going to have aging well do new full set assessments on people, on participants who are in that situation. We started that process this week, we're hoping it alleviates some of these people who are given this NFI tag, we will go out and do the

new fit. If the fit comes back as NFC, then they are NFC. They can act as NFI, if we get a NFI NRI assessment and they are probably NFI. They will have appeal rights on that also if they are found to be NFI people we are trying to do is put a process in place to stop all of these cases that are going through and have to hit appeals because the appeal system takes time and we are trying to alleviate that by having aging well go out and do new fit assessments. If participants get called from aging well and they say we need to go into a new fit assessments because your NRI found you to be NFI, that is the reason for it. We are trying to improve the communication at that point.

>> So is it one appeal or two?

>> It would be one appeal.

>> I don't know who answered that.

>> I did.

>> Randy.

>> In the process right now, there is an appeal from DHA, there is an appeal that comes out when aging well since the letter go out. It is very confusing, who should we go through? DHA was concerned because of the amount of appeals coming in. We are working with DHA, I actually have a meeting with them to discuss this process and make sure we could streamline it so participants are getting confusing messages saying appeal here, appeal there. We are trying to alleviate that part of the process so there's only one appeal letter that goes out. We are working on that process also.

>> Okay, thank you for that. Before I leave the microphone, I can't leave without an answer to the first two questions.

>> So on the first question if it is not in the individual rate negotiations and contract negotiations that is a different thing. I feel as though we have been meeting and getting your input and talking, but I would love to explore that further, understand what that looks like beyond our ongoing monthly meeting. We are going to be moving forward to setting up this DME sort of task force, where we are currently working on the consumer participant direction task force. We are looking at that as also a model of how we might dive deep into complicated issues with the dual eligibles and Medicare. Given that clarification of coming to the table and talking about issues and continuing those, absolutely 100 percent can commit to doing that as I am already committed to meeting with Adapt ongoing.

>> As a comment to that, we haven't really talked about the details. I haven't been in a lot of those Adapt meetings so I don't know what our group has talked about. I haven't heard, we talked about the content of the agreement and I guess that to me is a critical point to start. It is a great place to start, especially now that we are looking for a new round of potential MCO's in 2025, if the disability community has input on the agreement that I think that could solve a lot of our concerns.

>> As said, we meet with participants and advocates. We've been meeting with them on a monthly basis on the participants and advocates call. That is a bimonthly basis. A lot of this is discussed when the participants and advocates call. That participants and advocates call includes members of CLS, PHLP. The very few, it is open to the few CIL's that don't wear multiple hats that may have conflicts of interest. Right? That is sort of like a dedicated participants and advocates call. NFC I can guarantee you have been discussed at length on those calls and their input has been provided to help guide us in making different changes in operation. That is just one example of working together with the disability communities and their advocates in one method. In addition to meeting directly with PA Adapt, in addition to holding these public meetings where I encourage people to come and give public comments I think you

have heard me say that at every meeting and that is a forum to have that engagement. I think you even heard me earlier today to say public comment periods are so incredibly important, which is why I bring in and highlight public comment opportunities that OLTL is not even putting out. That other departments are putting out that they impact the community we serve, as I did this morning. I talked with providers and stakeholders to say, don't just wait to have that public comment period then put all of your comments together. You can have standing comments made in advance. So when the agreement goes out for public comment, I will expect to see public comments from PAs every single time. When we talk, we do talk about issues related to the agreement. I will give you an example of that. We talked and discussed about reducing service coordination. Right? The service coordinator ratios. Right? There are, and I have shared with Adapt, plans to make those reductions because we agree that service coordination caseloads are too high to be able to do the person centered planning that we intend to have happen in the CHC MCO program. That is a build off of feedback from the community that we take seriously. Do we have the ratio you have demanded? No. Are we get in closer to that incrementally? Yes. That is part of the process of working together, that the Maddox takes incredibly seriously is the disability community stakeholders, information, suggestions, recommendations, and feedback. I can tell you, Randy and his team dedicates so many hours looking at the data following up on everybody's situation. The gentleman even if I tell him not to come he will be emailing me on Sunday at night when I should be in bed. I still get emails following up on situations. Being on this side, I can absolutely say their dedication to serving this community and many individuals on the Maddox, to be quite frank, have hidden disabilities, have family members that are part of the community that we serve as well. I can tell you, this community is at the forefront of their minds.

>> Juliet, it sounds like there is a communication breakdown. If you are meeting with other groups, and other CIL's as you put it that aren't wearing multiple hats, we are all not hearing about the outcome of those meetings were that's all I am suggesting. Maybe some of this can be resolved by different kinds of communication.

>> JULIET MARSALA: I appreciate the dialogue, but also may be a little bit confused. I have shared directly with Adapt that we are reducing address literacy caseloads but there are some difficulties with things I cannot talk about with regards to any population, for example I cannot say or confirm something that is in process that hasn't been approved. I cannot give you guarantees that anything is going to be in a CHCRFA. I cannot. Part of the dialogue and part of the partnership is trusting that we hear your stakeholder, suggestions and we are evaluating them throughout a system that is really complex and working collaboratively to improve the program.

>> This is Misty Dion, I think to Shauna's point about the discussions and the conversations brought up here and from colleagues from Adapt to you with regards to being included in the negotiations and expectations of managed care moving forward, we have heard a number of statements made today about nursing home transition cuts to ours, services that have put people either back into the nursing facility or keeping them there longer than needed. To the points made about OLTL instituting or negotiating on our behalf for some of the demands, barriers, or continued issues we have raised, one example is nursing home transition being an administrator service could I think your point about service coronation also in administration service is highly unrealistic, that that can continue to effectively support consumers without having a caseload cap -- But it is also to the point made earlier, imposing unrealistic conflict of interest with regards to CIL's providing other services, like durable medical equipment, (indiscernible), any of those type of services. Nursing home transition isn't an administered of

function. It shouldn't be classified as an administrative function. It is a service, people should have due process appeal rights. Arbitrary denials because people have higher expectations of having a large backup system or volunteers to come help them is not realistic. We have brought these up numerous times, I understand my colleagues with Adapt have as well. We have not heard any follow-up from you with regards to that or how the negotiations were what the intent would be in the future with nursing home transition. Is that something you can speak to?

>> JULIET MARSALA: What is kind of difficult is that there are things that OLTL is working on and putting out there that have impact to the future that I cannot talk about because of the situation we are in. All the meetings we have had.

>> To the lack of communication and understanding that trust is a big thing, when we are not seeing it and you have all these people here tell you the same thing we have been saying with no communication as to what the Maddox is doing about it, understand that might have something to do within this communication.

>> JULIET MARSALA: I understand that. I think I have been communicating very clearly about the reasons why and there are certain things I cannot talk about and the reasons why. I hope that you see today I have been very transparent when I saw the demands, I'm not going to say something like I'm going to take that back and get back to you. Right? I addressed it in the way that I had interpreted it initially and said this is something we can't do, very straightforward with back munication. So it allows for this additional dialogue. So when and where I can communicate and give clear, sort of like this is where things are at, I tried to do that. But there are things and places where I can't for a wide variety of reasons. That is where there is going to have to be some trust and understanding. I can't even tell you when I might be able to talk about those things until something goes to the marketplace. You know, I look forward actually to the time where we can and I don't have things that are in blackouts or things that will allow us to vary openly have this dialogue. What I have said, what I continue to say, I continued to want you to tell us and share with us so we have that as we are doing our considerations in all of the different steps.

>> Juliet, one follow-up to that you mentioned earlier about the possibility about a DME subcommittee getting back together. Did I understand that right?

>> JULIET MARSALA: No, I said one of my commitments to PA to 15 is a DME task force to look at the process with a smaller group of representatives to look at the whole process top to bottom using a human centered design approach. Not a subcommittee.

>> Okay. And that will have people reserving services, DME services on that committee?

>> JULIET MARSALA: You happy to give you an example, I can give you things up of the participant self-direction task force is currently underway when a.

>> I think I understand, actually. My next question the terms of the nursing home transition committee that is no longer meeting, will there be a NHT task force for that as well?

>> JULIET MARSALA: We can certainly look at putting together that task force as well to have that deep dive of looking at the functions and actually getting to the details and looking at recommendations.

>> With individuals who are trying to transition on the task force?

>> JULIET MARSALA: I can commit to you, Misty, there's going to be people with lived experiences and people with disabilities and I would hope, people who are looking for those transition services or who have recently transition will be on that committee. It is not going to have any kind of impact people with lived experiences are not part of the process.

>> Then are those task forces going to be implemented or put together before the negotiations concludes with the future of MLTSS April 20, 2025?

>> JULIET MARSALA: So not for 2024. For the 2025 agreement, I can't speak to the details of the 2025 agreement per what I can speak to is we can certainly look to put that task force together at the very earliest, the start of 2024. I don't mean to sound cagey, as is when we start talking it will be part of negotiating action contract to 2025 that gets me really close to the line that is a little close to procurement.

>> But the task force will not be affecting or influencing or contributing the 2024 procurement?

>> JULIET MARSALA: So the 2024 agreement, the annual contract with MCO's, the one-year annual contract, nothing to do with procurement. Adjust their operating contract. Sorry I have to be so particular. The CHC agreement to begin in 2024,

>> (indiscernible).

>> JULIET MARSALA: However, there are things in the agreement such as the pay for performances. We do add pay for performance is good there are pay for performances that we are hoping to settle in the agreement that increased nursing home transitions, right? So that the MCO is no that OLTL's goal for the state, that number, we had it this year is increased significantly from the year before. Those have increased. There are other elements in the agreement that we hope to move towards that. Those agreements have not been settled, you know what I mean? It is really hard. We really are working to improve it and your feedback on going is really important. Feedback also during the formal time, I cannot stress enough, is critically important.

>> I want to thank you both for the discussion for we are bumping up against time. We do have a board member that wants to voice, if you could open up.

>> Hey Mike, can you hear me?

>> Yes.

>> My name is Jay Harner, I am a C5 quad. I received 59 hours a week in. I have been hearing this talk all day pit all right? First of all, we are all on the same team here. We need to stop insulting those who are trying to help us. Screaming and yelling gets nothing done. Loud does nothing. When groups or certain individuals come to these meetings and scream and yell and have selfish or personal reasons for gain, it does nothing for the disability community. Most cases I have been aware of, I've been a quad for 26 years, 24/7 care is not viable. It is just not going to happen. That is just the way it is. Again, I'm a C5, 59 hours a week. We have to be realistic. A lot of the people that are here talking about appeals, they answer the questions incorrectly.

>> I just want to interdict and ask him one question.

>> JAY HARNER: Why can't I speak?

>> You have said something. You said there is nothing called 24 hour care. How many hours are you alive? (indiscernible) What are you going to say about that, sir?

>> JAY HARNER: Can I talk?

>> Please be careful with your words.

>> JAY HARNER: First of all, most cases, not all cases. Most cases, 24/7 is not going to be approved. You might not want to hear that, but as somebody who cannot get out of bed on his own and I don't have 24/7. There is a fire, that is not going to happen. We have to be realistic and think about things a little more. Again, a lot of the people answering questions, as had my evaluation a month ago. You have to be very, very knowledgeable when you are answering your questions. If you say you only need 15 minutes to eat, that goes down in the formula. I understand people's hours are being cut, but it sounds like it is based on incorrect questions. The last point is, based on being at the table, being at the table, people need to be knowledgeable, understandable, able to communicate and not just stand there and slam the

table. There will be compromises. Van take good I am part of the disability community. I know people sitting in the table are fighting for rest. It is not as fast as we want. Change is difficult. We have talked about it. Again, goes back to the pay, overtime, health benefits. We are screaming and yelling, we have to make change. We can scream and chant and do everything we want. Thank you very much.

>> (indiscernible).

>> Jay, thank you very much for your input. Thank you all for your input.

>> JAY HARNER: Adapt does nothing.

>> This meeting have to be adjourned. Past time.

>> We need a commitment. The MCO's (indiscernible) but the people who are using your services.

>> MICHAEL GRIER: I think all of you for coming today and were participation. I appreciate it. The next meeting will be January 3 at this location. Thank you for being here.